

**NURSING
ON THE
MOVE**

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**Health Care Communication in Intercultural settings: from challenge to
success**

Intercultural learning in “Nursing on the Move”

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- Main question for this session: “**how is intercultural learning trained in NOM**”?
- structure of the talk:
 - explicating the **background notions**
 - intercultural training: mix of ingredients
 - intercultural training in NOM:
 - concepts used
 - training tasks and goals

1 | Background notions

- Contemporary societies face the challenge of a growing **diversity** and **heterogeneity** of their population.
- - Consequently, the traditional cross-cultural training that typically focused on knowledge of specific characteristics of a particular (foreign) “national culture” is no longer sufficient.
- these concepts are problematic
- the NOM framework works with new concepts that underlie the intercultural training component

1.1 | the concept of “culture”

- traditional notions relate to “national culture” as a fixed set of values and beliefs (= “**product**”) where “culture” has these characteristics:
 - (see approaches like Hofstede, Trompenaers and others):
- □ **homogeneous**: culture implies “national” unity and homogeneity
- □ **holistic**: culture determines everything
- □ **exclusive**: culture defines and therefore excludes
- □ **etiquette**: culture is about surface behavior
- □ **stable**: culture does not change

- contemporary research focuses more on the **open** or **dynamic** interpretation of “culture” (= “**process**”) , where culture is understood as being:
 - ▶ **heterogeneous**: there are different views within one “culture” (counter-culture)
 - ▶ **stratified**: culture is layered: it’s a matter of degree
 - ▶ **specific**: people can belong to different (sub)cultures
 - ▶ **meaningful**: cultural behavior is communication = has communicative intent
 - ▶ **changing**: cultures change as new problems require new solutions
- => this dynamic, flexible or open interpretation of culture as a “process” makes it more difficult for training purposes, as there is no “fixed set” of categorial notions to work with

1.2 | “superdiversity”

① “national culture” is problematic, as cities are more “superdiverse” than ever before:

- big cities are **majority-minority cities** = the majority of their population is a multitude of minorities

② there is no uniformity within the minorities:

- ▶ migrants from different areas (continents, countries, regions, ...)
- ▶ migrants with different speeds (1st generation / 2nd / 3d / ...)
- ▶ migrants with very different backgrounds (educated / poorly educated ...) and different needs

1.2 | “superdiversity”

③ there is much less uniformity within the majority reacting on these minorities:

▶ different (sometimes opposing) social divides:

- regional differences
- political preferences
- gender related preferences
- religious orientations
- social differences

• => this complex situation of cultural “fluidity” makes it very difficult to “predict” cultural behavior based on “national cultural identity”

1.3 | “acculturation”

① previous trainings tended to focus on one-way “**cross-cultural**” comparisons:

e.g. “gift-giving” among the Chinese community vs. the American community

=> with very little information about how these two communities interact when they meet

② current trainings focus on “**inter-cultural interaction**”: **acculturation** is a two-way process

how to negotiate with different people from very different backgrounds, who are “new arrivals” in a host country who have to undergo acculturation into the host culture, and where the “host” also has to undergo acculturation to the new arrivals

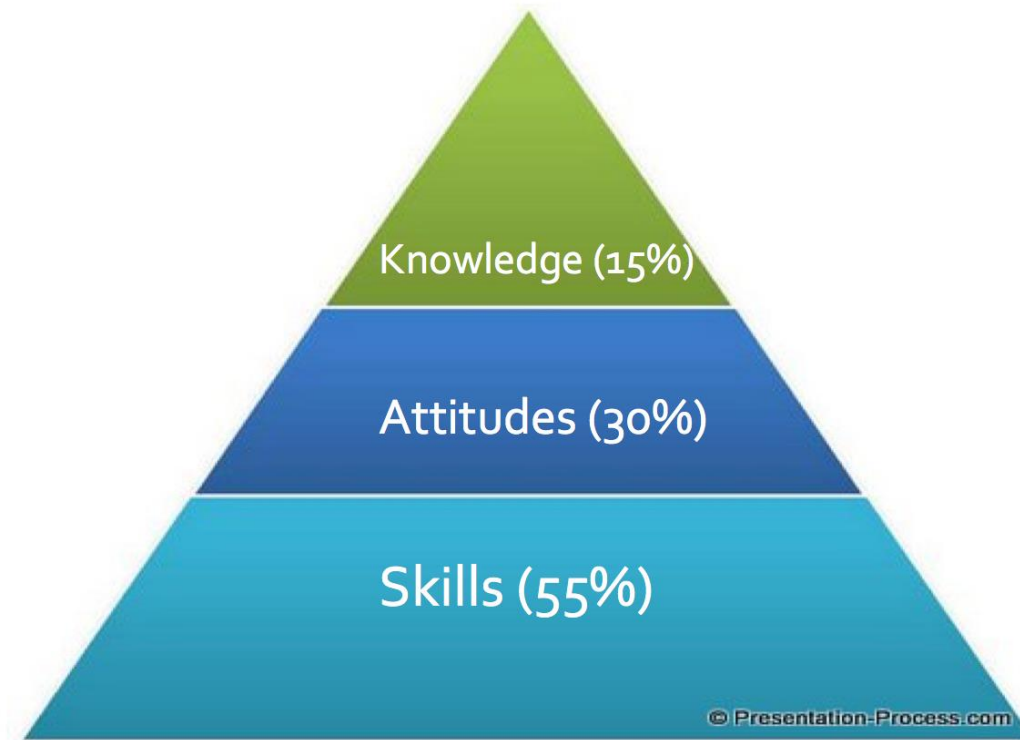
- = continuous process of “**two-way socialisation**”
- These concepts or notions open up new ways of training: different goals, different methods => flexibility and dynamism are key

2 | Intercultural training

① Intercultural training used to focus extensively on “knowledge” of specific regions, areas, cultural habits etc.

- e.g. Hofstede’s 6 dimensions, Trompenaers 9 dimensions, ...

② contemporary intercultural training programmes are designed in a layered fashion:



► **“knowledge”**: of social processes and characteristics, cultural beliefs & habits, specific knowledge (medical ...)

► **“attitudes”**: tolerance of ambiguity, openness, curiosity, behavioral flexibility, resilience, goal orientation, non-judgementalness

► **“skills”**: “soft skills” of interpreting and relating, building rapport, communication and interaction, cultural sensitivity

③ meta-cognitive goal related to **“awareness raising”**: critical awareness of own behavior and perspectives related to acculturation

3 | Intercultural training in NOM

- ① using a flexible and dynamic interpretation of “culture” as “preferential ways of information exchange”
 - thereby focusing on two-way communicative interaction

② focus on **communicative skills**:

- presupposes an adequate level of linguistic proficiency

③ communicative skills trained in **actual context**

- goals: learning to negotiate and interact efficiently

④ how is this done?

- knowledge: 25 topics were identified
- skills: “intercultural + communication”
- the topics are linked to the language modules and their specific functions
 - e.g. “history taking” => intercultural communication tips on asking questions (open ended questions to avoid Yes/No questions to which some patients always answer “Yes”)

- ⑤ focus on **critical awareness** (raising) from the point of view of the nurses:
 - the “real life cases”
 - = complex and challenging scenarios where the trainee has to reflect on a number of possible solutions and evaluate these in a specific context (e.g. a drunk patient)