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CULTURAL COMPETENCE-ROLE IN MEDICAL PROFESSION-AN INTROSPECTION OF STUDENTS

Medical Education

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ABSTRACT

Cultural competence is the ability to understand, communicate with and effectively interact with people across different cultures. Cultural competence is not static, and our level of cultural competence changes in response to new situations, experiences, and relationships. With the new competency based medical education system in India, cultural competence has been included now in 'Foundation course'. There is very little idea about the students' perception in our present scenario. This study was done to get some idea about the students' view and any change after a session, conducted with the groups of students participating in interaction and presentation of different cultural aspects of India. This way the students got some idea of cultural belief/aspect among the peer group. At the end of the session, data were collected to get students' idea about the cultural competence and its role in professional life of a medical graduate. Data analysis and discussion were done to know the relationship of cultural competence and doctor patient relationship. This type of analysis and discussion may come to some conclusion of how important it is to teach cultural competence and inculcate the idea of unity in diversity to first year MBBS students in dealing in future with patients, their relatives and colleagues from different cultural backgrounds.

KEYWORDS

Cultural competence, competency based medical education, Foundation course, students' perception, doctor -patient relationship,

INTRODUCTION

Each one of us are from different cultures, which is not only influenced by traditional practices, heritage, and ancestral knowledge, but also by the experiences, values and beliefs of individual families and communities.

Competence {noun} is the ability to do something successfully or efficiently. A competency is usually described as an action – a behaviour, skill or use of knowledge. Cultural competence is the ability to understand, communicate with and effectively interact with people across different cultures. Cultural competence encompasses, being aware of one's own world view, developing positive attitudes towards cultural differences, acquring knowledge of different cultural practices and world views and developing skills for communication and interaction across cultures. Cultural competence is not static, and our level of cultural competence changes in response to new situations, experiences and relationships. The three elements of cultural competence are: Attitudes, Skills and Knowledge. At one hand Indian culture is full of Diversity, Pride and Innovativeness, on the other hand it has the power of Adaptability, Harmony, and Modesty. Respect for each other is an extremely valued component of the everyday life of people in India. There are many fascinating Indian culture, traditions and religious Customs, family structure & marriage, symbols, cuisine & food, traditional Clothing, epics & mythology, martial arts, languages, festivals, and dances of India etc.

With this thought, the new Competency Based Medical education (CBME) system in India, included the topic, 'cultural competence' in Foundation course to inculcate the idea of unity in diversity to 1st phase MBBS students, who in future will be dealing with patients, their relatives, and colleagues from different cultural backgrounds. Till now we have very little idea about the students' perception on cultural competence and how they will be using that knowledge in future professional life.

This study is conducted with the groups of students participating in interaction and presentation of different cultural aspects of India. Idea behind this type of sessions is to know students' knowledge on cultural belief in individual level and the peer group and to know whether they are using that knowledge for peer interaction or not. At the end of the session, data were collected and analysed statistically to get students' idea about the cultural competence and its role in professional life of a medical graduate.

AIMS AND OBJECTIVES

1. To get an idea about the students' perception of cultural diversity of India.
2. To know if they ever mingle with people from different cultural backgrounds and whether it was beneficial for them or not.
3. To know their views regarding respecting the cultural beliefs of patients and colleagues in a team.

Review Of Literature

The concept of "cultural competence" has appeared first in social work literature by Gallegos, 19821 and Green, 19822, as well as in counseling psychology literature by Pedersen & Marsell, 19823 and Sue,19824. After that a number of articles were published in many educational and medical fields and recently in 2004 this has been highlighted by researcher like Suh, 20045 and Bigby, 20036. The Purnell Model for Cultural Competence7 is a widely accepted model for teaching and studying intercultural competence. This model is related to ideas about cultures and healthcare professionals. As per the research work done by Joseph S and Gallegos et al8, five essential elements contributing to a system's ability to become more culturally competent are, value diversity, cultural self-assessment, dynamics inherent when cultures interact, institutionalized, understanding of diversity between and within cultures.

It has been told that manifestation of these 5 elements at every level of the service-delivery system is needed. Sunil Kripalani et al9 in 2006 , in their article has emphasized the need for promoting Cultural programs in US medical school. In 'Twelve tips for teaching diversity and embedding it in the medical curriculum'10 we have got the initial research work in relation to the topic of cultural competence long back in 2009. Janne Sorensen et al11 in their research work has shown that a health system serving diverse populations requires competent health professionals. It is being largely felt and taken in to account and cultural competency was introduced in medical studies abroad long ago. Starting from 2014, steps were taken forward to understand the lacunae in medical teaching in respect to cultural competence-'Cultural diversity: blind spot in medical curriculum documents, a document analyses published in BMC Medical Education on 201412 is an example. Based on the Delphi study and survey findings, guidelines for the development and delivery of CC training at medical schools were started. The proposed guidelines were presented in September 2015 in Amsterdam at a workshop entitled: "How to integrate cultural competence in medical education"13 . Lakshmi Nair

and Oluwaseun A Adetayo14 in their research showed that improving cultural competence and ethnic diversity will help healthcare disparities and improve health care outcomes.

Raman Kumar et al15 showed that with increasing diverse population, cultural competence will become the hallmark of high-quality public health system.

MATERIAL AND METHODS

This descriptive study was done with 123 students for one month in ESIC Medical College, Joka, Kolkata.

Inclusion And Exclusion Criteria-

Students from 1st phase of MBBS 2021 batch were included. Students from last session and those not giving consent were excluded from the study.

Study Design-

A structured questionnaire, designed and validated in house was administered to obtain the information. Briefly, the themes under which the questions were asked regarding, their(students) believe and understanding about culture.

The content validity of the questionnaire was checked by experts of qualitative research on this field. The two week test-retest-retest was checked in an initial group of 30 students. Cronbach's alpha was used to check the reliability of the questionnaire during the initial validation. Value was 0.79.

At the beginning of the study questionnaire for pretest was given to know students' present idea about the cultural belief and understanding. There were simple questions like whether students have any idea about culture or not and a few questions to understand about the students' idea of a health professional being respectful to the cultural belief of his team and patients.

After the initial introduction to the terms and objectives of the session interaction with the students was done. Groups were made up of students with varied cultural background and they were given 1 month time to mingle with each other. They were taught how to interact with people from different cultural beliefs under the supervision and proper guidance of the researchers.

Total 10 groups were made with 123 students(two were absent out of total 125 students).7 groups -with 12 students (84) and 3 groups -with 13 students (39). Each group were assigned with a particular state of India like-Rajasthan, Kerala, Assam, Sikkim to West Bengal etc. They were asked to know about these states, keeping in mind fascinating Indian Culture like, Religious Customs, Cuisine & Food, Traditional Clothing, Languages and Festivals of India etc. Each group represented a particular state in respect to this Indian culture. At the end of the session post-tests were done to know students' reflection and change in any idea about culture and its application and importance in professional life. For evaluating the questionnaires, Likert scaling was used.

RESULTS AND ANALYSIS-

Sample size was 123.The following result was obtained by putting both pre and post test data in Likert scale.

Table-1(Comparative Change In Opinion From Pre To Post Test)

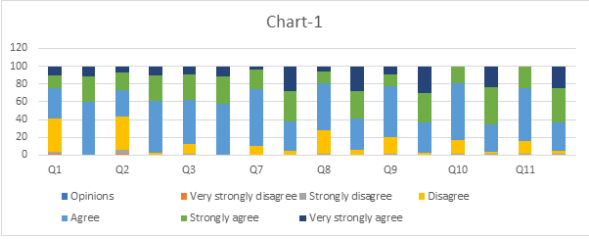
Question no	Average responses (pre test)	Satisfactory opinion	Average responses (post test)	Satisfactory opinion	Any development?
1	3.89	Disagree	4.52	Strongly agree	Yes
2	3.83	Agree	4.47	Strongly agree	Yes
3	4.33	Agree	4.54	Strongly agree	Yes
4	4.67	Strongly agree	4.67	Strongly agree	_
5	4.54	Strongly agree	4.54	Strongly agree	_
6	4.89	Strongly agree	4.89	Strongly agree	_
7	4.18	Agree	4.83	Strongly agree	Yes
8	3.95	Agree	4.79	Strongly agree	Yes
9	4.10	Agree	4.89	Strongly agree	Yes
10	4.00	Agree	4.83	Strongly agree	Yes
11	4.07	Agree	4.80	Strongly agree	Yes

Table-1-showed that there was definite change in opinion from Agree to strongly agree in 1st 3 questions and 7th to 11th questions in post test.

Table -2(Change Of Opinion From Disagree, Agree To Strongly Agree)

	Percentages	
Opinions	**Pre test**	**Post test**
Very strongly disagree	0	0
Strongly disagree	0	0
Disagree	9%	0
Agree	64%	0
Strongly agree	27%	100%
Very strongly agree	0	0

To show the change in opinion in students in detail, each of the questions were analysed and data were put in bar diagram for easy reference from the results. In the following charts, the most important changes are shown in question number1,2,3,7,8,9,10,11. In alternate bars pre and post data are shown. According to these comparative bar diagrams, in the post tests disagree to agree, strongly agree, and very strongly agree changes are clearly visible (chart- 1)



With this analysis it has been showed that, majority of students agree to the facts that, after the exposure they became aware of the meaning, components, and different cultures in India very well. They also became aware that, a group leader should give equal importance to all the members from different cultures present in the group, A health professional should respect the cultural believes of his team and that of the locality and a person should communicate with people from different cultural believes.

The data was collected and compiled in Microsoft Excel and analyzed using IBM SPSS software version 23. For all tests, a **P value of less than 0.05 was taken in to account as statistically significant.**

Since the number of samples was more than 100, the Kolmogorov-Smirnov test was applicable**. (Table-3)**

Table-3 (Tests of Normality)

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	**df**	**Sig.**	**Statistic**	**df**	**Sig.**
pre_test_mean	.088	123	.021	.957	123	.001
post_test_mean	.081	123	.044	.954	123	.000
a. Lilliefors Significance Correction						

In Table-3, the definite statistical significance was being shown by applying Kolmogorov-Smirnov test and **P value of less than 0.05(0.021 &0.044) was found.** Therefore, statistically significant change of opinion after post-test was proved through this study, which was conducted with the groups of students participating in interaction and presentation of different cultural aspects of India.

At the end of the study, we have got some idea about the students' perception of cultural diversity of India and knew, it was helpful as they mix with people from different cultural background. They have paid respect to the cultural beliefs among patients and colleagues in a team after understanding the significance of cultural competency in

medical profession. This study showed that the students understood the importance of knowing the cultural belief in individual level and in the peer group and they came to know that, using this knowledge for peer interaction will be useful in their professional life.

We may thereby, come in to the conclusion that, it is important to teach cultural competence and to inculcate the idea of unity in diversity to First year MBBS students, as it improves students' behavior towards patients, relatives, and colleagues from different cultural backgrounds.

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Conflicts of Interest: The authors declare that they have no conflict of interest.

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