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## INTERCULTURAL COMPETENCE IN EMP TRAINING: A CASE STUDY AND IMPLICATIONS FOR SYLLABUS DESIGN

**Abstract.** Due to the development of global economy and increased geographical and occupational mobility, communication with people from multicultural backgrounds has become commonplace in many healthcare institutions. As the demographic profiles of both patients and medical personnel are increasingly varied, intercultural competence (IC) has become an integral component of English for Medical Purposes (EMP) training. However, are medical students generally familiar with the notion of intercultural competence? What intercultural aspects should they be aware of in order to practise effectively when they graduate? The aim of this article is to present medical students' understanding of IC based on a survey conducted among undergraduate learners at the Medical University of Białystok, Poland. The article begins with a discussion on intercultural competence in the context of health care. Following this, a discussion on why intercultural competence needs to be incorporated and used in Medical English programmes is presented.

*Keywords:* intercultural communication, medical English, medical communication.

### Introduction

The inevitability of intercultural communication is recognised in many healthcare institutions nowadays, as the demographic profiles of both patients and medical personnel have become increasingly varied. Consequently, medical students and practising healthcare professionals need to be trained in terms of intercultural competence. They need to be able to successfully interact with culturally diverse members of the healthcare team and, most

importantly, provide effective medical care and treatment to patients from different cultural backgrounds. Healthcare personnel need to be able to diagnose and treat all individuals, irrespective of their social, ethnic or cultural origins and, therefore, IC training should be a vital part of the English for Medical Purposes curriculum. It is the EMP classroom where, apart from developing linguistic competence, learners should be sensitised to cultural diversity, and where their awareness of various cultural issues which may arise in the healthcare setting should be enhanced. The present paper focuses on the importance of including IC in the medical English curriculum.

### **1. Intercultural competence in health care**

Intercultural competence in the area of health care comprises a set of skills enabling medical professionals to respond effectively to the needs of the diverse populations that they attend to. It is demonstrated through healthcare personnel's ability to recognise the link between socio-cultural factors and patients' health beliefs, behaviours or practices and is aimed at communicating with awareness and understanding of these elements. Most importantly, it entails providing effective medical care and treatment to patients from different cultural backgrounds. Anand and Lahiri (2009), drawing on the definition of intercultural competence in the context of medical care offered by the Office of Minority Services (2000), provide the following interpretation of the construct:

Intercultural competence, also commonly referred to as cultural competence, may in the context of health care be briefly defined as the ability to deliver "effective, understandable, and respectful care that is provided in a manner compatible with [patients'] cultural health beliefs and practices and preferred language" (Office of Minority Services 2000, 80865) (Anand and Lahiri, 2009: 387–388)

Admittedly, the notion of IC is inevitable in global medical practice and research nowadays, as it is aimed at creating health care systems that effectively respond to the varied demographic profiles of both patients and medical personnel. Betancourt et al. (2002), who choose the term cultural competence, define it as "the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs", and point out that it is ultimately aimed at "a health care system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity,

cultural background, or English proficiency” (Betancourt et al., 2002: 2). This idea is explored in more detail by Chin (2000: 26), who maintains that a culturally competent health care system promotes the importance of culture, the evaluation of cross-cultural relations, alertness towards situations that arise in consequence of cultural differences, the dissemination of cultural knowledge, and the adjustment of services to culturally specific needs. Hence, the concept of intercultural competence is frequently considered essential to address diversity issues in the context of health care provision nowadays.

However, it needs to be emphasised that intercultural competence is not merely a strategy to enhance quality and eliminate ethnic, racial or cultural disparities in medical care. Promoting culturally competent communication and the understanding of various cultural identities may also be helpful in the process of planning treatment and delivering care, as an individual’s health “is shaped by cultural beliefs and experiences that influence the identification and labeling of symptoms; beliefs about causality, prognosis, and prevention; and choices among treatment options” (Anderson et al., 2003: 74). This means that cultural factors create unique perceptions of health and illness, and frequently have an influence on the recognition and interpretation of symptoms, approaches to health promotion, pain management, or preferred treatment strategies. Consequently, they may contribute to achieving accuracy in the process of medical diagnosis and determining the appropriate course of care management, and also have implications for obtaining patients’ informed consent to undergo medical treatment or specific diagnostic and therapeutic procedures. Individuals’ cultural heritage may have an effect on their conception of health care and, therefore, impact medical care-seeking behaviours and affect patients’ perceptions of the quality of care they receive. Thus, clinicians who are unaware of cultural influences may not only disregard important medical implications for a patient. Healthcare professionals’ inadequate standards of intercultural competence may also exacerbate some therapeutic relationships, many of which tend to be challenging due to a number of other factors.

Based on the above, it seems reasonable to expect that medical care professionals should be empowered with the skills and knowledge to respond to the unique needs of each healthcare consumer. As culturally competent providers are aware of different cultural perspectives and possess the skills to use this awareness effectively in cross-cultural encounters, understanding patients’ diverse cultures with their values and traditions may not only help to establish accurate diagnosis and prescribe effective treatment, but it may also have the potential to improve compliance and health outcomes.

## **2. Description of the research**

The research was conducted among 100 medical students at the Medical University of Białystok<sup>1</sup> who had just begun their second year of studies. It was conducted preceding the students' exposure to formal intercultural training, as intercultural issues are generally introduced at the end of their medical English course in the summer semester.

The research was motivated by the following questions:

- Do medical students know what intercultural competence is?
- What do they regard as the components of intercultural competence?
- Do they consider the knowledge of cultural similarities and differences important in the profession of a medical doctor?
- In their opinion, what should an intercultural communicator know about his or her culture and the target culture?
- Do they think that cultural differences are disappearing or becoming stronger?
- In their opinion, in what areas of life do people from different cultures differ most?
- What are their views regarding formal intercultural education during language courses at tertiary level?

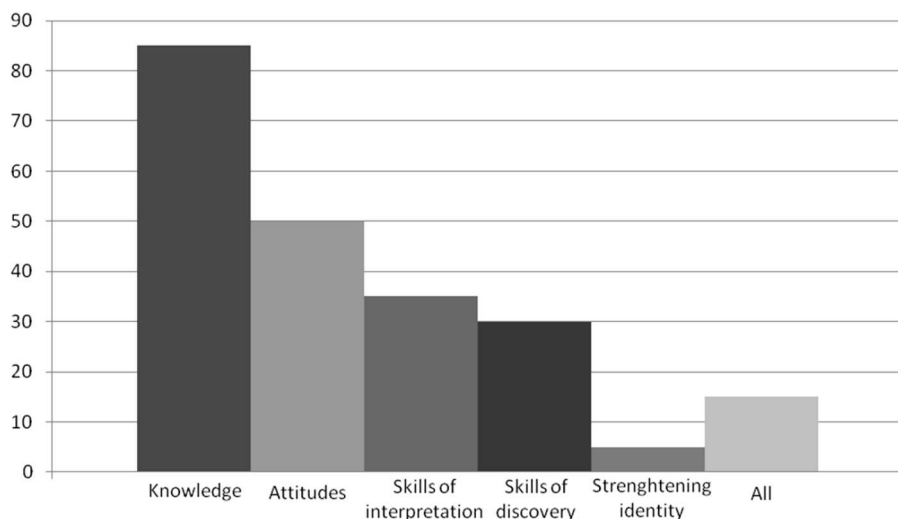
The main research instrument was a self-administered paper questionnaire in Polish composed of two sections. The first section contained six close-ended multiple choice questions devoted to students' understanding of intercultural competence. The second section contained 8 Likert-type scale questions concerning students' views on formal intercultural education during language courses at tertiary level.

It should be emphasised at this point that all Medical University of Białystok students learn strictly medical English in their foreign language training, but the issues in the questionnaire concerned general intercultural education rather than intercultural education for the world of medicine.

## **3. Discussion of results – students' understanding of intercultural competence**

### **3.1. Awareness of intercultural competence and its components**

In the first part of the questionnaire students were asked whether they are familiar with the notion of intercultural competence. The analysis of results showed that 90 out of 100 participants are not aware of the con-



**Figure 1. Components of intercultural competence**

cept of IC. Only 10 respondents indicated that they are familiar with this notion.

As regards the definition of intercultural competence, students were presented with the following components of intercultural competence developed by Byram (1997):

- knowledge (*saviors*): of social groups and their products and practices in one's own and one's interlocutor's country and of the general processes of societal and individual interaction,
- skills of interpreting and relating (*savoir comprendre*): ability to interpret a document or event from another culture, to explain it and relate it to documents or events from one's own culture,
- skills of discovery and interaction (*savoir apprendre/faire*): ability to acquire new knowledge of a culture and cultural practices and the ability to operate knowledge, attitudes and skills under the constraints of real-time communication and interaction,
- attitudes (*savoir être*): curiosity and openness, readiness to suspend disbelief about other cultures and belief about one's own,

and by Meyer (1991:137):

- skills of strengthening one's cultural identity and helping others strengthen their own cultural identity.

Following this, study participants were asked to indicate what they believe the components of intercultural competence are (students could choose more than one answer). The analysis of results showed that the

most frequently selected component was knowledge (*saviors*): 85 responses. The analysis further revealed that the least frequently chosen component were skills of strengthening one's own cultural identity and helping others strengthen their own cultural identity: 5 responses.

The option where students could indicate that all presented items are components of intercultural competence received only 15 responses.

### **3.2. Importance of cultural similarities and differences for future doctors**

Students were also asked whether the knowledge of similarities and differences between lifestyles, attitudes and beliefs is important in the profession of medical doctors.

The analysis of results showed that 60 out of 100 respondents think that the knowledge of cultural similarities and differences plays an important role in the medical profession, while only 5 study participants thought that it is unimportant for medical professionals. However, 35 out of 100 respondents indicated that they have never thought about this issue.

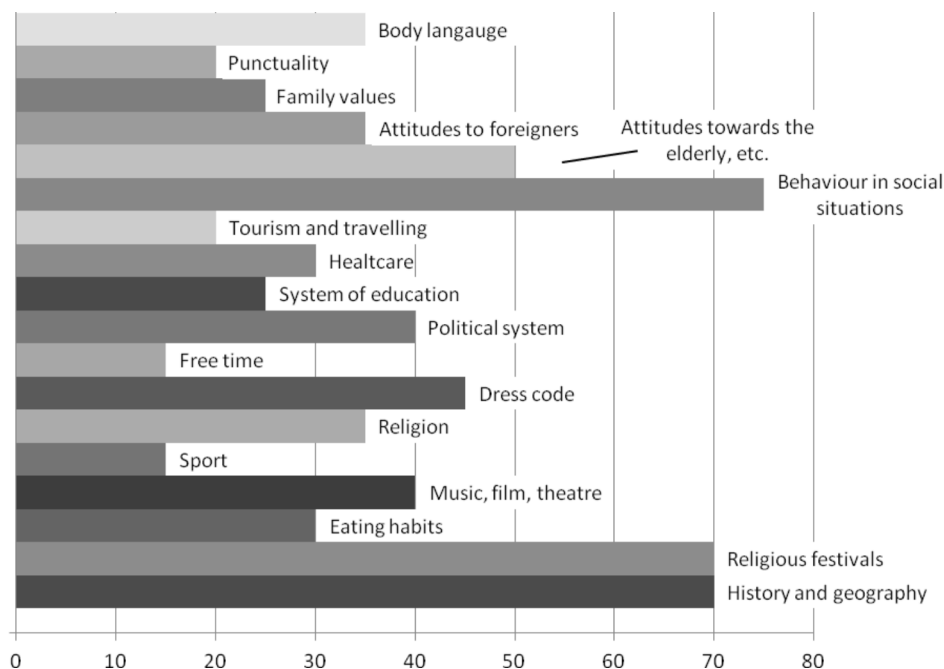
### **3.3. What an interculturally competent speaker should be aware of**

Students were presented with a list of 18 statements (see Appendix – Questionnaire: question 2) and were asked to indicate which items, in their opinion, an interculturally competent speaker should demonstrate an awareness of (students were asked to choose more than one answer). The analysis of results showed that the most frequently selected answers were:

- norms of behaviour in different social situations in one's own and in the target culture – 75 responses,
- history and important historical figures in one's own and in the target country – 70 responses,
- holidays and festivals in one's own and in the target culture – 70 responses.

Interestingly, the least popular answers were:

- healthcare system in one's own and in the target culture – 30 responses;
- educational system in one's own and in the target culture – 25 responses;
- tourism and travelling in one's own and in the target culture – 20 responses;
- sport in one's own and in the target culture – 15 responses;
- pastimes in one's own and in the target culture – 15 responses.



**Figure 2. What an intercultural competent speaker should know**

### 3.4. Cultural differences in the 21<sup>st</sup> century

Students were asked whether, in their opinion, cultural differences in the 21<sup>st</sup> century are disappearing or becoming stronger. The analysis of results showed that 45 out of 100 respondents believe that cultural differences are disappearing and only 5 people indicated that cultural differences are becoming stronger.

The remaining 50 respondents indicated that they have no opinion on this issue.

### 3.5. Areas of cultural differences

Students were asked in what areas of life, in their opinion, people representing diverse cultural backgrounds differ most. The respondents were presented with the following items:

- family life
- religious beliefs
- social hierarchy
- interactions with members of the opposite sex
- educational system
- expressing emotions

- body language
- dress code
- attitudes towards foreigners
- attitudes towards immigrants

Study participants were allowed to choose more than one item. The analysis of results showed that, according to students, people differ most with regard to religion – 90 responses and education – 50 responses.

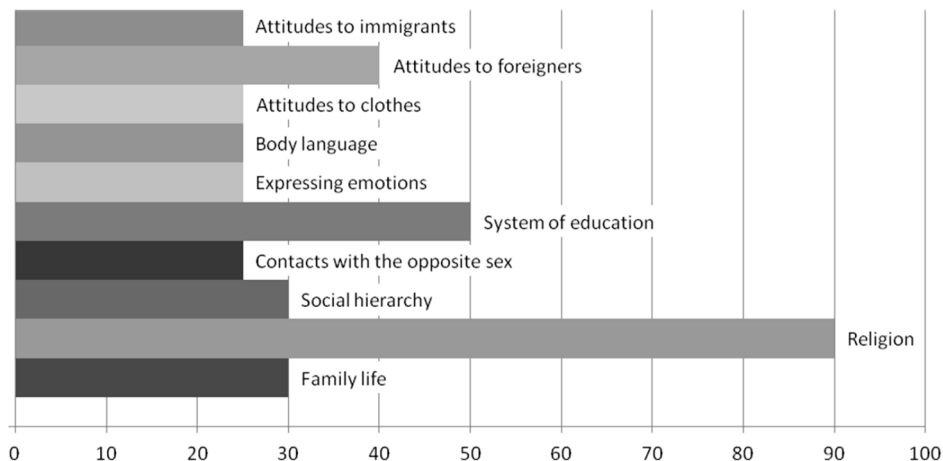


Figure 3. Areas of cultural differences

The analysis of results further showed that the following were the least frequently selected items: interactions with the opposite sex, expressing emotions, body language, dress code and attitude to immigrants – all 25 responses received.

#### 4. Discussion of the results – students' views on multicultural education

As already indicated, the second section of the questionnaire contained 8 Likert-type questions concerning formal intercultural education during foreign language courses.

The first statement that students expressed their views on was: *Learning about target culture is as important as learning target language in a foreign language classroom.* The analysis of results showed that 35 students chose the option *I strongly agree* and 55 students chose the option *I agree*. Only 10 students indicated that they had no opinion on this issue.



The second statement in this section was: *It is not possible to learn how to initiate and maintain intercultural contacts in a foreign language classroom.* The analysis of results showed that 15 students selected the option *I strongly agree*, while 35 chose *I agree*. Nevertheless, 15 students chose the option *I have no opinion* and 35 – *I disagree*.

The third statement provided was: *The more students know about a foreign culture, the more tolerant they become.* Significantly, 50 students chose the option *I strongly agree* and 45 selected the option *I agree*. Only 5 students chose the option *I disagree*.

The fourth statement in this section was: *Foreign language teacher should demonstrate a realistic picture of the target culture.* The analysis of results showed that 55 students strongly agreed with this statement, while 45 of them agreed.

The fifth statement was: *Every class at university, not only foreign language classes, should help students to enhance intercultural competence.* The analysis of results showed that 40 students chose the option *I strongly agree*, 35 – *I agree*, 20 – *I have no opinion* and 5 – *I disagree*.

The sixth statement included was: *In a foreign language classroom students may only enhance their knowledge of the target culture. They cannot learn to initiate and maintain intercultural contacts.* The analysis of results showed that students' opinions on this issue were significantly varied: 15 students chose the option *I strongly agree*, 30 chose *I agree*, 25 – *I have no opinion*, 10 – *I disagree* and 20 – *I strongly disagree*.

The seventh statement in this section of the questionnaire was: *Language lessons should not focus solely on teaching elements of foreign culture. They should also help students to enhance their understanding of their own culture.* Half of the study participants chose the options *I agree*, 15 selected *I strongly agree*, 25 indicated that they have no opinion on this issue and 10 students chose the option *I disagree*.

The last statement in this section was: *Intercultural education enhances students' stereotypical beliefs about foreign cultures and nations.* Similarly to statement six, students' views were very diverse, although participants tended to disagree: 10 students chose the option *I strongly agree*, 20 – *I agree*, 25 – *I have no opinion*, 35 – *I disagree* and 10 students chose the option *I strongly disagree*.

## 5. Conclusions

The results of the research have shown that students seem to know relatively little about the notion of intercultural competence. Although they

discuss intercultural differences in healthcare delivery in the context of their medical English course, the notion of intercultural competence is hardly ever, if at all, presented to them.

The awareness of what intercultural competence is and what its components are may encourage students to self-reflect. As a result, they might be better prepared to understand their feelings and reactions during intercultural encounters. Moreover, they might be able to see what aspects of their knowledge they need to expand and what skills they need to improve in order to deliver health care to international patients in Poland on the one hand and to be able to practise medicine effectively abroad on the other hand.

The analysis of results also shows that skills of strengthening one's own identity, which result from a better understanding of one's culture, are not considered to be a part of intercultural competence. However, it is not possible to talk about cultural similarities and differences in the world of medicine if students are unfamiliar with cultural conditioning of their native medical practices. Hence, it seems reasonable to include a discussion of medical practices characteristic of students' own culture into the medical English curriculum. However, as medical students nowadays are exposed to international interactions in their educational context and as some of them are likely to live and work abroad, the discussion of intercultural competence cannot be limited only to the world of medicine.

Over a third of respondents indicated that they have not thought about the importance of cultural similarities and differences in the profession of a medical doctor. This may suggest that elements of intercultural training in the medical context should be introduced in medical undergraduate education as frequently as possible. It would be very beneficial if such activities illustrated students' own culture as well as other cultures.

The majority of subjects indicated that cultural differences between countries are disappearing. In view of this fact, it is the teacher's task to discuss with students in which areas, if at all, cultures are becoming similar to each other. However, the trainer should also show students that cultural differences still exist, even in areas which might seemingly be similar to each other, such as ways of spending free time or healthcare systems in different countries.

The analysis of answers in section two of the questionnaire showed that students are positively predisposed to learning both the language and aspects of culture during foreign language lessons. They also seem to believe that greater cultural knowledge results in greater tolerance of the otherness of alien cultures.

The results yielded from the study are a great encouragement for language teachers and syllabus designers to introduce elements of culture into language lessons as frequently as possible. In the case of students who learn strictly medical English, this would mean incorporating exercises illustrating similarities and differences in medical practices across the world. However, in view of the fact that some graduates are more than likely to work abroad, language teachers should discuss with their students the otherness of everyday life as well. The results also prompt the discussion on how students understand tolerance and whether there might be behaviours, attitudes or beliefs represented by people from other cultures that are unacceptable.

Students express a desire to be presented a realistic picture of foreign cultures. This seems to suggest that language teachers have to go beyond 'safe' cultural topics usually presented in coursebooks. Instead, they should reach for the ones that are controversial, sensitive and challenging to discuss, for example female genital mutilation in Africa or late abortion in China. However, the teacher will have to accept the fact that even though students want to obtain a realistic image of a given culture, they may refuse to participate in the lesson and they may feel offended or cause offence to other students by expressing their opinions in an insensitive way.

Students believe that every university class, not only a foreign language programme, should help them to initiate and maintain intercultural contacts. On the one hand, it seems rather impossible to introduce such issues into the syllabus of, for example, an anatomy course. On the other hand, in view of the fact that the Medical University of Białystok has over 260 foreign students, content subject teachers, before proceeding to teach strictly medical issues, may discuss with their students attitudes to issues such as, for instance, bodily functions around the world and the implications that these attitudes might have for future doctors. Students' need for intercultural contacts also indicates that they are interested in more than just studying medical terminology in the foreign language classroom and that intercultural competence should be discussed from many perspectives.

Students were doubtful whether the ability to initiate and maintain intercultural interactions can be developed in the language classrooms. Therefore, the teacher's task is to encourage learners to use their knowledge of foreign language to initiate international contacts and build social networks abroad. One way of achieving this may be introducing project work based on international cooperation into the foreign language classroom.

Even though the majority of students did not think skills of strengthening one's own cultural identity are part of intercultural competence, the majority of them expect to enhance their understanding of their own culture during language lessons. This means that language teachers, apart from being able to compare and contrast Polish culture with the target culture, should be knowledgeable about cultural conditioning of Polish medical practices.

Students' opinions on whether intercultural education strengthens existing stereotypes were varied. This seems to suggest a need for discussion on what stereotypes are and how they affect human cognition. Before introducing intercultural issues, language teachers need to discuss with students what stereotypes they have on the topic that is to be presented. Following this, teachers need to encourage students to reflect whether the stereotypes they had were strengthened and – if yes – what they could do to change the situation.

## **6. Further recommendations**

As over one third of medical students under study seem to be unaware of the significance of intercultural competence in the context of health care delivery, they should be introduced to a variety of intercultural issues in the course of medical training. The EMP classroom is one of the contexts in which, apart from enhancing foreign language skills, they should be exposed to culturally diverse issues.

In order to operate effectively and appropriately in professional settings, medical practitioners need to be familiarised with very complex aspects of professional culture alongside its values, beliefs, attitudes, customs, and behaviours. They need to be aware of the organisation of the healthcare systems in different countries, hospital culture and the duties of specific members of the medical personnel, as well as their responsibilities within the team. They also need to be mindful of the principles of patients' rights and responsibilities, including patient confidentiality and its implications for medical practice.

Future healthcare practitioners, however, should also be sensitised to various culture-specific health practices or beliefs concerning medication and treatment. In order to deliver safe and effective care they need to be aware of everyday aspects of culture, for example:

- non-verbal dimensions of communication (personal space, posture, eye contact, facial expression, physical contact),

- decoding nonverbal cues from patients,
- punctuality and the use of time,
- the role of patient's family in the process of treatment,
- religious and spiritual beliefs,
- culinary practice,
- end-of-life issues.

Clearly, the list of intercultural issues to be considered in EMP curriculum design and incorporated into EMP training may be modified according to learners' needs. It needs to be emphasised, however, that including them in medical English training helps to ensure that future healthcare professionals acquire the necessary competences to practise more effectively in multicultural contexts.

#### N O T E

<sup>1</sup> Research presented in this paper is part of a wider project which compared the awareness of intercultural competence among students of economics and management and medical students. The results concerning both groups of participants can be obtained from Agnieszka Dziegiół-Pędich lumriel@gmail.com or from Agnieszka Dudzik agdud@yahoo.com.

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Appendix

Questionnaire

This questionnaire is a research instrument  
for collecting data concerning students’ understanding of  
the term “intercultural competence” (IC).  
The questionnaire is anonymous and all replies will be held securely  
and confidentially.  
The data gathered will only be used for research purposes.

- 1. **What do you consider to be the components of intercultural competence?** (*You can choose more than one answer*)
  - a. **knowledge** of my own culture and the target culture
  - b. **attitudes** such as curiosity and interest in various cultures, non-judgemental approach to my own culture and the target culture
  - c. **ability** to interpret and explain elements of the target culture and relating them to my own culture
  - d. **ability** to gain knowledge of the target culture and apply that knowledge in specific communication situations
  - e. **ability** to strengthen my own cultural identity and helping others to strengthen their identities
  - f. all of the above
  - g. none of the above
  - h. other? .....
- 2. **In your opinion, a culturally competent person should demonstrate knowledge of:** (*You can choose more than one answer*)
  - a. **history and famous historical figures** as well as **geography** of their own country and the target country
  - b. **holidays and festivals** in their own country and in the target country
  - c. **dietary habits** in their own country and in the target country
  - d. **music, films, theatre and literature** of their own country and in the target country
  - e. **sport** in their own country and in the target country
  - f. **religion** in their own country and in the target country
  - g. **dress code** in their own country and in the target country
  - h. **pastimes** in their own country and in the target country

- i. **political system** in their own country and in the target country
  - j. **educational system** in their own country and in the target country
  - k. **healthcare system** in their own country and in the target country
  - l. **tourism and travelling** in their own country and in the target country
  - m. **social norms in different contexts** (e.g. school, church, receiving guests) in their own country and in the target country
  - n. **social norms in contacts with members of the opposite sex, elderly people, disabled people** in their own country and in the target country
  - o. **social norms in contacts with foreigners** in their own country and in the target country
  - p. **family structures and family values** in their own country and in the target country
  - q. **significance of punctuality** in their own country and in the target country
  - r. **body language** in their own country and in the target country
3. **Is awareness of cultural differences important in your future job?**
- a. yes
  - b. no
  - c. I'm not sure
4. **Is awareness of cultural differences important in contacts with foreigners in your own country?**
- a. yes
  - b. no
5. **Is awareness of cultural differences important in contacts with foreigners abroad?**
- a. yes
  - b. no
6. **Are cultural differences between different countries in the 21st century**
- a. disappearing?
  - b. becoming more evident?
  - c. I have no opinion
7. **In which areas are cultural differences the biggest?** (*Please choose no more than 5 answers*)
- a. family life
  - b. cultural beliefs

- c. social class
  - d. interactions with members of opposite sex
  - e. educational system
  - f. expressing emotions
  - g. body language
  - h. dress code
  - i. attitude to foreigners
  - j. attitude to immigrants
8. **Where did you come across the term “intercultural competence”?** (*You can choose more than one answer*)
- a. in the media (press, TV, Internet, radio)
  - b. in English classes
  - c. in other classes
  - d. in coursebooks
  - e. I have never come across the term before
9. **Please tick the appropriate box.**

	I strongly agree.	I agree.	I have no opinion.	I disagree.	I strongly disagree.
1. Learning about target culture is as important as learning target language in a foreign language classroom.					
2. It is not possible to learn how to initiate and maintain intercultural contacts in a foreign language classroom.					
3. The more students know about a foreign culture, the more tolerant they are.					
4. Foreign language teacher should demonstrate a realistic picture of the target culture.					
5. Every class at university, not only foreign language classes, should help to enhance intercultural competence.					
6. In a foreign language classroom students may only enhance their knowledge of the target culture. They cannot learn to initiate and maintain intercultural contacts.					



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	I strongly agree.	I agree.	I have no opinion.	I disagree.	I strongly disagree.
7. Language lessons should not focus solely on teaching elements of foreign culture. They should also help students to enhance their understanding of their own culture.					
8. Intercultural education enhances students' stereotypical beliefs about foreign cultures and nations.					

**Thank you for completing the questionnaire.**

Questions in the last part of the questionnaire were inspired by research on intercultural competence published by Ewa Bandura in her book *Nauczyciel jako mediator kulturowy*.