Module 2 - Section 3

Key competencies: Emotional Intelligence and cultural understanding

In order to create a good learning atmosphere and establish the conditions for a trusting and respectful relationship with learners, it is important to reflect on your own thoughts and actions.

Here are seven tactics that can help you recognise any unconscious biases you may have:

1. Introspection: Explore and identify your own biases by taking implicit association tests or using other methods of self-analysis.

2. Mindfulness: Since people are more likely to give in to their biases when under pressure, practice methods to reduce stress and increase mindfulness, such as focused breathing.

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3. Change your perspective: Try to view experiences from the perspective of the person who is being stereotyped. You can do this by reading or watching content that addresses these experiences, or by directly engaging with people from these groups.

4. Learn to act more slowly: Before interacting with people from certain groups, pause and reflect to avoid knee-jerk reactions. Think of positive examples of people from this stereotyped group, such as public figures or your personal friends.

5. Individuation: Evaluate people based on their personal characteristics rather than their group affiliation. This can be done, for example, by establishing connections through shared interests.

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6. Review your messaging: Instead of saying things like ‘We don't see skin colour,’ use statements that welcome and value multiculturalism or other differences.

7. Embed fairness in the organisation: Promote a culture of diversity and inclusion at the organisational level. This can be done, for example, by using an equal opportunities tool mult co.us/info/equity-and-empowerment-lens to identify your group's blind spots, or by reviewing the images in your office to see if they reinforce or break down stereotypes.

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Working against unconscious bias is a lifelong task.
You have to start the process over and over again and look for new ways to improve.

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Avoid stereotyping:
It is important to remember to view other cultures neutrally and without prejudice, rather than through the lens of your own 'cultural' perspective.

Key competencies: Emotional Intelligence and cultural understanding

Challenges:

- Language and cultural barriers can lead to misunderstandings and misjudgments, which can compromise the quality of communication.
- An important aspect here is the question of how well one's own cultural understanding has been trained.
- A useful tool for raising one's own cultural awareness is the model of six cultural dimensions developed by Geert Hofstede, which was presented in Section 2.
- The model is a tool that helps to better understand different cultures.

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Here are some examples from the medical field that are ‘decoded’ with the help of cultural dimensions.

1. Dimension Power distance

This dimension refers to the extent of unequal power distribution that is accepted in a culture.

In a medical context:

- In the doctor-patient relationship, the “power distance” dimension is reflected in the expectations that the patient has of the doctor and in the way the doctor conveys information to the patient.
- In some countries, such as Turkey or Afghanistan, patients expect their doctor to provide them with clear and authoritative information about their illness.
- In other countries, such as Germany or Austria, doctors tend to ask patients what they themselves think might help them.
- This style of communication is intended to show that the patient's wishes are being taken seriously and to gain their trust. Patients who are not used to this may perceive the doctor's behavior as uncertain and thus lose trust and respect

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2. Dimension: Individualism/Collectivism

- Members of collectivist cultures see themselves as members of a group.
- They try to align their goals with those of the group and feel committed to the common good.
- Members of individualistic cultures see themselves primarily as autonomous individuals and pursue their personal goals independently of the overall interests of their social group.

In a medical context:

- In a medical context, the dimension of “individualism/collectivism” refers to how privacy is handled and the extent to which relatives are involved in decisions regarding a patient's illness.

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3. Dimension: Uncertainty avoidance

- For people from cultures with a strong tendency to avoid uncertainty, unclear, unregulated situations create a feeling of disorientation, which can also lead to aggression.
- Members of cultures with a low degree of uncertainty avoidance are less likely to adhere to rules governing private and social interaction. They react relatively calmly to chaotic and unclear situations.

In a medical context:

- Cultures with a low tolerance for unclear or ambiguous situations have a high degree of organisation in order to prevent unforeseen events and the stress associated with them.
- An emergency situation is in itself a very unclear and stressful situation, and this is even more so for people from cultures with a high level of uncertainty avoidance, such as Germany and France.

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4. Dimension: masculinity/femininity

- In male-dominated cultures, the social roles of each gender are clearly separated.
- The male role is associated with high performance, assertiveness, dominance, and material gain.
- In female-dominated cultures, roles are hardly defined and almost all roles in society can be performed by both women and men.

In a medical context:

- In cultures with a high masculinity index, for example in some German-speaking countries and in the Mediterranean region, men play a more dominant role in society.
- In the medical field, the masculinity/femininity dimension is evident in the distribution of roles:
- Men are the “natural” doctors or scientists, while women are usually nurses or laboratory assistants, etc.
- Female patients may thus be accompanied by men who explain the woman's illness without consulting her.

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5. Dimension: Universalism/Particularism

- Would you help someone in need or a colleague even if it meant breaking a rule?
- This dimension describes the extent to which rules are generally accepted and observed under all circumstances within a culture.
- Universalist cultures believe that this is possible.
- Particularist cultures tend to take special circumstances into account and refuse to strictly adhere to rules.

In a medical context:

- For a patient from a particularistic culture, following universalistic rules is incomprehensible and annoying. They may feel that they are not being treated with respect and may even become aggressive.
- For a patient from a universalistic culture, the particularistic system seems incomprehensible and unfair. The particularistic system can trigger feelings of insecurity, helplessness, and anger.

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Key competencies: Emotional Intelligence and cultural understanding

6. Dimension: Hoher/niedriger Kontext

- In low-context cultures, topics are addressed explicitly.
- In high-context cultures, indirect language dominates. One must read between the lines and pay attention to non-verbal communication in order to understand meanings correctly.

In a medical context:

- In the doctor-patient relationship, the dimension of ‘high/low context’ can be reflected in the way patients describe their symptoms.
- In low-context countries, such as Scandinavia or German-speaking countries, medical staff will provide patients or their relatives with information about their health status in a direct manner (e.g. ‘Your liver is enlarged’; ‘Your heart is not working properly’) without embellishing it with metaphors or rhetorically downplaying it.
- Patients who are not used to this direct style of language may find it unfriendly, offensive or even shocking. Patients from high-context cultures, such as Japan and the Arab states, often appear reserved or emotionally distant to medical staff who are used to direct communication.
- You can find an example of this in section 2.

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