Equality and Diversity in the process of appraisal

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Understanding Concept of Culture

Definition

"Culture consists of a body of learned beliefs, traditions, and guides for behaving and interpreting behaviour that are shared among members of a particular group. It includes values, beliefs, customs, communication style, behaviours, practices and institutions" (*Blue J 2003).* Cultural studies show that "culture education" starts as a child and further reinforced in the school. Being part of a culture that honours these values, teachers and peers inculcate additional values that consolidate the learning and assimilation at home. The process of progression through education and work further refines cultural learning and leads to development of smaller cultures (layers of culture) within a general triangle of the individual, family and nation some like religious culture, Gender, Generation, or professional /organisational /regional cultures etc.

Values and dimensions of culture

Values are broad tendencies to prefer certain states of affairs over others. They become natural to us and are not always conscious. They can be inferred by the way people react to different circumstances. Key dimensions of cultural values can be understood on the basis of response of members of culture to elements as follows

1. Individual member's interpretation of relationship with others, in particular, those in a position of authority.
2. Assignment of tasks to gender and interpretation of success in completion of tasks
3. Relationship with knowledge and exploration of knowledge

Culture and Medical Education

Culture of medical education has, overtime, evolved leading to contemporary model of medical education. The teachers in the contemporary model of medical education are viewed as purveyors and recipients of knowledge, they seek active participation from learners and they rigorously manage professional boundaries.

It is possible to argue that evolution of medical education has been in response to dynamic changes in the culture and to some extent influenced by the prevailing social culture where those organisations exist that are leading this evolution.

Potential Implication of Culture

Common Preferences for Educational Relationship in Contemporary Culture

Teachers enjoy students who balance respect with challenge, questioning and debate. They seek student participation and responsibility. There is common expectation that learners and teachers will manage professional boundaries, there will be active engagement in the process of learning. Lastly learners will be able to work in teams and demonstrate evidence of learning from 'mistakes'.

Potential Implication of Culture - Overseas Medical Trainees

Traditional models of Medical Education may, however, encourage competitive learning and perception of educational supervisors as 'wise parents' who would act as good parents. The learners tend towards subservience. They may avoid debate and challenge leading to hearing feedback defensively. They have difficulty in undertaking self-directed learning preferring to seek direction from others.

Perception of Performance Through the Western Lens (Patients view)

Doctors, when taking history give undivided attention with overt signs of listening. Patients maintain social distance, recognise doctors' power and authority, balanced with equality

They generally accept, where appropriate, there may not be a physical examination. They trust in doctors' knowledge and expertise through verbal and non-verbal communication and management of the consultation.

Patients like shared management but can allow doctor to take authority. They seek and welcome explanation and information regarding diagnosis and management plan.

Perception of performance through the eastern lens

The doctor asks questions and can interrupt the patient, doctor shows authority by taking control, acts in paternalistic and authoritarian ways, interrupted consultations confirm status and importance of the doctor.

The doctor as healer – an instrument of divine mercy whose touch is essential, over-investigation/unnecessary physical examination and referrals are evidence of the doctor's thoroughness

Doctor tells and directs, explanation and information unnecessary as doctor's authority unquestionable, confidentiality is differently perceived

Traditional Values of GP Professional Culture

In addition to professional and personal development general practitioners are, traditionally, expected to make cost effective, comprehensive and community oriented decisions. They offer continuity and co-ordination of care. They have good communication and counselling skills.

GPs perceptions of personal and professional role in the healthcare system can lead to misunderstandings and misinterpretations by their patients whose expectations and demands are increasing mainly driven by media and politics.

How might performance be perceived in a Team

1. Pyramidal – fear of senior and lack of organisational insight. Performance is judged by a senior person/s – risk of prejudiced decision making without involvement of the performer
2. Well-oiled machine – slavish following of policies and procedures, loss of innovative ideas. Performance is based on how well procedures are followed – risk micromanagement and too early reporting without involvement of the performer
3. Village market – lack of organisation and forward planning no set criteria for performance. Performance based on hear say and action may be delayed - after discussion with the performer and other team members
4. Family - outcomes based on loyalties and emotional feelings. Judgment of performance based on relationships and negotiations with the team and performer

PERSONAL REFLECTIONS

- Organisational changes in the NHS mean that GPs have become living memory of the time past – is it frozen culture of the NHS?
- A pause and reflection to consider personal, professional and organisational culture may help understand why what was acceptable yesterday has become unacceptable today
- The factors influencing change in the culture are important to understand as answers may lie in sensitive engagement with these factors

Practical steps dealing with culture

Genuine non-judgemental interest (Kleinman), Examine your own cultural attitudes and knowledge, Use culturally sensitive interviewing tools, Foster an open, sensitive approach to patient and respect health beliefs. Be open and ask – mostly members of other cultures feel happy to talk about their culture.

Explore learners' or patients' beliefs and make them aware that this interest is based on the knowledge that eliciting this information is important for planning an effective planning for education and treatment regimens.

An important step is to examine your own comfort interacting with individuals from cultural backgrounds different from your own and to assess your own cultural beliefs, assumptions, preferences and biases.

Key Messages

Discussions about culture can help highlight issues of long-term effects of a disadvantaged social position, differences in access to information, services, resources and health and educational system. There can be feeling of lack of control over one's own life circumstances that may reinforce social and economic inequalities.

Cultural factors affect people's ability to withstand the stressors – biological, social, psychological and economic – that can trigger ill health and poor integration in the host culture/organisation. They also affect the capacity to change behaviour.