Cultural Awareness Guidance for Surgeons
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ADVICE and TIPS

How do I handle cultural differences in my trainees?

What is culture?

Culture or a geographic region in which we are born and raised necessarily imprints on our consciousness many beliefs and social norms as we grow up. These beliefs and norms, shared by the people of the same culture, help us make sense of our experiences in life. Culture also determines the way we interact with one another and how we see ourselves in respect of others. These beliefs and social norms also shape our own values about health, sickness and medical treatments.

What are cultural differences?

Cultural differences indicate aspects of other people's behaviour and beliefs, which may be different to our own. The way we communicate to each other encompasses and translates important core values of our culture, and therefore may be different from one culture to another. Differing values may include face and its protection, politeness and how to convey it, power differences and how to handle them, and the language spoken and how to interact.

It is important for all surgeons and trainees to be aware of these differences. It is also important to be aware of how one's own beliefs may impact on others. Cultural competence should be the goal of all surgeons and trainees. A culturally competent surgeon knows about different cultural perspectives and has the skills to use that knowledge effectively in cross-cultural situations. If surgeons and trainees have at least some knowledge of these differences, they are more likely to treat people of all cultures in a way that affirms their worth and preserves their dignity. This can only lead to improved training and better health care for all.

Below are some examples of cultural differences that may arise between trainers and trainees in typical training scenarios. These examples include a short description of the cultural differences and ways to potentially mitigate these misunderstandings.

For Trainers:

What do I do if my <u>trainee:</u>

1: is not comfortable teaching/explaining to others?

Some trainees may find speaking up in group discussions or giving oral presentations difficult and even threatening. These trainees may come from high context cultures where the value of oral presentations or teaching is not highly regarded and therefore, these skills are not so developed by

those from that cultural group. A high context culture is generally characterised by communication, which is often dependent on sources other than spoken or written words to achieve full meaning, for example, the immediate context, body language, and intuition. Some high context cultures include Asian, African, and some Middle Eastern cultures. People from these cultures are not encouraged to learn presentation/teaching/verbalising skills, as they are not highly prized. Additionally, the same people may not fully comprehend verbal messages where contextual factors may be missing, for example, background information, history of the situation/person and surrounding context.

By contrast, low context cultures such as America and UK, are those where words alone carry nearly all meaning in any communication. In these cultures, teaching and presentation skills are considered important. They are highly prized and people from these cultures are encouraged to acquire these skills from an early age.

Ways to mitigate:

- *Do not ask these trainees to speak in front of others initially if they are uncomfortable*
- *Instead, ask them to share their knowledge with another trainee in private.*
- *If speaking in front of others is required, give help to structure the presentation and be present to assist/take over if necessary*
- *Propose presentation aids such as video, audio files*
- *Allow these trainees adequate time to reflect on questions asked in teaching sessions*
- *Give adequate positive feedback on ways to improve presentations for next time*

2: defers to me and does not challenge me?

In some cultures (for example, Asian, including Indian subcontinent, African cultures), challenging the authority of the trainer/teacher is not acceptable. The teacher/trainer is generally regarded as 'the expert' who imparts their knowledge. A trainee from these cultures would not challenge the trainer. Levels of interactivity between teacher/trainer and student/trainee are therefore low. The trainee's position is one of respecting authority and the higher status of trainer. Creative thinking or different ways of problem solving are not encouraged in these cultures or are even discouraged.

This may explain why some trainees may not be comfortable challenging their trainer or even proposing an alternative and seemingly contradictory comment or action plan to that of the trainer, even if it appears a better one. This situation may also occur in a theatre setting where a trainee may notice a mistake in the operative decisions/ actions of the lead surgeon but does not speak up, as it is his belief not to challenge the lead surgeon, because he/she is the one in 'authority'.

Additionally, some cultures have differing power distances. Power distance indicates the social distance between someone in a high status position and another in a lower status position. For example, high power distance cultures indicate that the social distances between those in differing status positions are great. High power cultures include the UK, and many Asian cultures. By contrast, low power distance cultures display less formality between differing status positions and people in

these cultures can approach and even challenge those in a higher power position. They are also comfortable addressing those in higher status positions by their first names.

Ways to mitigate:

- *Minimise status differences between you and trainees by using first names, sitting at same level in a relaxed environment*
- *Communicate to trainees in a friendly way to generate a feeling of being 'approachable'*
- *Ensure you are willingly accessible to trainees*
- *Invite trainees to review your own performance and be open to their comments*
- *Encourage feedback, contributions and ideas from trainees by actively asking for it and following up*
- *Reinforce success and achievement in trainees*

3: cannot take any constructive criticism on performance (becomes defensive)?

Giving and receiving negative constructive feedback can be threatening for many trainees, especially those from certain Asian cultures. Upon hearing negative feedback, some trainees' reaction is that their 'face' has been damaged and they therefore have 'failed' in their training. Worse, their reputation as surgical trainees has been 'damaged'. Face may be defined as 'the positive social value a person claims for him/herself'. It is a complex construct incorporating ideas and feelings about identity, about the nature of the social persona and about honour, virtue and shame.

Knowledge of ways to soften or minimise risk to face would be helpful in most training events, feedback and difficult communication sessions. It is important to know how to give the other person a face-saving line of escape in a potentially face-threatening communication act, such as receiving negative feedback.

Ways to mitigate:

- *Use suitable language to protect 'face' of trainees, especially when giving constructive/negative feedback, e.g. expressions of cooperation and familiarity, showing interest, sympathy and empathy and adding pleasant anecdotes to feedback*
- *Give constructive feedback to trainees in private and in familiar and relaxed environment.*
- *Follow up with written notes to give to trainees and propose ways to improve*
- *Share any concerns early with trainees*
- *Help trainees learn from mistakes and failures by creating an atmosphere where they can express their concerns openly to you without fear of recrimination*
- *Welcome and encourage constructive feedback from trainees without feeling your own face threatened.*

4: is too abrupt with colleagues/patients

Every culture has its own preference on the continuum of direct and indirect communication. Direct communication can be described as having clarity and making one's intention clear and explicit.

However, some trainees may risk damaging the face of another by being too direct, in an effort to achieve clarity and get their message across clearly.

Indirect communication, by contrast, can be described as communication, which is non-assertive and non-argumentative. It releases little information explicitly, as people do not say what is on their minds. Indirect communication relies more on suggestion, hinting and concerns for non-imposition. Some trainees may, on the other hand, speak too indirectly to their colleagues/patients. They, therefore, may not achieve full clarity in communication, in their efforts to be non-abrupt and non-imposing.

Ways to mitigate:

- *Ask the trainee to avoid using direct communication when speaking to colleagues and patients, for example, point out to trainees that asking patients/colleagues: 'Where did you go wrong?' or 'Why haven't you completed this task yet?' or asking for personal information in front of others can lead to offence in some patients/colleagues*
- *Show the trainee that some patients/colleagues from different cultures communicate in non-verbal ways e.g. body language, contextual factors, silence*
- *Show the trainee that some people may find direct eye-contact and/or physical touch confronting and intrusive and it may inhibit meaningful communication*
- *Explain to trainee that using deferential, formal and indirect language is preferable when unsure of social situations*
- *Recognise that interaction styles may be different to the Western rules for interaction (no gap, no overlap with direct eye-contact)*
- *Understand that some trainees may not request clarification and/or elaboration even if they have not understood your message*
- *Recognise that some trainees from certain cultures avoid use of the word 'no' in order to preserve harmony and avoid confrontation*
