Cultural Safety in Medical Education

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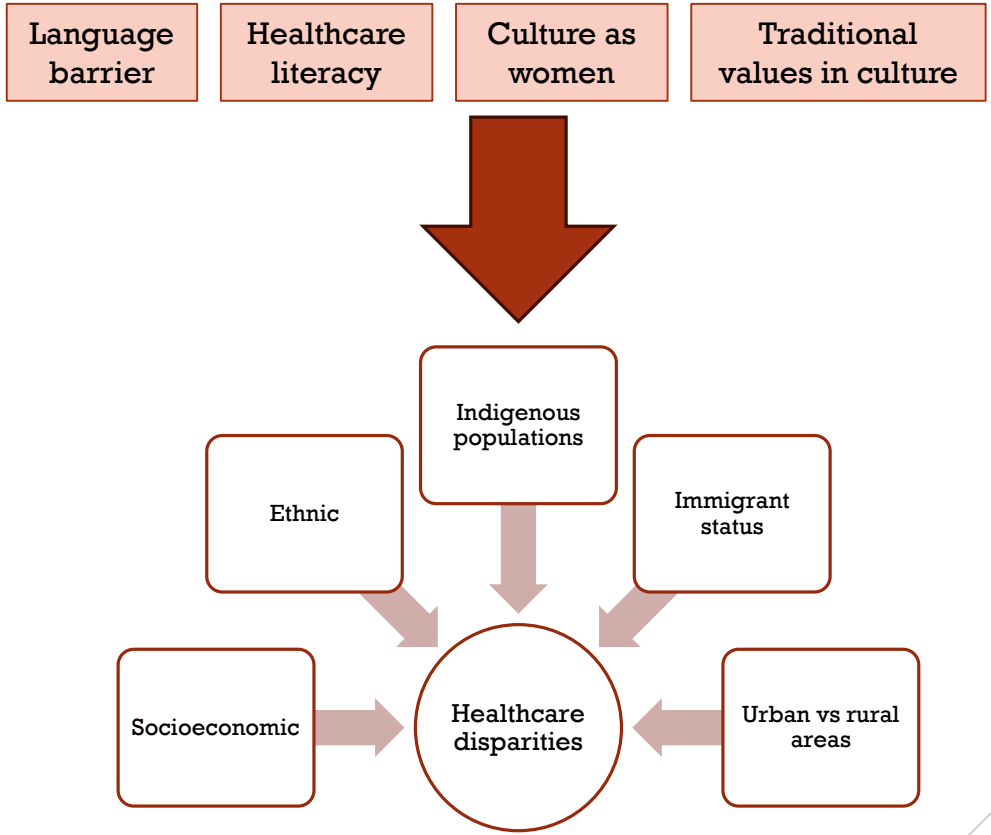
Contents

Background



1. Baciu, A. et al. , editors., Negussie, Y., Geller, A., & et al. (2017). The Root Causes of Health Inequity. In *Communities in Action: Pathways to Health Equity.* National Academic Press.
2. Chowdhury, D., Tong, C., Lopez, K., Neiterman, E., & Stolee, P. (2024). "When in Rome…": structural determinants impacting healthcare access, health outcomes, and well-being of South Asian older adults in Ontario using a multilingual qualitative approach. *Frontiers in Public Health*, *12*. https://doi.org/10.3389/fpubh.2024.1405851
3. Lee, S., Assistant Professor, S., Martinez, G., Research Assistant, M., Ma, G. X., Hsu, C. E., Professor, A., Stephanie Robinson, E., Research Assistant, M., Bawa, J., Program Manager, M., American, A., & Juon, H.-S. (2010). Barriers to Health Care Access in 13 Asian American Communities HHS Public Access. In *J Health Behav* (Vol. 34, Issue 1).

The Role of Medical Education

- Development of Cultural Competence Concept
  - Cultural Competence
    - Cultural awareness
    - Cultural knowledge
    - Cultural Skill
    - Cultural desire
    - Cultural encounter
  - Cultural Sensitivity
  - Cultural Safety
  - Cultural Responsiveness
  - Cultural humility

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S. J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health*, *18*(1). https://doi.org/10.1186/s12939-019-1082-3

Cultural Competence

- Cultural Competence: a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.
- Cultural Competence Component
  - Cultural awareness: recognizing that there are differences between cultures.
  - Cultural Knowledge: the process of seeking and obtaining a sound educational foundation about diverse cultural and ethnic groups
  - Cultural Skill: ability to collect relevant cultural data regarding the client's presenting problem as well as accurately perform a culturally based physical assessment.
  - Cultural Desire: motivation of the health care provider in the process of becoming culturally aware, culturally knowledgeable, culturally skillful, and familiar with cultural encounters
  - Cultural Encounter: the process that encourages the health care provider to directly engage in cross-cultural interactions with clients from culturally diverse backgrounds

Campinha-bacote, J., & Transcultural CARE Associates, F. (2002). *The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care*.

Cultural Competence Spectrum

- Cultural Sensitivity: alerts students to the legitimacy of difference and begins a process of self-exploration as the powerful bearers of their own life experience and realities, and the impact this may have on others.
- Cultural Humility: a life-long process of reflection to understand individual and systemic biases in culture and to develop and maintain respectful processes and relationships based on mutual trust.
- Cultural Responsiveness: Involves understanding and appropriately including and responding to the combination of cultural variables and the full range of dimensions of diversity that an individual brings to interactions.
- Cultural Safety: seeks to achieve better care through being aware of differences, decolonising, considering power relationships, implementing reflective practice, and allowing the patient to determine whether a clinical encounter is safe

1. Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S. J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health*, *18*(1). https://doi.org/10.1186/s12939-019-1082-3
2. Hopf, S. C., Crowe, K., Verdon, S., Blake, H. L., & McLeod, S. (2021). Advancing Workplace Diversity Through the Culturally Responsive Teamwork Framework. *American Journal of Speech-Language Pathology*, *30*(5). https://doi.org/10.1044/2021_AJSLP-20-00380

Concepts Comparison

DIMENSION	CULTURAL COMPETENCE	CULTURAL RESPONSIVENESS	CULTURAL SAFETY
Core Concept	Providers acquire knowledge, skills, and attitudes to interact effectively across cultures.	Adaptability in real-time interactions with diverse patients/cultures.	Patients determine whether care is safe, respectful, and free from discrimination.
Targets	Culturally competent providers.	Providers who adapt responsively in practice.	Patients who feel safe, respected, an included.
Primary Focus	Provider preparedness.	Day-to-day practice behaviour.	Patient experience.
Unit of Analysis	Individual provider competence.	Individual encounter (provider–patient).	Encounter & system as experienced b patient.
Time Horizon	Can be taught and evaluated in curriculum stages.	Moment-to-moment encounters.	Each encounter judged by patient, though system must enable.
Origin	Nursing, transcultural health (Campinha-Bacote, Leininger, 1980s–90s, U.S.).	Education theory (culturally responsive pedagogy, Ladson-Billings, 1990s). Later applied to health practice.	Nursing in New Zealand, Irihapeti Ramsden, 1990s, in response to Māori health inequities.
Healthcare Education Implementation	Curricula with modules, OSCEs, self-assessment (IAPCC-R, TSET).	Simulation-based learning, communication skills, case studies, adaptive practice.	Indigenous health curricula, patient/community evaluation, mandatory in NZ nursing.
Distinguished Feature	Teachable, measurable, structured. Risk: seen as finite "mastery."	Flexible, relational, emphasizes adaptability in the clinical moment.	Puts power with patients; safety is judged only by those receiving care

Culture Theory

- Hofstede
  - Culture as mental software → it gives humans predetermined programs to respond in such situations
- Edward T Hall
  - culture is a communication system, how people interact with each other within the cultures and across cultures
- Edward Taylor
  - Culture is that complex whole which includes knowledge, beliefs, art, morals, law, customs and any other capabilities and habits acquired by man as a member of society
- Raymond Williams
  - Culture is a whole way of life
- Cultural relativism theory
  - an individual's beliefs and behaviors should be understood in the context of their own culture, rather than judged against the criteria of another

Cultural Dimensions Theory

Hofstede (Nation's culture)	Power distance
	Collectivism vs Individualism
	Femineity vs masculinity
	Uncertainty avoidance
	Long-term vs Short-term goals
	Indulgence vs restraints
Edward T Hall (Culture as communication)	High context vs low context
	Monochronic vs. Polychronic Time Orientation
	Space

Cultural Dimensions Implications

Dimension	Indonesia's Score	Description	Implications in Healthcare
Power Distance (High)	**78**	Strong hierarchy is accepted. Authority is respected.	Patients may defer to doctors' authority without questioning. Power difference between patient and doctors
Individualism (Low / Collectivist)	**14**	Strong group loyalty, family-oriented. Group identity over individual.	Health decisions often involve family.
Masculinity (Moderate)	**46**	Some focus on achievement, but cooperation is valued too.	Moderate competitive values. Caring and group harmony can influence doctor-patient relationships. Compassion is culturally expected.
Uncertainty Avoidance (Moderate-High)	**48**	Balanced: some structure is appreciated but flexibility exists.	Guidelines are valued, but doctors may navigate ambiguous cases.
Long-Term Orientation (Low)	**62**	Value placed on perseverance and planning. Tradition matters.	Preventive healthcare may be understood, but traditions and beliefs still shape medical behavior.
Indulgence (Low / Restrained)	**38**	Strong social norms; gratification is controlled.	Patients may avoid open discussion of mental health, sexuality, or lifestyle diseases.

Cultural Dimensions Implications

Dimension	Indonesia's context	Implications in Healthcare
High context	Indirect communication, rely heavily on non-verbal communication.	Patients may avoid disagreeing with the doctor when unsatisfied, family members as main communicators, doctors must be sensitive to what is not said
Polychronic time orientation	Time is seen as fluid. Multitasking over punctuality, human interactions are prioritized over efficiency	Frequent delays in care or waiting times (accepted to an extent), hospital appointments can be disrupted by family matters. Doctors are expected to engage with patients socially
Space (Proxemics)	Close interpersonal distance norms. Importance of space, modesty, and relational comfort	Family support is essential in patients' care. Modesty is essential, especially interactions between gender

Layers of Culture

- Subculture
  - an identifiable subgroup within a society or group of people, especially one characterized by beliefs or interests at variance with those of the larger group
  - Regressions of culture. Every culture was separated or built by multiple subcultures. So, every subculture must share the same cultural values as the culture it belongs to.
- Counter-culture
  - A subculture whose norms and values radically deviate from those of the mainstream society. Countercultures often embrace ideals and philosophies that challenge the status quo

Examples of culture and classifications

- **Culture**
  - Nation's culture
  - Socioeconomic culture (middle-class as the norm)
- **Counter-Culture**
  - Religious cult
  - Radical movement

- **Subculture**
  - Generational subcultures
  - Identity-based subculture: religion, gender, ethnicity
  - Geographic Subculture: urban vs rural, social community
  - Professional subculture: healthcare organizational culture, corporate, academic discipline
  - Hobby-based culture
  - Music-based culture
  - Lifestyle-based
  - Educational-based

Cultural Safety in Medical Education

Aspects	Current Approaches	Gaps trying to be addressed
Who are the targets of the research	Medical students (undergraduates, clinical students), postgraduate, medical doctor, mostly nursing students	Early education during undergraduate program
Who are being addressed?	Indigenous populations, immigrants, marginalized populations	Cultural diversity in general, addressing power imbalance in healthcare organizations
What is being addressed?	Cross-cultural communication and patient-centred interviewing, Social determinants and access barriers, Population-specific clinical knowledge and trauma-informed care	Implementation of topics on a more diverse populations
Where is the research focus?	Australia, New Zealand, Canada, USA (available marginalized populations)	Implementation on a non-Western countries
How is it being addressed? (Learning strategies)	Lectures and online modules, experiential learning, simulated patients, longitudinal program, co-design curriculum, fellowship program	Adaptations in different context and setting
How is it being assessed? (Assessment process)	Structured Assessment using Multiple Patient Scenarios (SAMPS) NOSM Cultural Competency and Safety Tool (CAST) GY Tool (Ganngalehnga Yagaleh)	Adaptations in different context and setting

Research Question

How does cultural safety education on diverse culture nation impact undergraduate medical students' knowledge and attitudes toward cross-cultural patient care?


Thank
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