Critical incidents and cultural relativism- tools for survival in foreign context?

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Abstract

The aim of this study is to examine how physiotherapy students manage to convert and employ their intrinsic and extrinsic knowledge and skills in clinical contexts abroad outside Europe. The study is based on a qualitative a content analysis of ten Bachelor thesis in form of case studies written in pairs of Norwegian bachelor students. Findings that emerged in the document analysis were the students' uncertainty concerning types of roles and knowledge discourses involved in the interaction. The students, who managed to identify critical incident and apply a cultural relativistic approach managed the converting process. A conscious attitude towards own cultural norms and values opened up for integrating these in the new context. Theory and tools introduced as part of the preparations, showed to be functional when applied in practice.The importance of using critical incidents and culture relativism as methods for the students going abroad will be emphasized in the preparation courses.

Key words

Intercultural competence
Work based learning
Critical incidents
Bachelor thesis

Introduction

The widening scope of health care practice implies providing students with global perspective of the practice of physiotherapy profession. Of particular relevance are the health workers' intercultural competencies, an issue that has become an imperative for all allied curricula (Altbach and Knight, 2007). In its broadest sense, intercultural competence can be defined following Fantini (2006: 12) as "a complex of abilities needed to perform effectively and

appropriately, when interacting with others who are linguistically and culturally different from oneself". Lustig and Koester (2012) have the same apprehension, but underline that cultural competence is connected to effective and appropriate behavior in another context than your own. Studies have demonstrated that the most effective way to enhance cultural awareness among students is through international practical placements, (Fitzgerald, 2000, Koskinen & Tossavainen, 2004, Barker et al., 2010). Final years' physiotherapy students who were asked to assess socio-cultural skills, required to influence the patient-provider interaction, positively highlight the importance of intercultural skills as flexibility in practice, demonstration of empathy, awareness of cultural diversity (Useh, 2011).

Preparing physiotherapy students' ability to encounter cultural diversity in their professional practice has become an essential part of the health care programmes at Oslo and Akershus University College of Applied Sciences (HIOA). One of the major institutional goal is to allow at least 10 percent of the student population to take part in student exchange programmes. The intention is to develop the students' skill as future professionals in multicultural societies. It is reported a general tendency towards an increased number of physiotherapy students who avail themselves of the practice placement opportunity in countries in the South. The students in this study went abroad outside Europe for eight weeks, to collect their own data for their Bachelor Thesis in Physical Therapy. They went to rehabilitation institutions (with exchange agreements with HIOA) allowing them to practice their clinical skills. They work in pairs alternating between treatment and observation as fundament for further reflection on and planning of the treatment process and data collection. From the number of patients (app. 8-10) they encountered for treatment during their stay, they select one or two cases for their Bachelor thesis.

However, there is little research on learning outcomes and problem-solving skills reported by students in clinical placements abroad (Barker et al.,2010, Unevik et al., 2012, Pechak and Black, 2013). While internationalization has become a priority in physiotherapy education, a framework for understanding how the students develop and demonstrate their skills when working in multicultural contexts is required. Insight in the very nature of knowledge construction process will provide direction and relevant choices of relevant approaches ensuring a quality learning experience (MacAllister et al.,2006, Garaj et al., 2012).

The aim of this study is to examine how physiotherapy students manage to convert and employ their intrinsic and extrinsic knowledge and skills in clinical contexts abroad. For this purpose, the students' bachelor thesis represent a valuable source. Selecting a qualitative case study approach in terms of research method, the thesis constitutes documentations of students' clinical experiences abroad outside Europe. **(**India, Tanzania and Dominican Republic).

At the Faculty of Health Sciences in the curriculum for bachelor Health Sciences Programmes 2012- 2015, the learning outcome describes three components:

- Attain knowledge and experiences enabling the students to act as professionals in a multicultural society
- Attain the ability to explore and reflect on their own norms, values and believes as well as the awareness of the logic in the mind of the patient
- To explore their interaction with patients in cultural and social complex contexts

For adequate preparation and support for students on international clinical placements, a preparation course (15 hours) is included, providing knowledge associated to the learning outcomes. Issues discussed in the course are:

- Critical incidents and cultural relativism as tools to obtain intercultural competence.
- Cultural, social, ethnical, religious differences
- Various medical and social organization and understandings
- Human rights and freedom of speech

The criteria for conducting the Bachelor thesis abroad are the following: work based learning, critical incidents as a tool, cultural relativistic approach as a tool and case study documentation.

Methodological approaches

Work based learning

In this study, we lean on Donald Schön's idea of "learning by doing". "When someone learns a practice, he is initiated into the traditions of a community of practitioners and the practice world they inhabit" (Schön, 1987:36). The current learning principle is practised in learning environments allowing the students to train their flexibility skills required to interact in different communities of practitioners, and with patients in culturally different societies. The treatment process is a starting point for reflections regarding what is happening, not just externally, but internally (Boud et al., 1985). Work based learning is crucial for operationalizing of the knowledge they bring into new cultural contexts challenging their norms, values and preconceptions.

Critical incidents

Critical incident as concept has been used by several health care scholars (Boud, Keogh & Walker ,1985, Martin & Mitchell,2001, Robson and Kitchen, 2007). In line with these, the concept refers to interactions that the students perceive as problematic, amusing or confusing, and not to be mixed up with dramatic events. We lean on Flanagan's rather old, but still valid definition of the phenomena: "a set of procedures for collecting direct observations of human behaviour in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles" (1954:327). Our focus in Flanagan's definition is the aspect of "solving practical problems". "The opportunity to think carefully

and analytically about a critical situation promotes cross- cultural awareness and accelerates teaching and learning." (Salo-Lee & Winter- Tarvainen ,1995:83). One might say that the students use critical incidents to reflect on practice (Schön, 1954)

Cultural relativism

As part of the students' preparation course a cultural relativistic approach as method to understand the context they are working in, is discussed. This approach involves an acceptation that cultures are relative and therefore unique. It is not possible to compare one culture to others according to a scale invented by one part (Boas, 1911, Kaplan &Manners, 1972, Eriksen, 2011, Hofstede, 2001,). The students are encouraged to use this perspective in situations where they feel incompetent or helpless or in situations where they do not understand why things turned out the way they did. They are inspirited to try to find the logic in people's own worlds, as Geertz put it "take the native's point of view" (Geertz, 1974). This indicates that the students should try to put themselves in place of the other and try to see if they had done the same if they were in the other person's shoes (Horntvedt, 2012). The preparation course also focus on the fact that having a cultural relativistic approach do not imply that one has to accept everything, but understanding the others' logic makes a dialog easier. In addition, they are encouraged to look at incidents (critical incidents) they comprehend as different, difficult or strange with a cultural relativistic eye.

Case study documentation

Health work is a dynamic profession requiring students' stay in the field organized as working placements. The student bachelor thesis is based on a case study approach, a description of a single patient with a possibly detailed report on the rehabilitation process (Lauren, 2009). The purpose of this kind of case study is to provide descriptions, analysis and suggested solutions

to problems in relation to the case in hand and to discuss events from relativistic cultural perspectives.

The study of cultural diversity might encourage an ethical sensitivity, which again might result in a greater awareness of one's own values, attitudes and possible ambivalent reactions (Hall & du Gay,1996). By using a model of reflections based on critical incidents and cultural relativism, the students get a tool for engaging in a learning process based on their own experiences. The intention with case study documentation is to visualize the relationship between the concrete experience, reflection and theory based knowledge. (Boud et al., 1985).

Data collection

The purpose of the study described sought to characterize and describe how physiotherapy students approach problem solving related to patient treatment in intercultural settings. The bachelor thesis written as case reports provide a valuable knowledge base to consider critical points embedded in students' interaction pattern. To obtain a manageable material we made an assortment of ten bachelor theses, each with a volume of about thirty pages, written in pairs, based on twenty students' experiences. To get insight into some aspects of intercultural communication as a social phenomenon described in a conceptual form, a qualitative content analysis is used. Content analysis as method allows for review of a large amount of text in order to discover and describe the focus of individual, group, institutional, or social attention, and for examining trends and patterns in documents (Berelson 1952, Weber 1990, Hesse-Biber and Nagy Leavy 2011, Klippendorff 2012). In the current study, the coded categories are derived directly from the text data, referring to particular incidents, and discussed in the order of the underlying theory applied in practice. The bachelor theses used in this article are supervised by mail or skype by others teachers than the authors of the article. The student quotes used in this article represent quotes from thesis. These quotations are italicized and

have not been subjected to corrections by the authors. The authors of this article have more than ten years of experience with this student group, their preparations, their Bachelor Assignments and their stay abroad. The authors are both physiotherapists and associated professors at HIOA. One (TH) is in addition social anthropologist.

Data analysis

The first step in the analysis process was reading of the ten assignments individually and carefully in order to get a first impression. This was done with particular focus on the students' descriptions of situations where differences in cultural values and norms were described as having retraining or encouraging impact on the intercultural dialogue and the treatment of the patient. The keywords that emerged from the texts were; types of roles and types of knowledge. In the next level of the analysis, the text was read through the lenses of the two "tools" given to the students before they left - to identify and reflect on critical incidents and analyze the incident with a cultural relativism approach. Analyzing the text with this in mind, types of roles and types of knowledge appeared as the most striking in the students' descriptions of experience with approaching the patients and setting goals.

Ethical considerations

The students were contacted by phone by one of the authors (MF) one year after graduation asking for their informed consent, to use their bachelor thesis in research and for publication. The research topic and content analysis as qualitative method was described including the use of quotes to support research. They were all assured that that the material will be anonymous and treated in a way that nothing can be traced back to the individual students, patients, professionals and institutions. In advance, the students are familiar with the rule that bachelor theses graded, as "above average" are freely available at the College's library, de-identified

and uncommented from those who have assessed the work, unless they have exercised their right to oppose with regard to their own theses. All the students gave their consent that their thesis could be used for content analyzes in the current project.

Norwegian Social Science Data Services (NSD), affirming that an application to The National Committees for Research Ethics in Norway was not required, has approved the project.

Findings

Findings that emerged in the document analysis were the students' uncertainty related to types of roles and types of knowledge embedded in the interaction. This appeared most clearly in the students' descriptions of their approach to the patients and the goal settings.

We also found that these students developed a more conscious attitude towards their own cultural norms and values and managed to combine and respect these with the norms and values in the new context.

The theory and the tools introduced in the preparations for the practical training abroad were functional for the students in the process of converting and employing their intrinsic and extrinsic knowledge and skills.

Discussion

We can read from the students' assignment that they met patients and relatives with a very different understanding of and expectations connected to the treatment situation than themselves. Approaching the patient and setting goals for the treatment seemed to constitute the main concern for them. The students were concerned about obtaining results in the treatment of patients. This is coherent with how Fantini (2006) and Lustig & Koester (2012) understand the concept of cultural competence requiring appropriate and effective behavior in a new and unknown context. In that connection they described their efforts to build alliances

and relationships with the patients based on trust and confidences. Further on it was essential for the students to obtain patient participation in the treatment. This way of approaching patient treatment is rooted in the educational curriculum for physiotherapy in Norway. Bakic- Miric, 2008 says that communication can break down completely if there is too much "cultural noise". A culture's symbolic meanings and symbolic values can easily turn into cultural noise if you are not prepared for it. Being able to handle different symbolic systems even in a functional trade as physical therapy is dependent on professional knowledge and skills.

Patient approach

Norwegian social- and health care educations is patient/client –centred in their approach. The Norwegian government has underlined this in their White Paper 34 (2012-2013): "To give those who are affected by a decision or those who are users of services- impact on the decision – making and the design of the service" This patient centred approach is characterized by an individual orientation formed by the Norwegian ideology of sameness. The challenge of establishing a patient – centred therapeutic situation in a collective orientated society was difficult for the students. They experienced a lack of competence in practice when applying their main tool (the patient - centred relation) to establish an interaction with patient. The contextual frames for the treatment differed from their expectations because of intervention from different persons surrounding the patient.

> *The prominent role of the patient's mother and interpreters' and* [local] *therapists' behaviour is all aspects that contribute to that the patient sometimes remain in the background of the situation.*

It is well established that a patient centred focus in treatments results in better outcomes, but in this case, we found this difficult to do in practice. The father [and not us] *explained everything to the girl*.

Before we go any further, we will describe what we mean by a collective orientated society. In this type of society, a person's perceived identity conforms mainly in accordance with the group or the society the person belongs to. Human beings in such a society are dependent of each other morally, politically and socially. The society is characterized by loyalty among people and towards the society (Dahl, 2001, Eriksen & Sajjad, 2011). The group is involved in every person's life at one level or another. This evolvement is usually reinforced, or enhanced when the person is consider as a patient.

Norway is in general associated with an individual oriented society and the students are socialized into this idea when interacting with patients. Both the patient and the therapist are regarded as subjects who are interacting as independent unique human beings (Balint, 1969, Schibbye, 2009, Hatcher & Gillaspy, 2006). The stress is put on personal achievement and individual rights (Hofstede, 2004).

The students expressed that they felt uncomfortable because they experienced that it was often more or less impossible to relate to and interact directly with the patient, even though they saw the importance of relatives being involved.

By participating in the treatment sessions, they [the relatives] *learn how to continue the ongoing process.*

Beforehand we believed that the individualistic orientation was the best to attain the therapeutic alliance and client- centred approach to the patient. However, we experienced that the collectivistic orientation also made it easier for us as

physiotherapists to share our problems, knowledge and work together as a team with our patient.

The students' quotes cohere with what Trede & Haynes, 2009 and Stewart, 2002 are concerned about when they say that mothers and families may be a great resource because they can continue what the therapist has practiced after the end of the treatment. However, some of the students were facing some challenges in this concern:

When we as therapists are encouraging the boy to be spontaneous and playful and the mother is telling him the opposite, this can make the boy confused. When the mother made the boy calm down again it made us realize that the mother and we had different view of how to reach the goals in the treatment. These experiences made it challenging to establish an alliance between the mother and us.

Another challenge the students experienced, as part of their interaction with the patient, was that often more people than relatives were present.

During most of our treatments, two local therapists were present in addition to an interpreter. The fact that we continually changed our roles from being a therapist interacting with the patient, to non- participant observer could affect the quality of the alliance.

Another student wrote that she had trouble bonding with the patient.

This was mainly because there were many people the boy had to relate to. His mother, the interpreters, local therapists and other curious people at the hospital were present during the treatment.

A context such as this is unknown and strange for the students; they are used to a one to one interaction in therapy, the therapist and the patient in undisturbed environments.

> *As student from Norway, we value privacy.*

They also experienced that interpreters and relatives took over the treatment themselves.

> *In situations where they* [the interpreters] *started to instruct the patient in exercises, these were not exactly the same as the ones we had demonstrated.*

In other situations, they experienced being excluded from the conversation because the interpreter and the patient talked only to each other.

> *It became clear to us that they started to form a relationship, and we were struggling to get attention from our patient.*

We have to underline the fact that these challenges and problems were apparently enhanced due to the lack of a common language. Even in situations where the students used interpreters they felt strongly that communication was difficult. None of the students got access to professional interpreters; they had to use local people with some knowledge in English.

> *We did not have a professional interpreter while working, but our supervisor helped us translate the language when we talked to the patient's family.*

The students experienced problems related to "*accuracy* versus *understanding* and *translating only* versus *cultural advocacy*" (Butow, 2010:1). As written in one of the assignments:

> *It is unclear to us to what degree this is true in our case, but we knew that our supervisor might unintentionally convey false or coloured information to us.*

Goal setting

The second challenge we found was associated to goal setting for the therapeutic process where at least two very different discourses were involved. We will now describe the discourses and reflect on how that complicated the interaction between student and patient. Before we go further, we have to make some kind of framework; we believe that the goals a person establish are influenced by what the same person perceives as meaning in their lives. Culture, according to Geertz (1973) consists of systems of meaning.

The Norwegian students are socialized in a culture where a patient is approached as a whole human being with intrinsic potential for growth.

> *Habilitation and rehabilitation are time-limited, planned processes with clear goals and means, in which several actors work together to provide necessary assistance to the user's own efforts to achieve the best possible functioning and coping ability, independence and participation, socially and in the community* (www.lovdata.no).

One student put it this way:

> *The use of this definition is not meant as a reflection on other countries approaches, but it is simply the only way we know how to approach this field. Using culture relativism as a methodical tool can help us to explore societies without assessing them according to subjective moral values.*

The students analyse and plan therapeutic programmes based on this conception and clear beforehand set goals. They look for any resource in the patient and consider how the environment might offer possibilities or obstructions. This was not easy for them in the new context.

In this situation, it was more difficult for us since the daily life of a retired man in India can be a lot of different from the daily life of the same man in Norway.

The students base their treatment on the idea that inherent in every human there is a yearning for development. They come from a culture where a lot of energy and money are used for self-development processes in form of classes, books and group therapy. For some Norwegians personal and individual growth is the meaning of life.

In their thesis, they describe how the relatives of the patient often presented their goals for the patient as practical everyday functions. They asked the students to teach the patients how to walk to the toilet or how to dress. In the students mind these functions were seen as a small part of a much larger therapeutic programme. They wanted to teach the patients functions to be implemented in day life activities in the long run, not only limited patterns for single functions.

We had to modify the approach to reach out to the patient. The exercises were adjusted, much of the verbal instruction was limited and we had to be extra creative when it came to equipment and working environment

From time to time, the students also felt that they disappointed the patient and the relatives when their wishes did not coincide with the students' field of competence.

We should have been clearer when we first introduced the therapy to them.

Another factor that was difficult for the students to relate to was the position of God or other divine forces as an integrated element in the treatment process.

The family's expectations and hopes for her in the future is that she can walk by herself and the father said it's realistic with help from God. Maintaining a cultural relativistic mindset, we respected the father's beliefs and we did not contest them.

As one of the student expressed:

As a part of western medicine and a largely secularized country [Norway], *this type of faith is not something we experience often. We are used to faith in science and treatments in themselves, and not some kind of divinity.*

Final reflection

Norwegian physiotherapy students are socialized into a way of thinking where according to Hall (2010) the therapeutic alliance is important in achieving positive health outcomes in physical therapy. The aim of this project was to examine how physiotherapy students manage to convert and employ their intrinsic and extrinsic knowledge and skills in contexts abroad. As part of the preparation process before going abroad the students are taught to identify critical incidents to reflect on with a cultural relativistic perspective as a mean to develop intercultural competence. The project showed that students, who managed to apply these tools, also managed this converting process, both in interaction with patients, relatives and local colleagues.

We also found that these students developed a more conscious attitude towards their own cultural norms and values, and managed to combine and respect these with the norms and values in the new context in an appropriate and effective way. This ability is what many researchers describe as intercultural competence (Anand and Lahiri, 2009, Kitsantas, 2004, Rathje, 2007, Fantini, 2006, Luster and Koester, 2012).

The findings of the study provide information on the transfer value of the theory introduced in preparation course and other preparation for the practical training abroad. Consequently, the significance of using critical incidents and culture relativism as methods for the students going abroad will be emphasized. It also became clear that the educational programs are too much focused on seeing the patient in an individualistic perspective instead of as an individual belonging to a group and that the students need more preparation on this kind of approach to patients both abroad and in a cultural diverse Norway. These changes will be part of the programme in the future and we will in addition use cases and quotes from this project as part of the lectures.

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