

MODULE 2 Communication and Terminology for Work Search

TOPIC 3 Cross-Cultural Problem-Solving

LEARNING OUTCOMES:

By the end of this lesson, participants will be able to:

- ◆ apply a problem-solving approach to a health care situation involving cross-cultural issues

- ◆ identify interpersonal skills needed in a health care situation

| TOPIC | SKILLS | CLB COMPETENCE AREA | COMPETENCIES | PRE-TASKS | TASK | POST TASK |
|--|--|--|--|--|---|---|
| <ul style="list-style-type: none"> ◆ Cross-cultural Problem-Solving | <ul style="list-style-type: none"> ◆ Reading ◆ Listening/ Speaking | <ul style="list-style-type: none"> ◆ unformatted text ◆ following and giving instructions ◆ suasion | <ul style="list-style-type: none"> ◆ think critically ◆ define problems ◆ give explanations ◆ justify answers ◆ frame appropriate and organized responses ◆ propose and describing solutions | <ul style="list-style-type: none"> ◆ read informational text ◆ discuss cross-cultural issues in health care ◆ understand a problem-solving approach ◆ apply problem-solving approach to a cross-cultural situation | <ul style="list-style-type: none"> ◆ role-play an interview that assesses interviewee's problem-solving skills involving cross-cultural issues | <ul style="list-style-type: none"> ◆ role-play a health care situation according to sub-sector |

Facilitator's Notes for Module 2
Topic 3 : Cross-Cultural Problem-Solving

FACILITATOR PREPARATION

Content

General knowledge of cross-cultural issues and information on behavioural employment interviewing would be an asset.

This lesson was developed with materials from the *Ministry of Citizenship and Culture, 1987 Multicultural Healthcare: Culture Simulator Training for Health Care Professionals.*

Delivery

As many copies as required of the following handouts should be made:

- ◆ Handout 1 Vignette #1 – the Pisanis
- ◆ Handout 2 Vignette #2 – the Laus
- ◆ Handout 3 Vignette #3 – the Kims
- ◆ Handout 4 Problem-Solving Observation Checklist

Materials needed: access to a board.

Methodology

Introduction

(15 minutes)

Have participants discuss the questions below in small groups. Each group then shares answers with the rest of class.

1. How do cultural differences impact on health care practice?
2. List the areas in which cultural differences are experienced most acutely in health care.
3. What kinds of problems could arise if health care providers fail to consider cultural differences when dealing with patients?

Pre-Tasks

(10 minutes) 1.

Introduce the lesson by explaining that most job interviews now include a phase that assesses the applicant's ability to deal with problems in job-related situations. The applicant is presented with a hypothetical situation in which a problem is manifested. The applicant has to define the problem and explain the steps they would take to deal with the problem. Add that Canada is a multicultural country and health care providers serve not only newly arrived immigrants and refugees, but also many second and third generation Canadians who have maintained the beliefs and practices of their parents and grandparents. Understanding cross-cultural differences is thus an important part of a health care professional's ability to problem-solve.

(15 minutes) 2.

Explain the problem-solving approach to class. Go through the following steps:

- A. Sense a problem
- B. Define the problem
- C. Identify alternative solutions

- D. Consider the consequences of the different solutions
- E. Choose a solution
- F. Carry out the plan
- G. Evaluate the outcome.

Tell participants that this lesson focuses on Steps B to E. Steps A, F and G can only be implemented in real life situations.

- (15 minutes)** 3. Distribute Handout 1. Have participants read Vignette #1 – the Pisanis and then answer the question which follows the vignette. Point out to participants that answering this question will help them to define the problem. Stress to participants that they should avoid guessing. They should try to be clear on why they select a particular explanation.
- (20 minutes)** 4. Have participants form groups of three or four. Each group has a short discussion about the explanations selected by individuals in the group. The group should arrive at a consensus by debating the merits of their various positions.
- (15 minutes)** 5. Have each group share the explanation it selected with the rest of the class. Encourage participants to give reasons for the explanation they selected.
- (15 minutes)** 6. Go through each of the four explanations with the class using the information from the Rationale and Analysis sections of the facilitator's notes for the vignette. Point out the shortcomings of Explanations A, C and D. Explain why B is the most likely answer—use the information in Analysis to give a detailed explanation.
- (15 minutes)** 7. Discuss with the class how the problem depicted in the vignette can be solved. Point out to participants that to do this, Steps C to E in the problem-solving approach outlined in 1 above should be kept in mind. The discussion questions in the facilitator's notes can be used to guide the discussion. Encourage participants to draw on their own experiences in considering solutions.

Task

- (45 minutes)**
1. Inform participants that the role-play they will be taking part in occurs in the later phase of a job interview for a health care position. The interviewers have already asked the interviewee about his/her education, qualifications, and work experience. They are moving on to assess the interviewee's problem-solving skills in a situation involving individuals from a specific cultural group.
 2. Form groups of three or four. Designate each group as an A group or as a B group; you should have an even number of groups, i.e. 2, 4, or 6 groups. In each group, appoint one participant to play the role of the interviewee; the other participants play the role of the interviewers. All the A groups work with the Vignette in Handout 2 and all the B groups work with the Vignette in Handout 3.
 3. Participants in each group should first discuss the vignette, guided by the questions provided on their handout. Then they should practise role-playing the interview, according to the instructions on their handout. They may find it helpful to write a script.
 4. Ask an A group to present their role-play to the class. Have the members of B groups critique the performance of the interviewee using the observation checklist (Handout 4). Then ask a B group to present their role-play and have the members of A groups critique the performance of the interviewee.
 5. Conduct a class discussion on the explanations given and solutions proposed for the problems depicted in the vignettes by the students playing the role of interviewee. Comment on the performance of the interviewees, their strengths, and the areas where improvement is needed.

Post-Task

(45 minutes) 1.

Participants work in small groups (three to four) according to sub-sector. This task requires one participant to role-play a health care professional, one to role-play a patient with a problem, and one or two to be observers.

- (a) The “patient” decides on a simple problem to take to the health professional.
- (b) The health care professional helps the patient solve the problem.
- (c) The observer notes the skills used by the health care professional, including problem-solving, interpersonal skills such as active listening, and use of clarification language. At the end of the problem-solving process, the observer(s) should give the health care professional and patient feedback on what skills were observed.
- (d) Give the groups the following questions to discuss at the end of the interview:
 - ◆ How did the “patient” feel during the interview?
 - ◆ Did the patient feel the problem was resolved? If not, why?
 - ◆ Discuss any specific recommendations the participants may have for the health care professional.

Handout 1

VIGNETTE #1 – the Pisanis

Method of eliciting information

Ms. Franca is a registered physiotherapist. She has been assigned to provide home care to Marco, a seven-year-old boy and the only child of Mr. and Mrs. Pisani. They came to Canada two years ago from Chile. Mr. and Mrs. Pisani have taken English as a second language (ESL) classes and are both working.

Marco, who has juvenile rheumatoid arthritis, has low-grade fever from time to time. Ms. Franca put Marco on an exercise program, and gave Mrs. Pisani a chart. She explained that it was important for Marco to do the exercises daily to prevent deformity and for the chart to be checked off as the exercises were done. When Ms. Franca returned after a week, she found that the chart was checked off only twice.

Q. Why do you think the chart was not maintained?

- A. The Pisanis are very busy and they did not have time to supervise the exercises.
- B. The Pisanis did not understand the importance of charting.
- C. The Pisanis did not understand the instructions.
- D. The Pisanis have not accepted the seriousness of Marco's disease.

Adapted from the Ministry of Citizenship and Culture.(1987). Multiculturalism Healthcare: Culture Simulator Training for Health Care Professionals, p.49.

FACILITATOR'S NOTES FOR HANDOUT 1

Rationale

A. The Pisanis are recent immigrants and probably are very busy in re-establishing themselves. However, we cannot assume that they did not supervise Marco's exercises.

B. This is the most likely answer. Just because the chart was not ticked off does not mean that Marco did not do those exercises. Documentation is considered very important in our health care system but often individuals from other countries are not used to extensive record keeping. Verbal interaction is sometimes more common - charts are very rarely maintained by the patients themselves. Mrs. Pisani probably did see that her son was doing the exercises but did not feel it was important to check off the chart.

C. Sometimes ESL classes are not enough for effective communication. Although both Mr. and Mrs. Pisani had taken ESL, the difficulty in communication could be more than a language factor.

D. Regardless of ethnocultural background, it is very difficult for parents to accept that their only child is suffering from a serious disease. In this case the Pisanis had sought help. They probably are afraid, but perhaps do not fully understand the seriousness of the disease. This answer could also be partly correct.

Analysis

CENTRAL ISSUE:

Method of Eliciting Information

Whenever an individual is put on a certain regime, health professionals generally give them a chart to monitor the regime. We use these charts to elicit information as to whether the regime is followed on a regular basis, or as prescribed by the health professional.

In this case Marco has been advised to follow an exercise program and his mother has been asked to maintain a record of the exercises when performed. However she is not used to this system, and does not maintain the record. This does not mean that Marco did not do the exercises.

Keeping a chart up to date is a difficult requirement for anyone. Often good communication is the best way to get information from patients.

OTHER ISSUES:

Universal Fear of Physical Deformity

Every parent is frightened at the thought of their child becoming physically deformed. This fear is not culturally bound. Mrs. Pisani probably experiences this fear, which would motivate her to supervise the exercises strictly.

Discussion Questions:

1. Are written records maintained by patients essential?
2. What alternative means are there for eliciting/recording information from patients?
3. What system can be worked out with the family, to assess compliance or develop other methods of charting?

Source: Ministry of Citizenship and Culture. (1987). Multiculturalism Healthcare: Culture Simulator Training for Health Care Professionals, p.49.

Handout 2 (for A groups)

Preparation time: 10 minutes

VIGNETTE #2 – the Laus

Cultural belief regarding post partum diet

Mr. and Mrs. Lau have been in Canada for just over two years. Their parents are still in Hong Kong.

Mrs. Lau, who speaks a little English, had her second baby in a downtown hospital. After the delivery, the first meal that she was offered consisted of a cold salad, cold milk, canned fruit and a whole wheat bread roll. Mrs. Lau did not eat anything. She looked very upset. The nurse urged her to eat and especially encouraged her to drink the milk. Mrs. Lau still did not touch the meal.

Interviewee: Read the vignette above.

1. Define the problem. (*Where is the problem? What is the problem? Why does the problem exist?*)
2. Think of the most likely explanation as to why Mrs. Lau rejected the meal she was offered.
3. Identify alternative solutions and consider the consequences of the solutions.
4. Choose the most appropriate solution.

Interviewers: Read the vignette above.

1. Describe the situation depicted in the vignette to the interviewee.
2. Ask interviewee the following questions:
 - A. Why do you think Mrs. Lau rejected the meal she was offered?
 - B. What would you do if you were the nurse in the situation described?
 - C. Probe the solution proposed by the interviewee.

Source: Ministry of Citizenship and Culture. (1987). Multiculturalism Healthcare: Culture Simulator Training for Health Care Professionals, p. 53.

FACILITATOR'S NOTES FOR HANDOUT 2

Rationale

Q. Why do you think Mrs. Lau rejected this meal?

- A. Mrs. Lau was not very hungry.
- B. Mrs. Lau does not want to eat “cold” food items after the delivery.
- C. Mrs. Lau is not used to Canadian food.
- D. She was waiting to receive food from her home.

A. After a normal delivery, a woman generally feels quite tired and drained of energy. Food is welcomed by many. In this case we are not sure whether Mrs. Lau was or was not hungry.

B. This is the most likely answer. Mrs. Lau does not want to eat “cold” food items. Like many East Asians, Mrs. Lau wants to stick to her traditional post partum diet, which would consist of “hot” foods, both in terms of temperature and in terms of the “Yin and Yang” concept.

Blood is considered to be the life fluid. Loss of blood leads to loss of heat and the individual becomes weak. It is therefore important to maintain a warm body temperature. For a post partum diet, women must eat hot foods such as ginger, pepper, hot water; they should never have cold foods. It is believed that post partum flow is affected by the food eaten, and that if a woman eats “cold” food she might have problems in old age.

C. Mr. and Mrs. Lau, as recent immigrants, are possibly unfamiliar with Canadian foods. This answer could be partly correct but does not account for all the factors in this situation.

D. There is no indication that she is expecting anything from outside.

Analysis

CENTRAL ISSUE:

Cultural Belief Regarding Post Partum Diet

Based on the Yin and Yang concept, many Chinese women believe that cold foods should be avoided during the post partum period.

The Canadian culture does not have any such belief and often the food provided in the hospital is unacceptable to Chinese women.

OTHER ISSUES:

Belief in Modern Medicine vs. Traditional Chinese Methods

Modern medicine is very different from the traditional Chinese methods of healing. Chinese Canadians may follow either. However, it has been observed that individuals often follow both. Also, individuals who in general do not follow the practices of their culture may revert to them in times of stress.

In this vignette, Mrs. Lau may be used to Canadian diet habits, but after childbirth she wants “hot” foods which are consistent with her traditional beliefs.

Discussion Questions:

1. How can hospitals in Canada learn about the post-partum needs of women with different cultural backgrounds?
2. What would be the reaction of Canadian women to the food that Mrs. Lau was given?

Source: Ministry of Citizenship and Culture. (1987). Multiculturalism Healthcare: Culture Simulator Training for Health Care Professionals, p. 54.

Handout 3 (for B groups)

Preparation time: 10 minutes

VIGNETTE #3 – the Kims Cultural view of disability

The Kims are from Korea and live as an extended family unit. Dongsoo, the three-year-old boy, lives with his parents, grandparents, and two aunts. He was a premature baby and has been slow in developing physically and emotionally.

Mrs. Smith is an occupational therapist who has been assigned to Dongsoo to assess and develop a home-care program for him. During her visits she noticed that Dongsoo was always well dressed and the family members carried him around with great affection. After visiting the Kim household a few times she designed a program. She discussed the program with Dongsoo's mother, who speaks English, and who seemed interested. The senior Mrs. Kim on the other hand refused to co-operate. Dongsoo's mother then deferred to the senior lady and told Mrs. Smith that they were not interested in the program.

Interviewee: Read the vignette above.

1. Define the problem. (*Where is the problem? What is the problem? Why does the problem exist?*)
2. Think of the most likely explanation why the Kims refused the program.
3. Identify alternative solutions and consider the consequences of the solutions.
4. Choose the most appropriate solution.

Interviewers: Read the vignette above.

- 1 Describe situation depicted in the vignette to the interviewee.
- 2 Ask interviewee the following questions:
 - A. Why do you think the Kims refused the program?
 - B. What would you do if you were the health care professional in the situation described?
 - C. Probe the solution proposed by the interviewee.

Source: Ministry of Citizenship and Culture. (1987). Multiculturalism Healthcare: Culture Simulator Training for Health Care Professionals, p.63.

FACILITATOR'S NOTES FOR HANDOUT 3

Rationale

Q. Why do you think the Kims refused the program?

- A. They believe that Dongsoo is disabled and can never lead a normal life, and the program cannot help him.
- B. They think that they can train the child to look after himself.
- C. They think it is the family's duty to take care of a disabled child.
- D. They believe that nature itself will teach the child to care for himself.

A. It is often difficult for disabled individuals to lead a normal life. It is quite possible that the Kims do believe that Dongsoo cannot be helped by the program. This may be partly true. There is a better answer from a cultural perspective.

B. The Kims may believe that they can train Dongsoo themselves, but Mrs. Smith saw that Dongsoo, who is three years old was still being carried around. He was not being trained to walk independently.

C. This is probably the best answer. The Kims believe that it is their duty to care for the disabled child. Among many Koreans, disability is regarded as a consequence of their own mistakes and wrongdoing. Therefore, instead of encouraging Dongsoo to be independent, the Kims try to meet all his needs.

D. It is quite true that many individuals believe that nature itself has ways of helping the disabled. The Kims might hope that when Dongsoo grows older he will be able to cope with his disability on his own and there is no real need of any structured program. This answer is partially correct, but there is more cultural content to be considered.

Analysis

CENTRAL ISSUE:

Cultural View of Disability

In Canada, a technologically advanced country, some disabilities can be corrected. It is believed that, with proper help and training at early stages, some disabled persons can lead a full and independent life. In some cultures disability is viewed not as a disorder but a form of divine punishment for those who have done wrong. In the vignette, the Kims believe that Dongsoo's disability is a result of their own misdeeds, and that they must care for him. They are protective towards the child and are unwilling to have him trained to be independent.

OTHER ISSUES:

Role of Senior Members

Among Koreans, the senior members of a family play a very important role in any decision-making process.

In this vignette, Dongsoo's mother initially seemed interested in the program, but when the senior woman refused to cooperate she deferred to her.

This kind of respect for seniors has also been noted among Chinese and Portuguese families.

Generational Differences in Child-Rearing Practices

In the vignette, it is interesting to note that the younger woman (Dongsoo's mother) seemed keen on the program, although she refused to accept it after seeing her mother's reluctance to co-operate.

This highlights an interesting issue: although both women belong to the same culture, because of their age difference they have different expectations of Dongsoo.

If the senior woman had not been present it is quite possible that the younger Mrs. Kim would have agreed to the program, as she appeared to want her son to become independent.

Discussion Questions:

1. Do you support teaching children in a structured treatment program?
2. What would you do in this situation?

Source: Ministry of Citizenship and Culture. (1987). *Multiculturalism Healthcare: Culture Simulator Training for Health Care Professionals*, p. 64.

Handout 4

Problem-Solving Observation Checklist

Instructions: Rate the aspects of the interviewee's performance outlined below using the following scale:

E = Excellent S = Satisfactory NI = Needs Improvement

1. Controlled and energetic participation _____
2. Defines problem clearly _____
3. Proposes convincing solution _____
4. Responds to questions appropriately _____
5. Uses fluent and concise language _____
6. Uses appropriate nonverbal attending behaviours _____
 - uses proper eye-contact
 - sits upright or leans slightly toward speaker
 - looks in direction of speaker
 - facial expression indicates interest
 - vocal tone reflects interest
7. Asks appropriate questions _____