

Intercultural Education of Nurses and health professionals in Europe (IENE2)

A report on the initial ‘needs analysis’ of the perceived education and training needs of a sample of teachers and trainers of nurses and other healthcare professionals in Belgium, France, Germany and Romania.

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This stage of the investigation is led by the UK partner.

Report prepared by:

Dr Gina Taylor
Principal Lecturer
School of Health & Social Sciences
Middlesex University
The Burroughs
London
NW4 4BT

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Intercultural Education of Nurses and health professionals in Europe (IENE2)

Executive Summary

Introduction

The IENE2 project continues the work that was started during the IENE1 project. The IENE1 project identified the perceived learning and teaching needs of students and practitioners of healthcare professions in relation to preparation for working in another European country and/or a multicultural environment. The participating countries were: Belgium, Bulgaria, Germany, Romania and the UK. The results from the IENE1 project were used to adapt an existing model for the development of cultural competence: the Papadopoulos, Tilki and Taylor (PTT) model (Papadopoulos, Tilki and Taylor, 1998; Papadopoulos, 2006) for use in the participating countries. This adapted model is known as the PTT/IENE model. The IENE2 project builds on this work by preparing teachers of healthcare professionals to address the learning and teaching needs identified during IENE1, and to integrate the PTT/IENE model into their curricula. Participating countries for IENE2 are: Belgium, France, Germany, Romania and the United Kingdom (UK).

Aims of IENE2

The IENE2 project aims to contribute to vocational education and training of nurses and other healthcare professionals in Europe through enhancing the capacity of teachers to promote intercultural dialogue and the development of culturally competent care among students of healthcare professions. The specific objectives of the project are:

- To identify the training needs of teachers and trainers from the partner countries and determine the competences necessary to provide intercultural education for nurses and other healthcare professionals;
- To create the methodology and content of a Training of Trainers (ToT) package in order to prepare teachers and trainers to teach transversal competences and to implement the PTT/IENE model for the development of cultural competence in their curricula;
- To implement and evaluate the ToT package following training workshops with teachers and trainers in Belgium, France, Germany and Romania;
- To pilot the implementation of the PTT/IENE model in public and private organisations that engage in initial and continuous vocational education and training (IVET and CVET) of nurses and other healthcare professionals, in the partner countries;
- To promote the project outcomes at wider national and European levels, through dissemination activities.

This document reports on the initial 'needs analysis' of the perceived educational and training needs of a sample of teachers and trainers of nurses and other healthcare professionals in Belgium, France, Germany and Romania. This stage of the investigation is lead by the UK partner.

Methodology

A mixed methods approach was adopted for this needs analysis, employing quantitative research (in the form of a survey) and qualitative research (in the form of in-depth interviews). The learning and teaching needs identified during the IENE1 project were used to devise a questionnaire that aimed to elicit the training needs of teachers of healthcare professionals (in Belgium, France, Germany and Romania) who engage in preparing their students for labour mobility within Europe and/or to work in multicultural environments. A small number of managers/employers of healthcare professionals were selected in participating countries (Belgium, France, Germany and Romania) to take part in individual interviews which aimed to explore their thoughts on the preparation of healthcare professionals for labour mobility within Europe, and to work in multicultural environments. The research was conducted by the partners in the UK.

Findings

The majority of students being taught by the teachers who are working with the partner organisations are nurses, though other healthcare professions are represented. It is clear that these professional groups are becoming increasingly multicultural. The related patient/client groups are also becoming increasingly multicultural. However, it is important to note that, while identifying the need to prepare students to care for people from diverse minority ethnic groups, survey respondents also expressed concern for other disadvantaged groups of people, such as people with different socio-economic backgrounds and disabilities. The preferred approach would seem to be to address diversity in its widest sense. In this project, it appears that the area served by the Belgian partners is less multicultural than other areas. This relative lack of exposure to different cultures is possibly related to some Belgian respondents' lack of confidence in teaching about culture, and an expressed preference for learning about teaching content rather than method. This finding reinforces the importance of exposure to, and interaction with, people from different backgrounds for learning about culture and working towards cultural competence.

There are similarities between the knowledge and skills that are required for European labour mobility and for practising in multicultural environments, suggesting that the PTT/IENE model can be used to structure preparation for both experiences. While the information required to teach cultural awareness and cultural knowledge can, to a large extent, be acquired by independent study, that which is necessary for teaching cultural sensitivity and cultural competence requires interactive approaches. These findings are reflected in the proposed training workshops.

It is clear that there is already engagement with local community groups, and an overall preference for learning and teaching that entails engaging with the 'lived experience' of people from different cultures, through the use of case studies and stories from people with different cultural backgrounds. There is also recognition of the need for active engagement with issues through exchange of ideas and experiences among students, and debate. The

tension between how much attention should be paid to specific cultural characteristics and how much to generic skills remains.

Managers and employers are adamant that the responsibility lies with the individual professional to prepare adequately for work in another European country, in terms of language proficiency, the nature of the healthcare system and society, and the role of the nurse.

It is clear from this study that a lot of interesting work is already in progress in terms of teaching about culture and working towards cultural competence. The forthcoming training workshops aim to enhance this work through sharing of experiences among the attendees at the workshops and through helping them to incorporate the PTT/IENE model for developing cultural competence in their curricula.

IENE2 REPORT

Intercultural Education of Nurses and healthcare professionals in Europe (2)

Introduction

The Council of Europe's (2010) White Paper on Intercultural Dialogue presents a compelling case for managing Europe's increasing cultural diversity through the adoption of intercultural dialogue as a conceptual framework and a guide for policy makers and practitioners.

Intercultural dialogue is understood as:

"... an open and respectful exchange of views between individuals, groups with different ethnic, cultural, religious and linguistic backgrounds and heritage on the basis of mutual understanding and respect. It operates at all levels – within societies, between the societies of Europe and between Europe and the wider world."

(Council of Europe, 2010, p14)

While the promotion and development of intercultural dialogue requires leadership at governmental level, the White Paper argues that intercultural competences should be taught and learned, and spaces for intercultural dialogue should be created and widened (Council of Europe, 2010). The provision of healthcare that respects the equal dignity of all human beings and their human rights assumes/requires knowledge and understanding of peoples' differing cultures and related beliefs and values. The migration of both populations and healthcare professionals in Europe poses a challenge to the delivery of culturally competent care.

The IENE2 project continues the work that was started during the IENE1 project. The IENE1 project identified the perceived learning and teaching needs of students and practitioners of healthcare professions in relation to preparation for working in another European country and/or in a multicultural environment. The participating countries were: Belgium, Bulgaria, Germany, Romania and the UK. The results from the IENE1 project were used to adapt an existing model for the development of cultural competence, The Papadopoulos, Tilki and Taylor (PTT) model (Papadopoulos, Tilki and Taylor, 1998; Papadopoulos, 2006) for use in the participating countries. This adapted model is known as the PTT/IENE model. The IENE2 project builds on this work by preparing teachers of healthcare professionals to address the learning and teaching needs identified during IENE1, and to integrate the PTT/IENE model into their curricula. Participating countries for IENE2 are: Belgium, France, Germany, Romania, and the United Kingdom.

The learning and teaching needs identified during the IENE1 project were used to devise a questionnaire that aimed to elicit the training needs of teachers of healthcare professionals who engage in preparing their students for labour mobility within Europe and/or to work in multicultural environments. The content of the questionnaire was also informed by the

Council of Europe's White Paper on Intercultural Dialogue (2010). This report presents the findings from this survey.

A small number of managers/employers of healthcare professionals were selected in each participating country to take part in individual interviews which aimed to explore their thoughts on the preparation of healthcare professionals for labour mobility within Europe, and to work in multicultural environments. Their responses are also presented in this report.

IENE2

The IENE2 project aims to contribute to vocational education and training of nurses and other healthcare professionals in Europe through enhancing the capacity of teachers to promote intercultural dialogue and the development of culturally competent care among students of healthcare professions. The specific objectives of the project are:

- To identify the training needs of teachers and trainers from the partner countries and determine the competences necessary to provide intercultural education for nurses and other healthcare professionals;
- To create the methodology and content of a Training of Trainers (ToT) package in order to prepare teachers and trainers to teach transversal competences and to implement the PTT/IENE model for the development of cultural competence in their curricula;
- To implement and evaluate the ToT package following training workshops with teachers and trainers in Belgium, France, Germany and Romania;
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- To promote the project outcomes at wider national and European levels, through dissemination activities.

This document reports on the initial 'needs analysis' of the perceived educational and training needs of a sample of teachers and trainers of nurses and other healthcare professionals in Belgium, France, Germany and Romania. This stage of the investigation is lead by the UK partner.

Ethics

Ethical approval to conduct the investigation was granted by the Health Studies Ethics Sub-Committee at Middlesex University. Access to participants was sought from the relevant institution in each participating country.

Methodology

A mixed methods approach was adopted for this needs analysis, employing quantitative research (in the form of a survey) and qualitative research (in the form of in-depth interviews).

The learning and teaching needs identified during the IENE1 project were used to devise a questionnaire that aimed to elicit the training needs of teachers of healthcare professionals who engage in preparing their students for labour mobility within Europe and/or to work in multicultural environments. The content of the questionnaire was also informed by the Council of Europe's White Paper on Intercultural Dialogue (2010).

A small number of managers/employers of healthcare professionals were selected in each participating country to take part in individual interviews which aimed to explore their thoughts on the preparation of healthcare professionals for labour mobility within Europe, and to work in multicultural environments.

Population

For the questionnaires, the population of interest was that of teachers and trainers of nurses and other healthcare professionals, who were known to the partners in Belgium, France, Germany and Romania. Members of these populations had to have an interest in preparing their students to work towards cultural competence, and had to be in a position that enabled them to do so.

For the individual interviews, the population of interest was employers and senior managers of nurses and other healthcare professionals, who were known to the partners in Belgium, France, Germany and Romania.

Sampling

Purposive sampling was used to identify all samples.

Samples

Belgium:

Questionnaires: 20 Nurse teachers.

Interviews: 5 senior managers and employers.

France:

Questionnaires: 18 Teachers of nurses and Health Care Assistants

Interviews: 5 senior managers and employers

Germany:

Questionnaires: 20 teachers of nurses, nurses' assistants and managers, emergency paramedics

Interviews: 5 senior managers and employers

Romania:

Questionnaires: 21 teachers of nurses and teachers who work with people with disabilities or social disadvantage, with the aims of care, education, rehabilitation and integration.

Interviews: 5 senior managers and employers.

Data collection

A total of 79 questionnaires were completed.

The questionnaire is attached as appendix 1.

Respondents completed questionnaires themselves.

Individual interviews were tape recorded and transcribed and translated into English.

Data analysis

The questionnaire responses were analysed using SPSS (Statistical Package for the Social Sciences).

Interview data was analysed by content analysis. The data were reviewed line by line, identifying common words and phrases. Themes were then generated.

Findings

A. Questionnaire

The following findings represent the responses in the questionnaires which were completed by the teachers. The numbered points reflect the questions posed in the questionnaire.

1. Country of origin

Questionnaires were received from teachers in Belgium, France, Germany and Romania.

2. The professionals taught

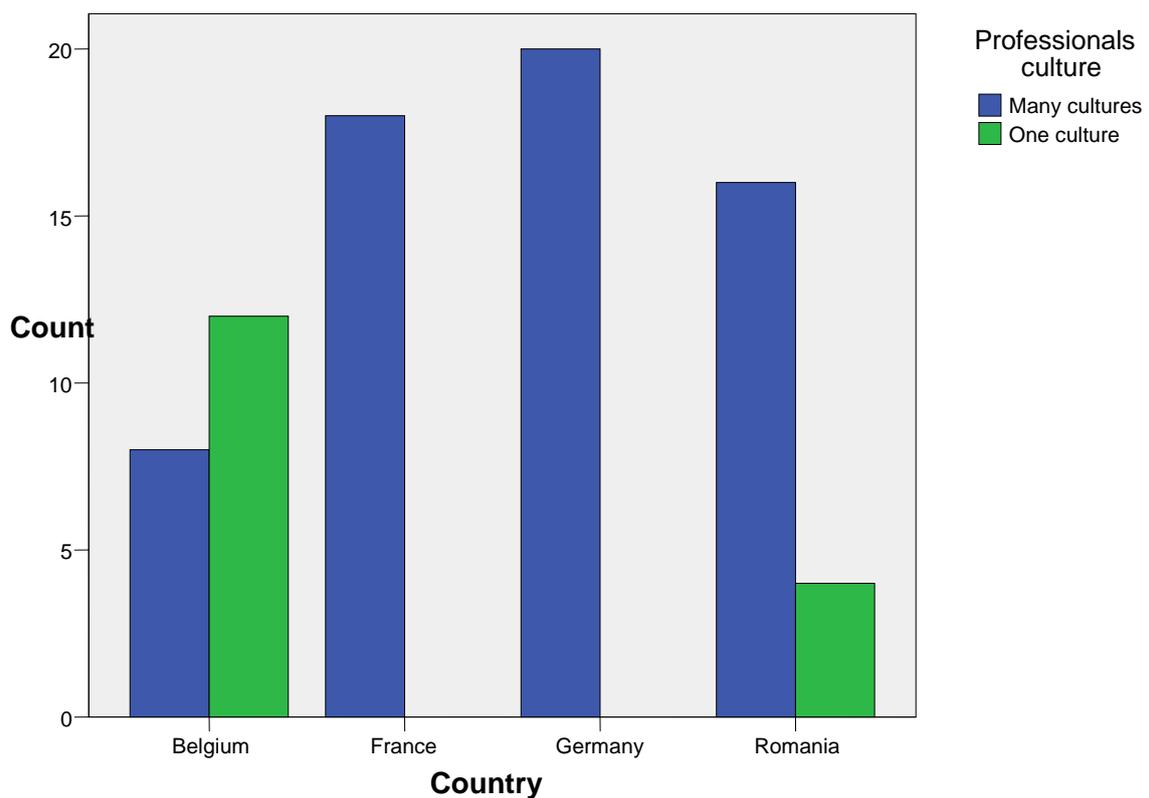
The overwhelming majority of professionals taught were nurses (87.3%; n=69).

Respondents from Belgium all taught nurses, while respondents from France taught nurses and health care assistants. Respondents from Germany taught nurses, nurses' assistants, and a mix of other healthcare professionals, including managers and emergency paramedics. Respondents from Romania taught nurses and people with disabilities or social disadvantage, with the aims of care, education, rehabilitation and integration.

3. The culture of the professionals taught

The majority of respondents (78.5%; n=62) stated that the healthcare professionals they taught came from many cultures. However, there were differences between the four countries. In Belgium, only 40% (n=8) of respondents declared that the professionals they taught came from many cultures; the majority of professionals taught by the respondents from Belgium are born in Belgium and speak Dutch. In Romania 76.2% (n=16) of respondents stated that the professionals they taught represent many cultures; professionals are exposed to different cultures among their classmates who belong to Roma, Arab, Bulgarian, Serbian and Macedonian cultures. In France and Germany 100% of respondents stated that the professionals they taught came from many cultures. In France the professionals from other cultures are mainly from African (predominantly North African) and Asian countries, while in Germany Polish, Turkish, Russian and African cultures are represented.

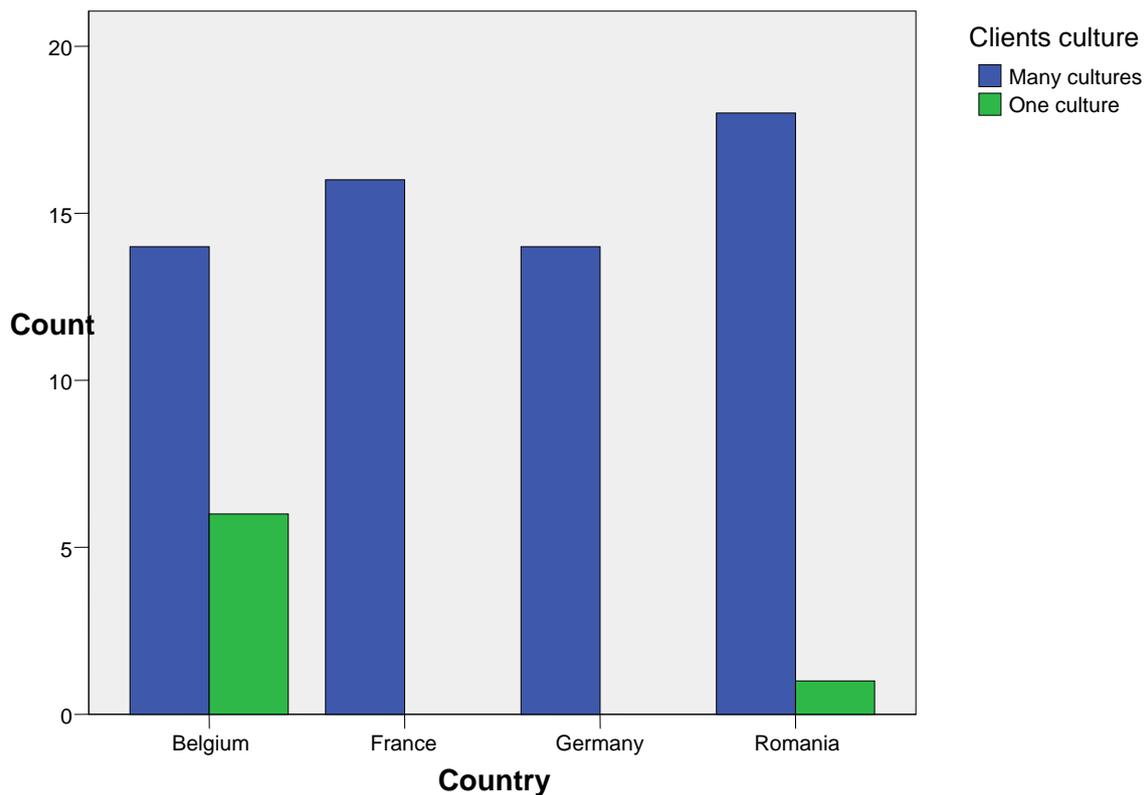
The culture of the professionals taught



4. The patients/clients of these professionals

The majority of patients/clients belong to a multicultural group (78.5%; n=62), many cultures dominating responses from all four countries. Respondents from France identified patients/clients from Asian, African, North African cultures, but also Italians, pointing out that people of Italian origin do not always speak French. Respondents from Belgium and Romania did not identify specific cultures, but did comment on patients/clients from different countries; different religions, different socio-economic backgrounds, as well as people with various disabilities were also reported. German respondents report patients/clients from several cultures, which are mostly European. However, Elderly Care Nurses in Germany acknowledge that the migrant population in Germany tends to comprise younger workers, so there are not so many patients in elderly care from different cultures. These respondents note that this situation will change in the future as the migrant population ages.

The patients/clients of these professionals

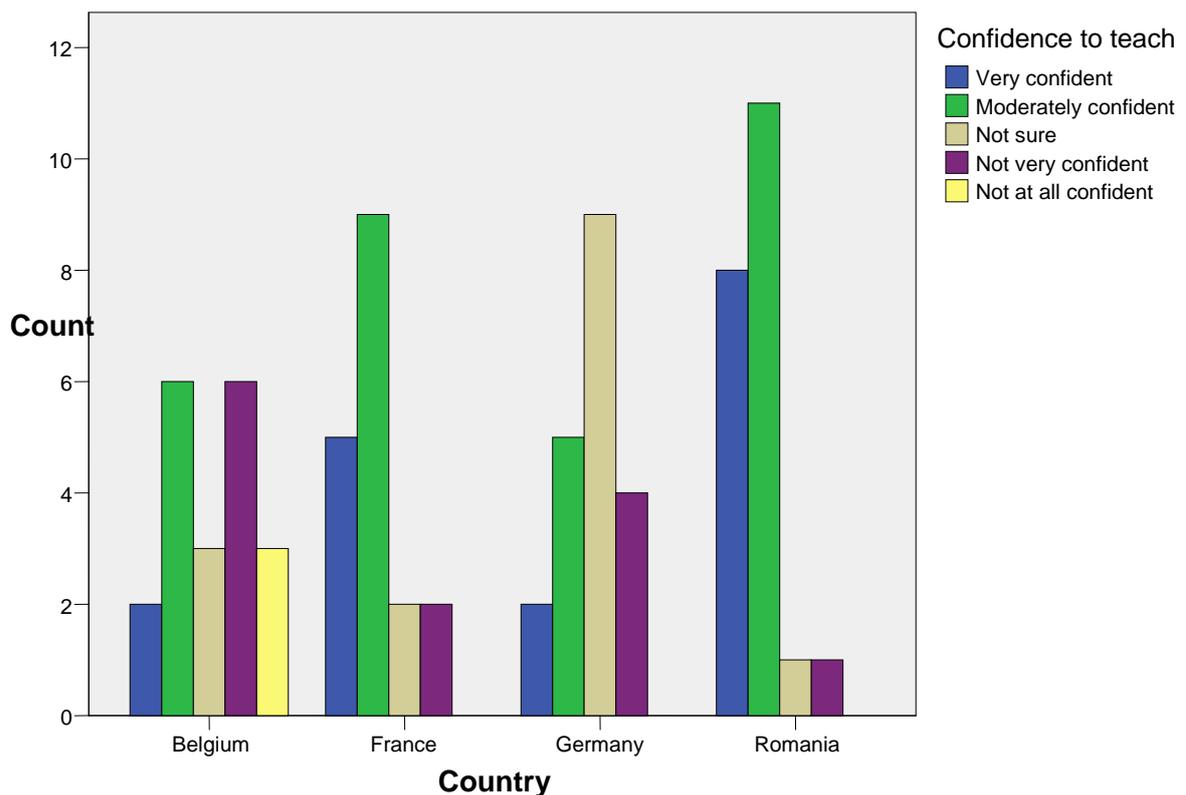


5. Degree of confidence to teach about culture

Respondents were asked to rate their confidence to teach about culture on a scale of 1 – 5, where 1 represents ‘Very confident’ and 5 represents ‘not at all confident’. 21.5% (n=17) of respondents declared themselves to be ‘very confident’, 39.2% (n=31) ‘moderately confident’, 19% (n=15) ‘not sure’, 16.5% (n=13) ‘not very confident’, and 3.8% (n=3) ‘not at all confident’.

When adding the percentages of respondents who declared themselves ‘very confident’ and ‘moderately confident’ together, the highest overall levels of confidence to teach about culture are seen in respondents from Romania (90.5%; n=19), and France (77.8%; n=14), with lower levels of confidence among respondents from Belgium (40%; n=8) and Germany (35%; n= 7). 15% (n=3) of Belgian respondents felt ‘not at all confident’ to teach about culture.

Degree of confidence to teach about culture



6. The PTT/IENE model for developing cultural competence

Respondents were presented with the PTT/IENE model. An explanation informed respondents that the four boxes of the model represent the four constructs which will be used in the training sessions. Respondents were asked to rank the topics within each construct in order of importance, in terms of the teacher's own preparation to teach students and healthcare professionals about culture and developing cultural competence. The responses in relation to the ranking of 'most important' are presented below.

Cultural awareness

	Most important
Own culture, identity, ethnicity, ethnohistory, cultural heritage, beliefs, values, norms	55.7%
Culture – what is it?	51.9%
Effects of culture on health beliefs and behaviour	41.8%
Self awareness	35.4%
Transmission of culture	30.4%
Stereotyping	24.1%
Religion	22.8%
Ethnocentricity	15.2%

Cultural knowledge

	Most important
Health beliefs and health related behaviour of different social and ethnic groups	59.5%
Impact of migration on health	41.8%
Causes and consequences of migration	31.6%
Health inequalities	31.6%
Influences of religions – blood	30.4%

transfusions etc.	
Epidemiological data	22.8%
Similarities and differences	22.8%
Demography	21.5%

Cultural sensitivity

	Most important
Communication skills	55.7%
Interpersonal skills	54.4%
Issues relating to therapeutic relationships: sympathy, empathy, mutual trust, equal partnerships	53.2%
Issues of privacy, intimacy	40.5%
Barriers to cultural sensitivity and how to overcome them	35.4%

Cultural competence

	Most important
Non-discriminatory practice	58.2%
Teamwork	51.9%
Developing trust	50.6%
Valuing diversity	44.3%
Skills in assessment and diagnosis	34.2%
Legislation relating to equality, diversity and human rights	30.4%
Evidence base: results from various fields	29.1%
Recognising and challenging racism	24.1%

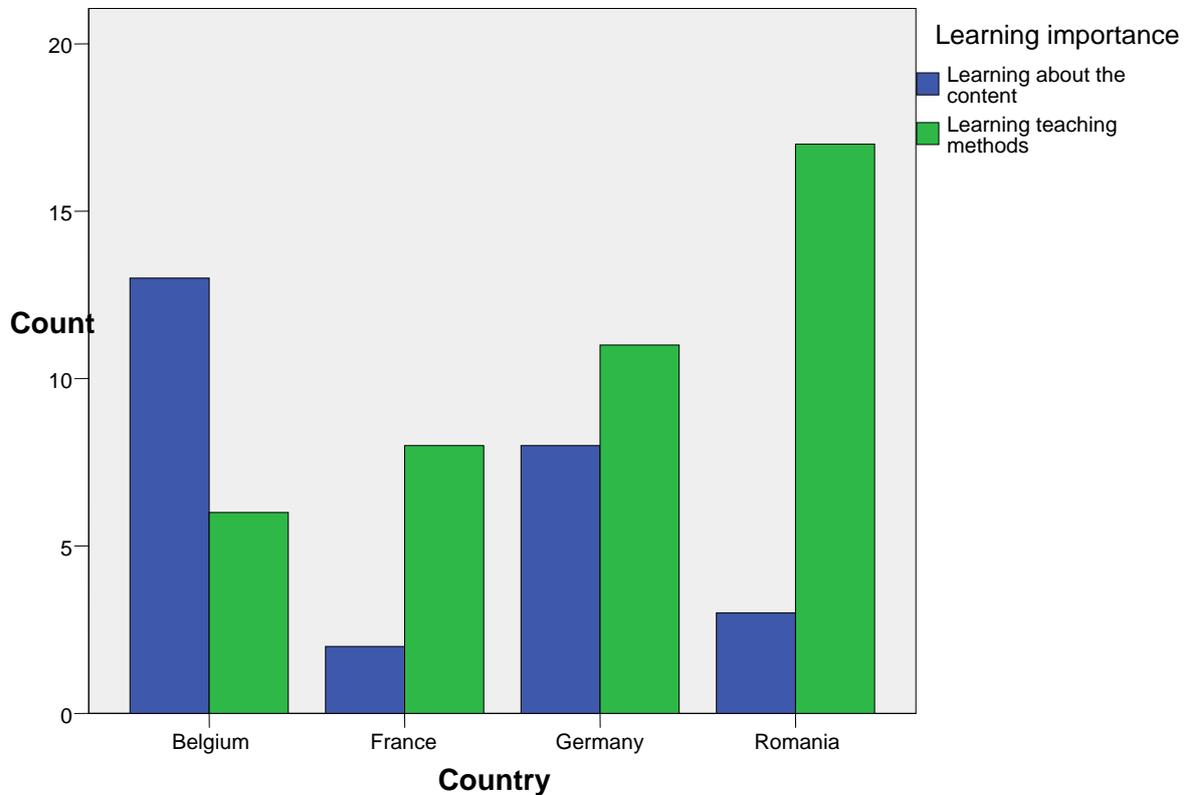
Research with, and by, different social and ethnic groups	21.5%
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7. The importance of learning about the content and the teaching methods

Respondents were asked which was most important to them: learning about the content, or learning teaching methods. Overall, there was a preference for learning teaching methods (53.2%; n=42). However, there were differences among the countries, with 65% (n=13) of respondents from Belgium expressing a preference for learning about the content; some respondents claiming that they feel confident with their teaching skills, while the content remains unknown; others stating that they need to learn more about the content before they can think about teaching it. In the other 3 countries there was a preference for learning teaching methods: Romania 81% (n=17); Germany 55% (n=11); France 38.9% (n=7). Romanian respondents stressed the important of teaching methods for fostering understanding of the content.

44.4% (n=8) respondents in France did not tick either 'yes' or 'no' stating that the two concepts are inseparable, and both are equally important.

The importance of learning about the content and the teaching methods



8. Teaching methods that respondents would like to use

Respondents were asked to list 5 teaching methods that they would like to use when teaching about culture and developing cultural competence. Respondents produced lengthy lists, with similarities between the countries. Predominant responses included:

Lectures

Case studies

Role play

Group work

Story telling

Situation analysis

Project work

Analysis of books, films

Discovery learning

Problem solving

Conferences

Simulation

Exposure

9. Resources currently used

Respondents were asked to list up to 5 resources that are currently used in teaching about culture and developing cultural competence. Again, respondents produced lengthy lists, with similarities between the countries. Predominant responses include:

Articles

Input from different disciplines: anthropology, sociology, ethics, human rights

Books

Films

Clinical placements

Life stories

Individuals from different cultures

Research

Internet

Patients' associations

Local cultural events

National cultural events

Religious texts

Nursing journal relating to cultural care

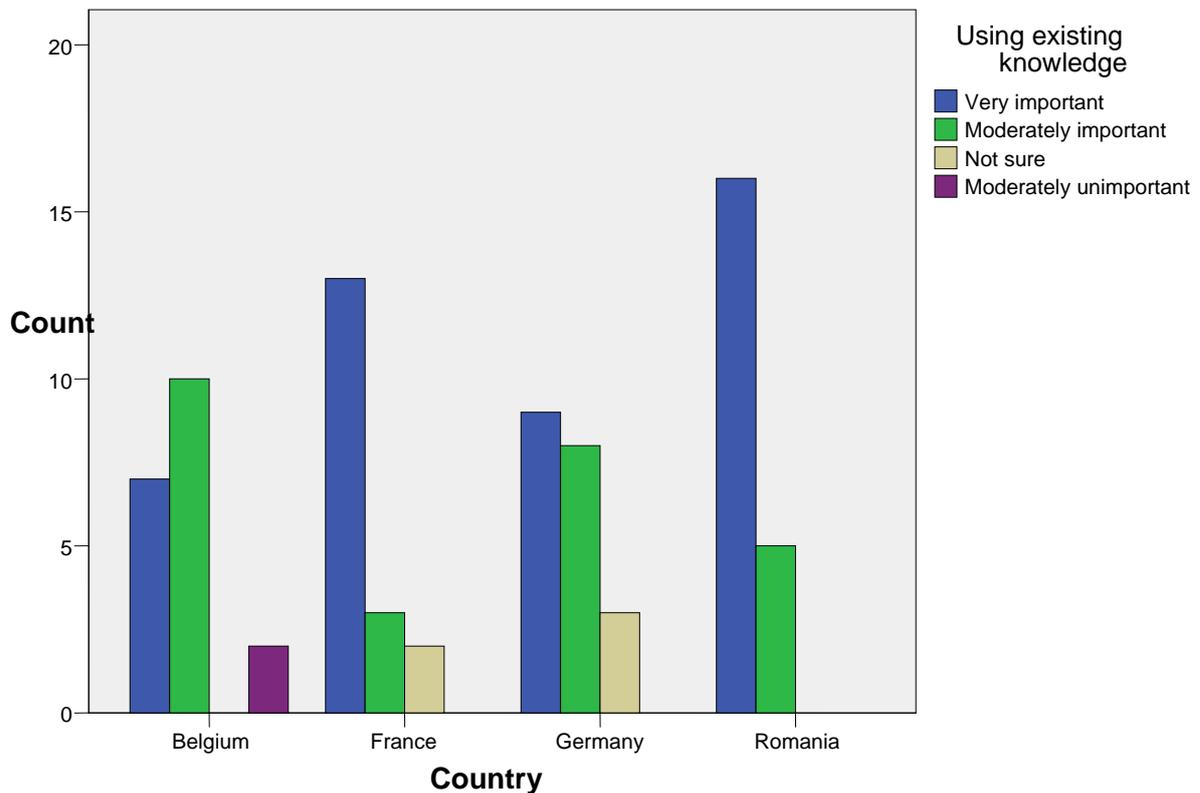
10. Existing knowledge

Respondents were asked how important it is to use their students' existing knowledge and experience when teaching about culture and developing cultural competence. Respondents were asked to rate the importance on a scale of 1 – 5, where 1 = very important and 5 = not at all important. The majority of respondents (57%; n=45) rated this as very important. Again, there were differences between the respondents from the 4 countries, with 76.2% (n=16) of respondents from Romania, 72.2%; (n=13) of respondents from France, 45% (n=9) from

Germany, and 35% (n=7) from Belgium stating it is very important. However, when preferred responses of 'very important' and 'moderately important' are added together, there is similarity, with 100% of respondents from Romania, 88.9% from France, 85% from Belgium, and 85% from Germany.

Respondents from all 4 countries commented on the need to use students' rich experiences, particularly of those students who have completed an exchange visit to other countries. There was also reference to opportunities to challenge students and also to identify prejudices when drawing on their existing knowledge. The value of sharing of stories was also stressed, together with the importance of being able to benefit from students' first hand accounts.

Existing knowledge



11. Using the 'arts' in teaching

Respondents were asked to answer 'yes' or 'no' to the question 'Do you feel comfortable using the 'arts' in your teaching?'. Approximately half of all respondents (46.8%; n=37) answered 'yes' (n=37) and the other half (48.1%; n=38) 'no'. However, when looked at by

country, the figures reveal that 76.2% (n=16) of respondents felt comfortable using the arts in Romania; 60% (n=12) in Germany; 25% (n=5) in Belgium; and 22.2% (n=4) in France.

Respondents in France expressed interest in using the 'arts', but acknowledged it is an approach that is not used much and requires development. Some respondents in Belgium did not understand the concept. Romanian respondents commented on the 'arts' as a form of communication.

However, there was evidence of the use of the 'arts' in teaching in the responses to the request for examples of resources that are available. Examples include:

Museums

Music

Concerts

Theatre

Exhibitions

Photographs

Poems

Film

Individuals

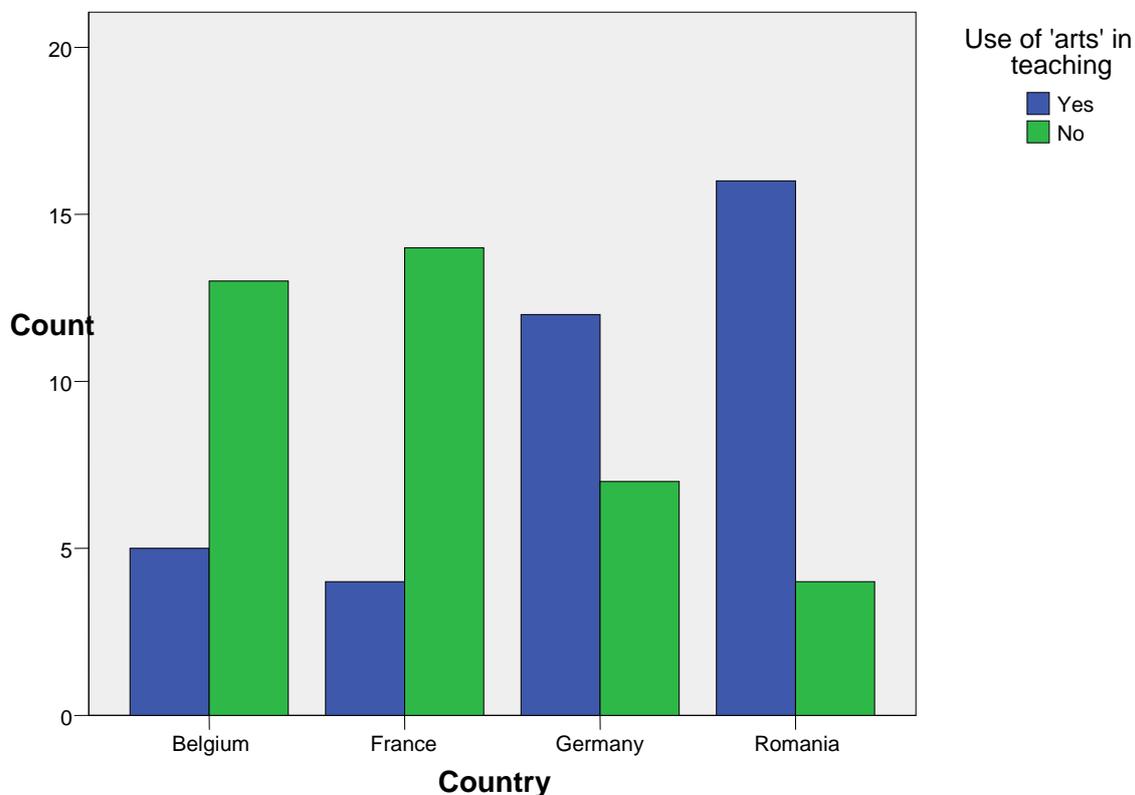
Literature

Books

Specific examples cited in the responses include:

- Using the paintings of Frida Kahlo to give students a deeper understanding about self harm (Belgium);
- Religious paintings (Romania)
- Religious music (Romania)

Using the arts in teaching



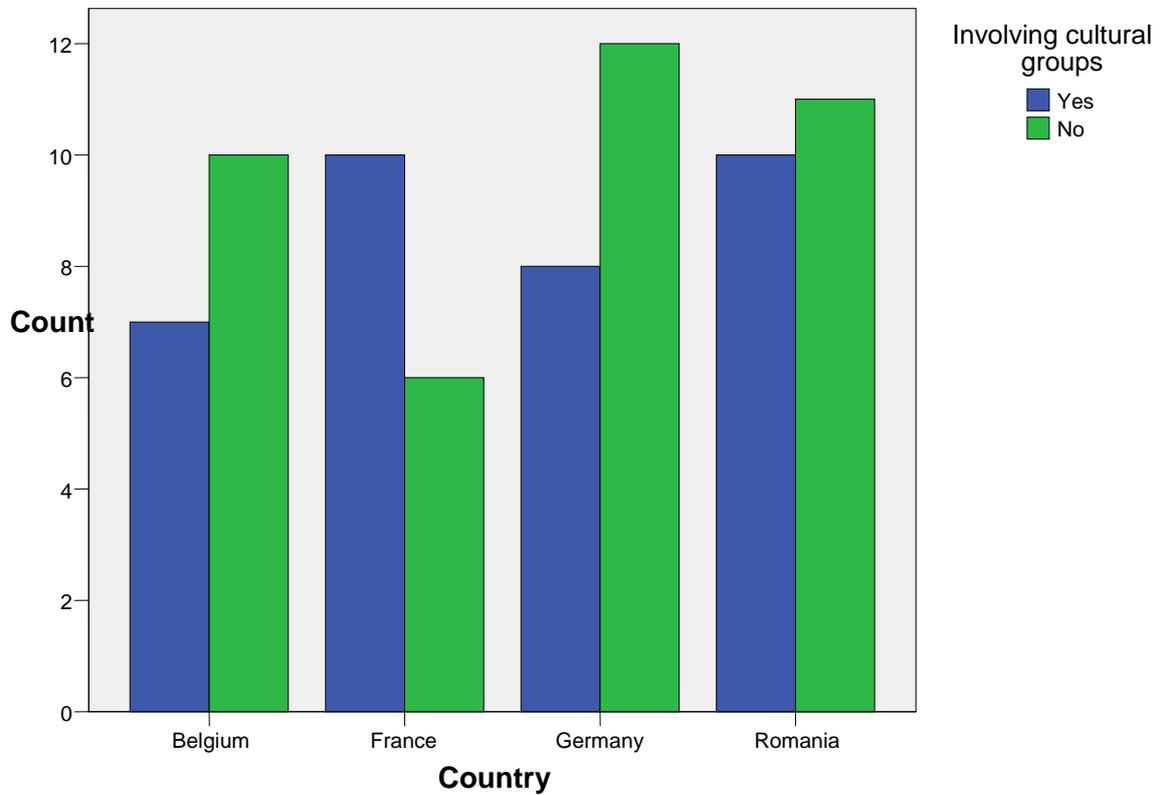
12. Involving community groups in learning activities

Respondents were asked to answer 'yes' or 'no' to the question: 'Do you have opportunities to involve cultural groups/non-governmental organisations/local community groups in learning activities?'

44.3% (n=35) replied 'yes' and 49.4% (n=39) replied 'no'. Again, differences between the countries were revealed by the data. 55.6% (n=10) of respondents in France said 'yes', but in the other 3 countries, more respondents replied 'no' than 'yes': 60% (n=12) in Germany; 52.4% (n=11) in Romania; 50% (n=10) in Belgium.

In France, respondents cited the use of organisations like Médecins sans Frontières, the Red Cross, nurses from humanitarian organisations, representatives of different cultures. One Belgian respondent expressed a desire to involve community groups, but also expressed concern at the cost of such activities. Romanian respondents cited collaboration with non-governmental organisations. German respondents identified involvement of Jewish and Turkish communities.

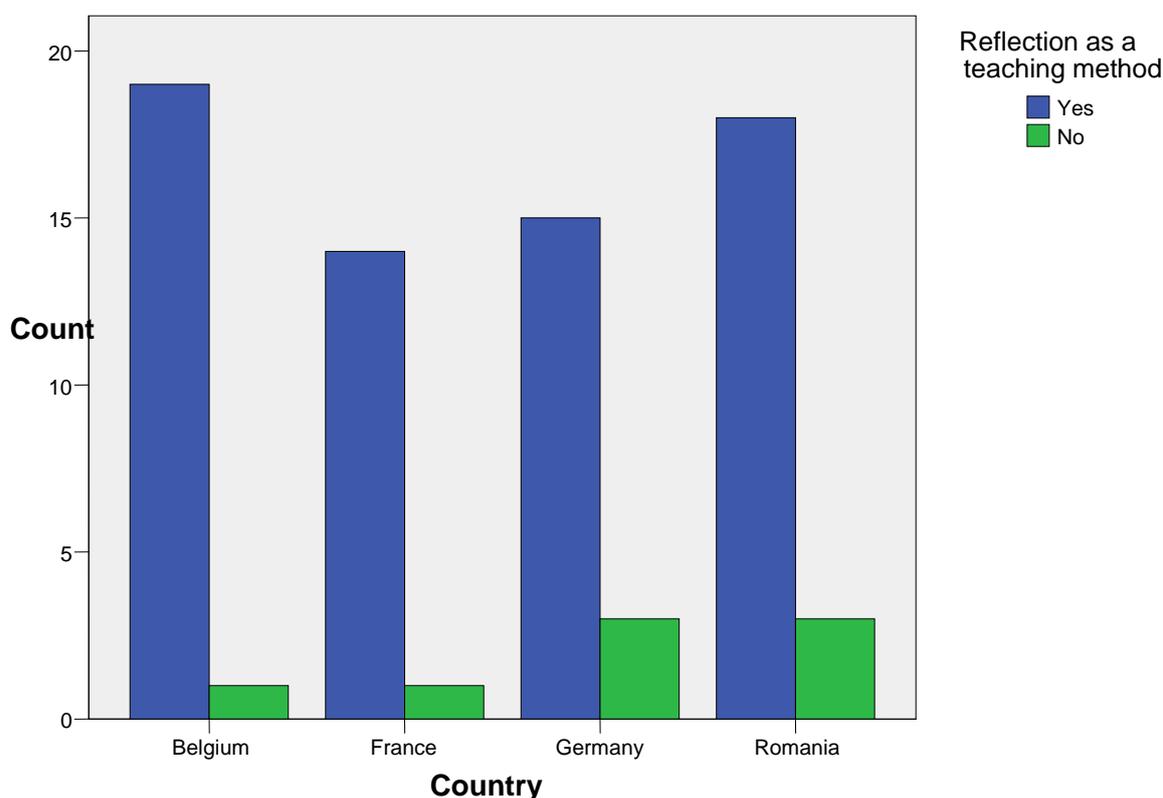
Involving community groups in learning activities



13. Reflection as a teaching method

Reflection is now recognised as a valuable process in teaching and this is reflected in the responses to the question 'Do you encourage reflection as a method of teaching and learning?' 83.5% (n=66) of respondents stated 'yes': 95% (n=19) in Belgium; 85.7% (n=18) in Romania; 77.8% (n=14) in France; 75% (n=15) in Germany.

Reflection as a teaching method



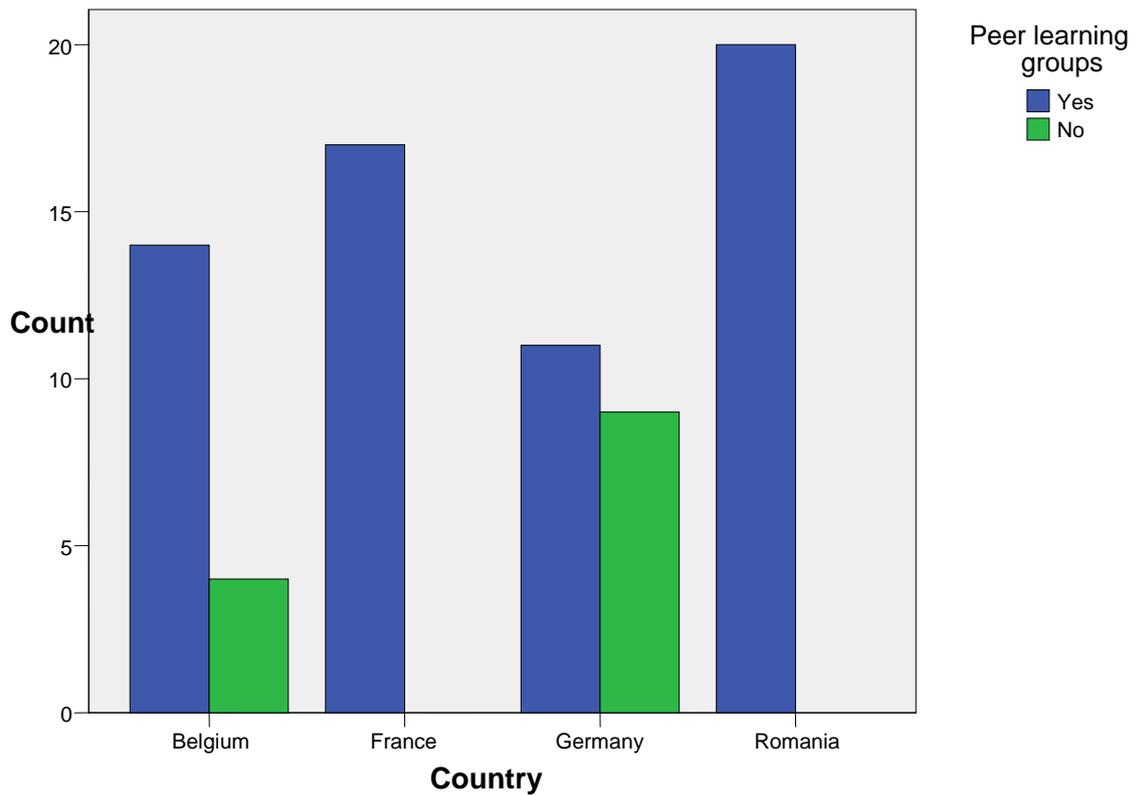
14. Peer learning groups

Respondents were asked to respond either 'yes' or 'no' to the question 'Would you consider helping your students to set up their own peer learning groups in order that their development of cultural competence can continue?'. 78.5% (n=62) of respondents answered 'yes'. However, while a 'yes' response represented 95.2% (n=20) in Romania and 94.4% (n=17) in France, 70% (n=14) responded 'yes' in Belgium, and 55% (n=11) responded 'yes' in Germany.

Respondents in Romania viewed peer learning groups as effective learning tools, stressing the value of mutual learning among such groups. Respondents in France stressed the value of the richness of exchange of ideas between students, and the value of small groups for exploring culture. French respondents also pointed out that their new educational programme for nurses favours such opportunities. Some Belgian respondents were uncertain about setting up peer learning groups. German respondents appreciated the value

of peer learning groups, but questions were raised concerning students' willingness to participate in extra-curricular activities.

Peer learning groups



15. *Pre-course reading/activities*

Lastly, respondents were asked to state what pre-course reading/activities they would like prior to the commencement of the training course on teaching about culture and developing cultural competence. Summary of responses:

Definitions of terms

Conceptual models, e.g. PTT model

Exchange of experiences, through working with communities.

Case studies of caring situations demonstrating cultural competence

Participation in cultural events

E-learning

Work on human rights

Self analysis of own cultural competence

Personal research

Being directed to specific reading on the subject, or films, or websites

Demonstrations of cultural competence

Exposure – visits

Debates with colleagues

French respondents identified particular publications (Isabelle Levy 'Care, culture and beliefs') and films (Venus Noire, Poisson d'Or).

B. Individual interviews

Individual interviews were conducted with 5 employers/managers of nurses and healthcare professionals in Belgium, France, Germany and Romania. Three questions were asked:

1. In your view, what knowledge and skills do nurses and health professionals need to have in order to care competently for patients from different cultural backgrounds?

Nursing skills

It was clear from the responses to this question that nurses need to have perfected nursing skills in order to practice safely, for example, assessment skills, observational skills, practical skills, technical skills.

Language

Language featured prominently in all responses. Reflecting the need to practice safely, it was felt that in the best situations, nurses would be able to speak the language spoken by their patients. Informants from Belgium described how a course in the French language for head nurses removed some barriers to communication with patients from North African countries.

Communication skills

However informants acknowledged that, realistically, it is not always possible for nurses to learn to speak the languages spoken by all their patients. Thus, the appropriate use of interpreters should be encouraged. Different methods of communication should be employed, particularly non-verbal approaches, for example, the use of charts, pictures, pain scales etc. There was recognition of the fear that will be felt by people from another culture when they are admitted to hospital, and the barrier to communication that is created by this

fear. The issue of the ability to negotiate with patients and their significant others was also raised, for example, in situations when large numbers of family members and friends wish to visit patients.

Holistic care

There was an emphasis on an holistic approach to care in order to meet the needs of all patients. Particular emphasis was placed on including patients' families in their care.

Open mind

Informants acknowledged that it is not possible to become familiar with all the cultures that nurses might come into contact with, but it was felt that by keeping an 'open mind' nurses will remain alert to the fact that patients will have different beliefs about health and healthcare. The maintenance of this 'open mind' should also assist nurses to be non-judgemental, to avoid prejudices, and to foster non-discriminatory practice.

One informant from Belgium referred to the rise of the 'new right' politics in Europe and the need to retain an open mind and not be influenced by negative media reports.

Empathy

Nurses should be interested in their patients, to reach out to their patients and convey "*human warmth*". Nurses should be aware of their own frames of reference in order to aim to see situations from the point of view of their patients, that is from other frames of reference. The informants' contributions were suggestive of a commitment to common humanity. A manager in France talked about a desire "*to turn towards others*".

Similarities and differences

Informants suggested that there are many similarities in the healthcare needs of all patients, for example, in relation to respect and dignity, but also an acknowledgement of differences in certain situations. Though one manager raised the question "*Should there be a difference?*", when patient centred care is being practised. Such a question brings to mind the issue of 'othering' and creating difference where it does not exist. However, the same informant did go on to suggest examples where 'difference' might be important. Again, echoing the acknowledgement that it is not possible to know everything about all cultures, it was believed to be important to develop "*certain knowledge of a few differences*" (Manager, Belgium), for example, in relation to palliative care and terminal illness. It was felt important to acquire some knowledge about the background of the patients, for example, relating to the geography and politics of the country the patient has come from, especially in the case of non-voluntary migration (Manager, Germany). There was an emphasis on acquiring knowledge about religion, customs and food, particularly concerning how different religions and traditions define the daily needs of people. A manager in Germany talked about the need to know about the "*biography*" of patients, particularly if they are not voluntary migrants.

Knowledge of equality, diversity and human rights

Knowledge of equality, diversity and human rights should inform, guide and support nursing practice.

2. In your view, what knowledge and skills do nurses and health professionals need to have in order to enable their mobility and employability in other European countries?

Nursing skills

Again, proficiency in nursing skills was identified as being important, including scientific knowledge. An informant in France provided the example of nurses in England tending to use the generic names of medicines, whereas in France there is a tendency to use the trade names.

Language

Mastery of the language of the destination country is indispensable. This entails both knowledge of the language and skill in the language.

Knowledge of the healthcare system

Migrating nurses should acquire knowledge of the healthcare system of the country of destination. They should know the laws of the country, including those governing nursing and delivery of healthcare: *“Know the history and culture of that country to better understand the patient ...”* (Manager, Romania).

Role of the nurse

Migrating nurses should explore the role of professional nurse in destination country. While acknowledging that the *“core business of the nurse is generally the same”* (Manager, France), it is important to learn about relationships with health care systems, the role of the nurse, the boundaries of practice, and the expectations of patients in the country of destination.

Open mind

It was felt important to be able to adopt an open mind, to suspend one's own reference points, and *“not to have a monopoly on ‘truth’”* (Manager, France).

Culture

The need to acquaint oneself with the culture of the country of destination was stressed, for example, customs, religions and social problems, in order to better understand the patients' situations. Echoing the two-sided approach to cultural understanding and integration promoted in the Council of Europe's White Paper (Council of Europe, 2010), a manager in Belgium stated that *“Cultures must understand each other.”*

Adaptability

Migrating nurses must be prepared to learn, to have initiative, and to make use of opportunities to learn and possess an “*unconditional desire to experience new life circumstances*”. They must have the will to integrate.

3. From all you discussed so far, what would your 3 priorities be?

In answer to this question, the priorities tended to be:

- Nursing skills
- Language
- Empathy
- Cultural openness
- Respect for others
- Adaptability
- Intellectual curiosity

There is marked similarity in the knowledge and skills required to engage in competent care for people from different backgrounds and for working in another country. Overall, the managers and employers were concerned that nurses should be highly skilled and competent in their professional roles. There was also an over-riding concern that nurses who wish to engage in labour mobility must be able to speak the language of the destination country. There was an apparent tension between the need to acquire specific information about disparate groups of people, while at the same time demonstrating awareness that this is an increasingly challenging aim as populations become increasingly diverse. Thus, there was a tendency to focus on retaining an ‘open mind’, a commitment to a holistic approach to care, adaptability and the willingness to learn.

Discussion

1. The survey

While percentages are presented in the findings from the questionnaires, the actual numbers of respondents represented by the percentages are small, so no claims for generalisation of the findings to wider populations can be made. Also, the partner institutions are situated in particular regions of the countries, and thus cannot be assumed to be representative of the respective country as a whole.

The teachers who participated in this needs analysis were engaged in teaching predominantly nurses, but some other health professions are represented. These health professionals are increasingly becoming a multicultural group, with the possible exception of

the partners in Belgium, whose professional clientele is mostly born in Belgium and Dutch speaking. In all 4 participating countries these professionals are caring for patients from multiple cultures. Again, the particular region of Belgium served by the Belgian partners is less multicultural than the areas served by the other partners. Belgian respondents acknowledged that cultural differences are not so common in the regions of Belgium, e.g. Flanders, which are not like the big cities like Brussels. However, managers in Belgium felt that it is the responsibility of employers to ensure that training in cultural difference takes place.

The findings suggest that reasonable levels of confidence to teach about culture are in existence, which can be developed during the training workshops. Only in Belgium did some respondents admit to being 'not at all confident' in teaching about culture: this is presumably as a result of relatively less exposure to different cultures, and this needs to be taken into account during training workshops.

During the IENE1 needs analysis, respondents identified content under the 4 constructs of cultural awareness, cultural knowledge, cultural sensitivity and cultural competence. Respondents in the IENE2 survey were asked to rank this content in order of importance in terms of training needs.

In terms of the PTT/IENE model, knowledge relating to culture and its influence on health and illness featured prominently in relation to preparation to teach cultural awareness and cultural knowledge. Those topics that were ranked highly can largely be explored through articles, books, websites and to some extent this is reflected in the requests for pre-course reading and activities. In relation to teaching cultural sensitivity and cultural competence, communication and interpersonal skills were ranked high in terms of training needs, along with non-discriminatory practice, teamwork, developing trust and valuing diversity. Thus there was an emphasis on the more affective aspects of nursing practice in terms of training needs of teachers; these aspects require more attention during the training workshops. Several respondents also referred to the contribution of different academic disciplines, e.g. sociology, anthropology, psychology, particularly in France.

The interdependent nature of content and teaching methods relating to teaching about culture is evident in the findings, with an overall preference for learning about teaching methods over content, with the exception of Belgium. Much of the content of the teaching will be addressed through pre-course reading and activities, while teaching methods will be addressed via activities during the training workshops.

In terms of the teaching methods that teachers would like to use in relation to teaching about culture, responses reflect conscious, active, exploratory approaches, for example, using case studies, stories, project work. This reflects the findings of IENE1 when students identified the process of learning about culture as one of 'reaching out'.

A wide range of resources are currently in use. There is willingness to utilise students' existing knowledge. There is a lot of interest expressed in using the 'arts', but there is a need for some developmental work to be done. One respondent, from Belgium, expressed a desire to engage community groups in teaching, but acknowledged that such activities have a cost attached to them, and was not sure if the budget would allow.

Similarly there is interest in using community groups in teaching about culture, but scope for more development. Reflection is widely practiced in teaching and learning. There is interest in developing peer learning groups for students, but these are not widely practised. It does appear from the findings that there is scope for peer learning groups among teachers in the individual countries. Responses reveal opportunities for sharing of knowledge and experiences, for example, some respondents in France suggested particular resources, e.g. books by Isabelle Lévy: *'Soins, cultures et croyances'* and *'Croyances et laïcité'*, whereas others did not identify these as resources that are currently used. In terms of the teaching methods that teachers would like to use, and the resources that are already in use, there is a lot of scope for teachers to learn from each other in their respective countries.

2. The interviews

Key issues that arose during the students' needs analysis in IENE1 included the notion of developing cultural competence as a 'conscious' process requiring making use of opportunities and stimulating enquiry in order to prepare for intercultural encounters (Taylor et al, 2011). This conscious process is reflected in the responses of the managers and employers in terms of preparing for practice in another European country and also in relation to caring for patients from different cultures.

As far as managers and employers of healthcare professionals are concerned, nurses need to possess sound nursing skills in order to practice safely in another country and/or in a multicultural environment. There is an overwhelming need to be proficient in the language of the country of destination for nurses who wish to work in another European country. In order to work in a multicultural environment, nurses need knowledge about similarities and differences among their patients, to adopt an holistic approach, and to retain an open mind in relation to the differences they will encounter. A range of communication skills should be employed. Nurses should develop empathy with their patients. Knowledge should be acquired concerning equality and human rights.

In order to work in another European country, nurses should prepare themselves by exploring the laws, customs and culture of the intended host country. They should also acquaint themselves with the nature of the healthcare system and the role of the nurse in the country. They need to retain an open mind, and to be adaptable and willing to make use of opportunities to learn.

Data from the individual interviews reflect the comments made by respondents to the IENE1 survey, which investigated the perceived learning and teaching needs of students and practitioners of healthcare professions, in that both sets of informants placed emphasis on the practitioner's responsibility to seek out information about different cultures, while also reflecting the notion that cultural competence is not an end point, but a continuing process as societies become more diverse. In the light of the finding from the IENE1 study that some students/healthcare professionals perceive culture as something that belongs to 'others', discussion took place surrounding the balance between the teaching of 'cultural characteristics' and equipping students with more generic knowledge and skills that will enable them to respond to people from different cultures (Taylor et al, 2011). This tension is again reflected in the comments made by managers and employers during IENE2. Further, respondents in the IENE1 study pointed to the need for knowledge concerning legislation

relating to diversity, equality and human rights. This is reflected in the managers' and employers' comments in the IENE2 study when they promote notions of shared humanity. This approach also reflects the title of the Council of Europe's (2010) White Paper on intercultural dialogue '*Living together as equals in dignity*', which presents a strong case for an inclusive society based on human rights and solidarity within the framework of intercultural dialogue in order to promote mutual understanding of cultural diversity while embracing shared universal values.

Overall, the evidence from this needs analysis is pointing away from an emphasis on acquiring specific knowledge to a focus on developing generic skills that can be employed in different situations, the need to value diversity and the responsibility to protect vulnerable patients. This is against the background of recognition of the complexity of European populations, and an acknowledgement that not all cultural needs can be met in practice. The findings from this investigation also serve to remind us that diversity does not relate solely to migrants, as reference was made to regional differences, particularly in Belgium and Germany, different socio-economic status, and disabilities (Romania).

3. Training the trainers

The findings from the IENE2 investigation have been used to inform a training package that will be used for training of trainers (ToT) of healthcare professionals. A 'core' package has been devised, with some flexibility to allow for the particular needs of respondents in the individual countries. Assumptions have been made that people attending training workshops will have experience of teaching and thus will be equipped with a range of teaching skills.

Participants in the training courses will be referred to the IENE1 website for pre-course learning, where they will find resources that will address some of their expressed knowledge related needs, for example, in relation to culture and its influence on health and illness. Course participants will be asked to engage in activities and to present their findings at the beginning of the training workshops.

3.i) The principles of the trainers' course

The principles of the trainers' course will aim to:

- Respect and use trainees' knowledge and experience
- Encourage reflection on existing knowledge and experience
- Encourage peer exchange of knowledge and experiences
- Add to existing knowledge and cognitive skills
- Acknowledge that a 1 day course in Cultural Competence (CC) does not necessarily and immediately transform trainees into culturally competent teachers. It is an opportunity to consolidate the trainees' levels of CC and provide the platform for further development and lifelong learning in CC and to enable them to help their students to become CC practitioners.

- Be realistic. It is impossible to deliver a 1 day course which will meet everyone's expectations and needs. Acknowledge that trainees may be at different levels of CC but aim for the middle.
- Emphasise anti-discriminatory/antiracist approaches (dealing with difficult issues).

3.ii) Approaches to teaching and learning

During the course the trainers will use the following techniques which necessitate the use of active and interactive learning, as well as some less active learning (such as presentations), due to time constraints:

- Self guided study of pre and post course materials
- E-learning
- Peer learning communities
- Problem based learning
- Reflective learning
- Brief trainer presentations and group discussion

3.iii) Supporting the continuous application of Cultural Competencies as a daily habit relevant to all aspects of professional work

We recommend the establishment of systems which allow regular contact with colleagues with a cultural competent focus such as:

- Electronic groups
- Electronic bulletins
- Face-to-face meetings

Conclusion

The majority of students being taught by the teachers who are working with the partner organisations are nurses, and it is clear that these professional groups are becoming increasingly multicultural. Also, patients/clients also belong to different cultures. However, it is important to note that survey respondents also expressed concern for other disadvantaged groups of people, e.g. people with different socio-economic backgrounds and disabilities. In this project, it appears that the area served by the Belgian partners is less multicultural than other areas. This relative lack of exposure to different cultures is possibly related to some Belgian respondents' lack of confidence in teaching about culture, and an

expressed preference for learning about teaching content rather than method. This finding reinforces the importance of exposure to, and interaction with, people from different backgrounds for learning about culture and working towards cultural competence. The IENE1 study had previously identified that practical experiences in multicultural environments form a fundamental part of preparation for labour mobility and/or for working with people from different cultures (Taylor et al, 2011).

There are similarities between the knowledge and skills that are required for European labour mobility and for practising in multicultural environments, suggesting that the PTT/IENE model can be used to structure preparation for both experiences. While the information required to teach cultural awareness and cultural knowledge can, to a large extent, be acquired by independent study, that which is necessary for teaching cultural sensitivity and cultural competence requires interactive approaches. These findings are reflected in the proposed training workshops.

It is clear that there is already engagement with local community groups, and an overall preference for learning and teaching that entails engaging with the 'lived experience' of people from different cultures, through the use of case studies and stories from people with different cultural backgrounds. There is also recognition of the need for active engagement with issues through exchange of ideas and experiences among students, and debate. The tension between how much attention should be paid to specific cultural characteristics and how much to generic skills remains.

Managers and employers are adamant that the responsibility lies with the individual professional to prepare adequately for work in another European country, in terms of language proficiency, the nature of the healthcare system and society, and the role of the nurse.

It is clear from this study that a lot of interesting work is already in progress in terms of teaching about culture and working towards cultural competence. The forthcoming training workshops aim to enhance this work through sharing of experiences among the attendees at the workshops and through helping them to incorporate the PTT/IENE model for developing cultural competence in their curricula.

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Please comment on your client group:

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4. Do their patients/clients represent: many cultures [1]

(Please tick one box) one culture [2]

Please comment on the patient/client group:

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5. Culture is defined as follows:

“Culture is the shared way of life of a group of people that includes beliefs, values, ideas, language, communication, norms and visibly expressed forms such as customs, art, music, clothing, food, and etiquette.”

How confident do you feel to teach about culture?

(Please circle one number on the scale of 1 – 5, where 1 = very confident, and 5 = not at all confident.)

Very confident [1]	Moderately confident [2]	Not sure [3]	Not very confident [4]	Not at all confident [5]
1	2	3	4	5

If you wish, please add comments to explain your response:

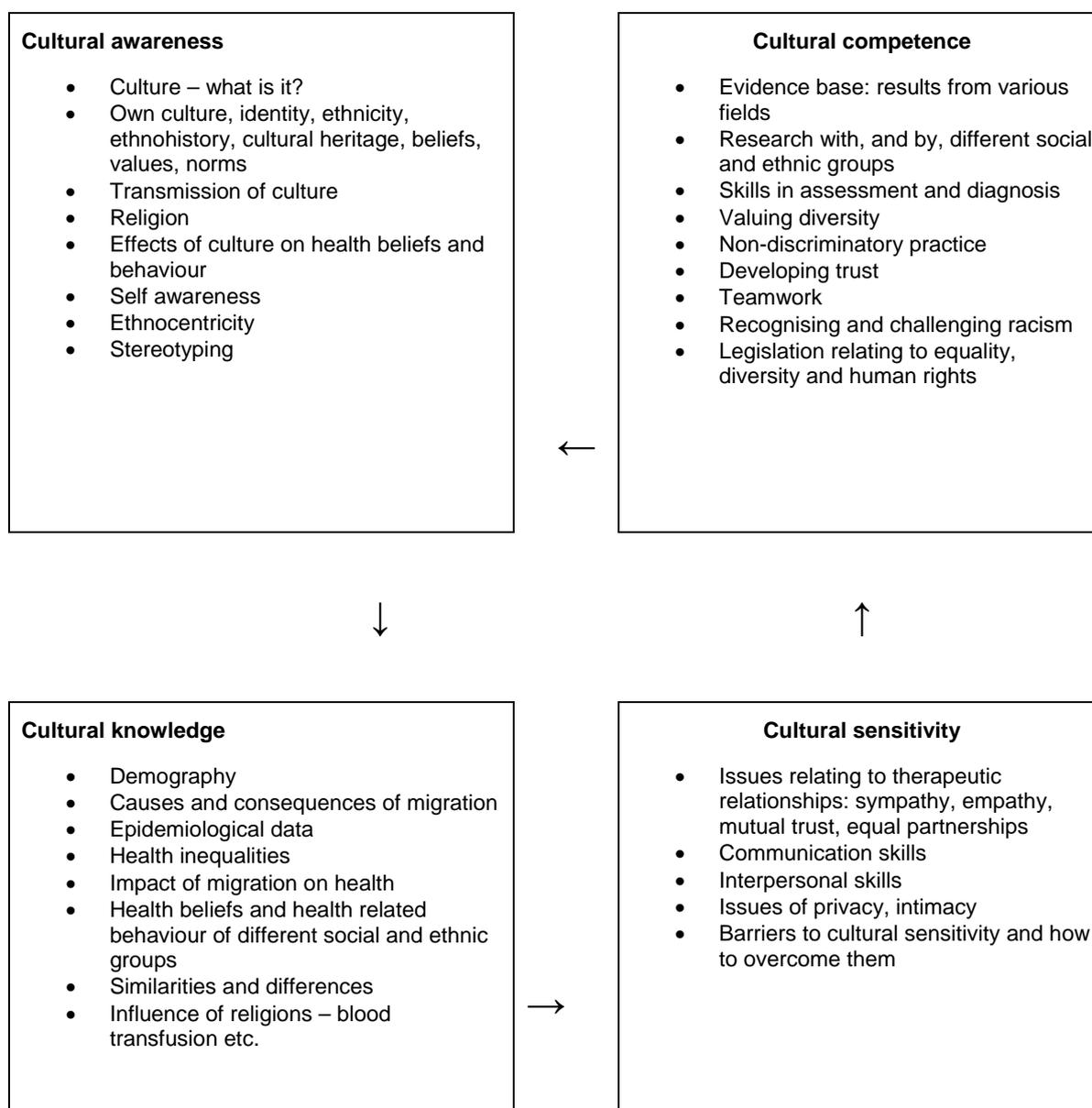
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6. The IENE1 project identified the perceived learning needs of students and health care professionals. The respondents identified the following topics:



The four boxes represent the four constructs of the Papadopoulos, Tilki and Taylor model for the development of cultural competence (1998), which will be used in the training sessions to help you to teach your students about culture and developing cultural competence.

Please rank the 'topics' in each construct in order of importance to you, in terms of your own preparation to teach students and health care professionals about culture and developing cultural competence.

(For each topic please indicate the level of importance by placing a number in the appropriate box. 1 = most important; 5 = least important)

Cultural awareness

	1 = Most important [1]	2 [2]	3 [3]	4 [4]	5 = Least important [5]	Don't understand the term [6]
Culture – what is it?						
Own culture, identity, ethnicity, ethnohistory, cultural heritage, beliefs, values, norms						
Transmission of culture						
Religion						
Effects of culture on health beliefs and behaviour						
Self awareness						
Ethnocentricity						
Stereotyping						

Cultural knowledge

	1 = Most important [7]	2 [8]	3 [9]	4 [10]	5 = Least important [11]	Don't understand the term [12]
Demography						
Causes and consequences of migration						
Epidemiological data						
Health inequalities						
Impact of migration on health						

Health beliefs and health related behaviour of different social and ethnic groups						
Similarities and differences						
Influences of religions – blood transfusions etc.						

Cultural sensitivity

	1 = Most important [13]	2 [14]	3 [15]	4 [16]	5 = Least important [17]	Don't understand the term [18]
Issues relating to therapeutic relationships: sympathy, empathy, mutual trust, equal partnerships						
Communication skills						
Interpersonal skills						
Issues of privacy, intimacy						
Barriers to cultural sensitivity and how to overcome them						

Cultural competence

	1 = Most important [19]	2 [20]	3 [21]	4 [22]	5 = Least important [23]	Don't understand the term [24]
Evidence base: results from various fields						
Research with, and by, different social and ethnic groups						
Skills in assessment and diagnosis						
Valuing diversity						
Non-discriminatory practice						
Developing trust						

Teamwork						
Recognising and challenging racism						
Legislation relating to equality, diversity and human rights						

7. What is most important to you? Learning about the content [1]
(Please tick one box) Learning teaching methods [2]

Please comment:

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8. Please list 5 teaching methods that you would like to use when you are teaching about culture and developing cultural competence:

1.
2.
3.
4.
5.

9. What resources do you currently use in your teaching about culture and developing cultural competence?

Please list up to 5 resources: these could be articles, books, on-line resources, websites, individuals, groups.

1.
2.
3.
4.

5.

10. How important is it to use your students' existing knowledge and experience when teaching about culture and developing cultural competence?

(Please circle one number on the scale of 1 – 5, where 1 = very important, and 5 = not at all important.)

Very important [1]	Moderately important [2]	Not sure [3]	Moderately unimportant [4]	Not at all important [5]
1	2	3	4	5

Please comment:

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11. Do you feel comfortable using the 'arts' in your teaching? Yes [1]

(Please tick one box) No [2]

Please comment:

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If you have answered 'Yes', please give examples of the resources that are available to you in order to use the 'arts' in teaching about culture and cultural competence:

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12. Do you have opportunities to involve cultural groups/non-governmental organisations/local community groups in learning activities?

(Please tick one box)

Yes [1]

No [2]

Please comment:

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13. Do you encourage reflection as a method of teaching and learning?

(Please tick one box)

Yes [1]

No [2]

Please comment:

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14. Would you consider helping your students to set up their own peer learning groups in order that their development of cultural competence can continue?

(Peer learning groups are groups of students who help each other to learn.)

(Please tick one box)

Yes [1]

No [2]

Please comment:

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15. Lastly, what pre-course reading/activities would you like prior to the commencement of the training course on teaching about culture and developing cultural competence which will be provided as part of IENE2?

(Please list up to 5 reading/activities)

1.
2.
3.
4.
5.

Thank you for completing this questionnaire.