Seeing the bigger picture: The influence of national culture on Interprofessional Education

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Session Outline

1. Why Interprofessional Education (IPE)?

2. Selected findings from a case study analysis

3. Relevance of national culture to IPE

Demographics

- Malta is a small state with a population of 431,957: Total land area is 315km^2...27km long and 14.5km wide
- Historically, Malta's strategic position made it a perpetual attractive base for naval powers and throughout the ages has been occupied by Phoenicians, Carthagianians, Arabs, Normans, Knights of the Order of St.John and the British
- In 1964, Malta obtained its independence and became a sovereign state
- In 2004, it became a member of the EU.

Increasing pressures on health care systems

- Changing demographics
- New models of health care
- Quality and safety agenda…communication errors
- Technological advances
- Workforce shortages

Lancet Commission (2010)

"Health systems worldwide are struggling to keep up, as they become more complex and costly, placing additional demands on health workers" (Frenk *et al*, 2010)

The Lancet Commissions

EDUCATION OF HEALTH PROFESSIONALS FOR THE 21ST CENTURY: A GLOBAL INDEPENDENT COMMISSION

THE LANCET

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk*

Executive summary

Problem statement

100 years ago, a series of studies about the education of health professionals, led by the 1910 Flexner report, sparked groundbreaking reforms. Through integration of modern science into the curricula at university-based schools, the reforms equipped health professionals with the knowledge that contributed to the doubling of life span during the 20th century.

By the beginning of the 21st century, however, all is not well. Glaring gaps and inequities in health persist both within and between countries, underscoring our collective failure to share the dramatic health advances equitably. At the same time, fresh health challenges loom. New infectious, environmental, and behavioural risks, at a time of rapid demographic and epidemiological transitions, threaten health security of all. Health systems

Redesign of professional health education is necessary and timely, in view of the opportunities for mutual learning and joint solutions offered by global interdependence due to acceleration of flows of knowledge, technologies, and financing across borders, and the migration of both professionals and patients. What is clearly needed is a thorough and authoritative re-examination of health professional education, matching the ambitious work of a century ago.

That is why this Commission, consisting of 20 professional and academic leaders from diverse countries, came together to develop a shared vision and a common strategy for postsecondary education in medicine, nursing, and public health that reaches beyond the confines of national borders and the silos of individual professions. The Commission adopted a global outlook, a multiprofessional perspective, and a systems approach.

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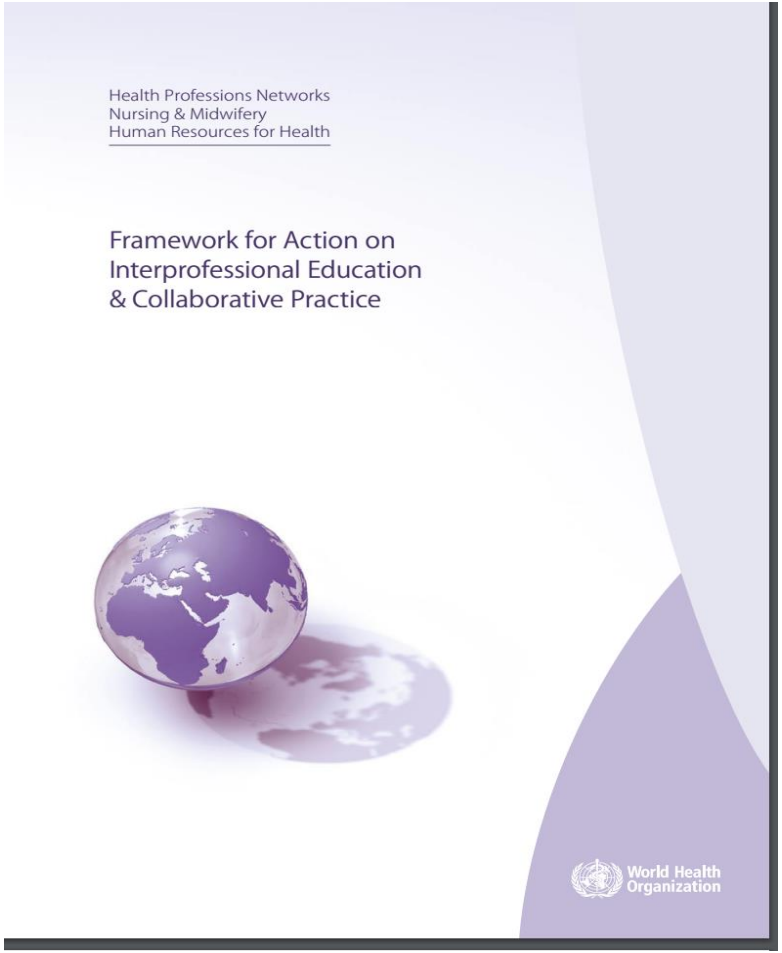
- One of the reasons is a mismatch of professional competencies to patient and population needs, mostly due to "fragmented, outdated, and static curricula that produce ill-equipped graduates"

- Professional health education reforms were urgently called for and Interprofessional Education (IPE) was identified as part of these reforms.

WHO (2010)

Framework for Action on Interprofessional Education and Collaborative Practice outlined a strategic vision for a "collaborative practice-ready workforce" with IPE forming the cornerstone of this strategy



Context of Study

Faculty of Health Sciences, University of Malta

- 13 academic departments of various health professions: Applied Biomedical Science, Food Studies and Environmental Health, Health Services Management, Midwifery, Nursing, Mental Health Nursing, Medical Physics, Occupational Therapy, Physiotherapy, Podiatry, Radiography and Speech Language Pathology
- Approximately 1300 students
- IPE as a formal part of the various curricula does not feature in any of the programmes
- IPE needs to be contextualised within the socio-political context where it unfolds and should be oriented towards meeting the needs of the particular audience (Mccallin, 2001)

Research questions

Exploring the concept of (potential) interprofessional education (IPE) within the Faculty of Health Sciences at the University of Malta

- how is the concept perceived?
- what are the perceived barriers and/or enhancers of a possible initiative?
- how would micro, meso and macro factors influence possible IPE in Malta?

Methodology

Qualitative instrumental case study

- The unit of analysis was ‘IPE at the Faculty of Health Sciences positioned with the Maltese context’.

Methods: 2 Phases

1. 11 focus groups with academics and newly qualified health professionals
2. 5 one to one interviews with senior policy makers holding high office in health and education
3. Documentary searches

Total: 64 participants across 3 participant groups

Data Analysis Process

- ‘Framework’ (Ritchie & Spencer, 2003) approach to classify and organise data according to key themes, concepts and emergent categories

- Combined it with Qualitative data analysis package: NVivo 9 & 10

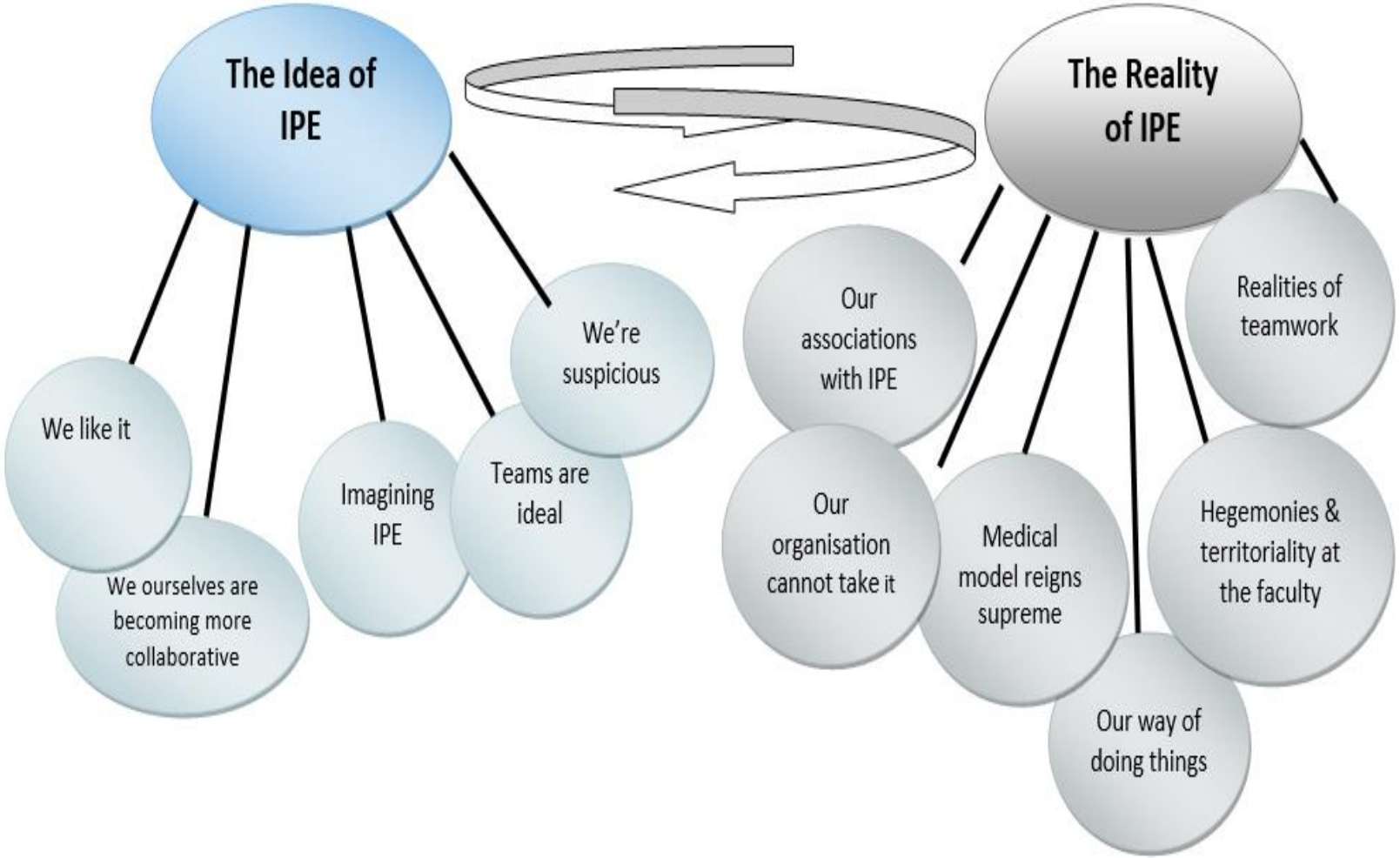
“Changing a curriculum is like moving a graveyard: you never know how many friends the dead have until you try to move them”

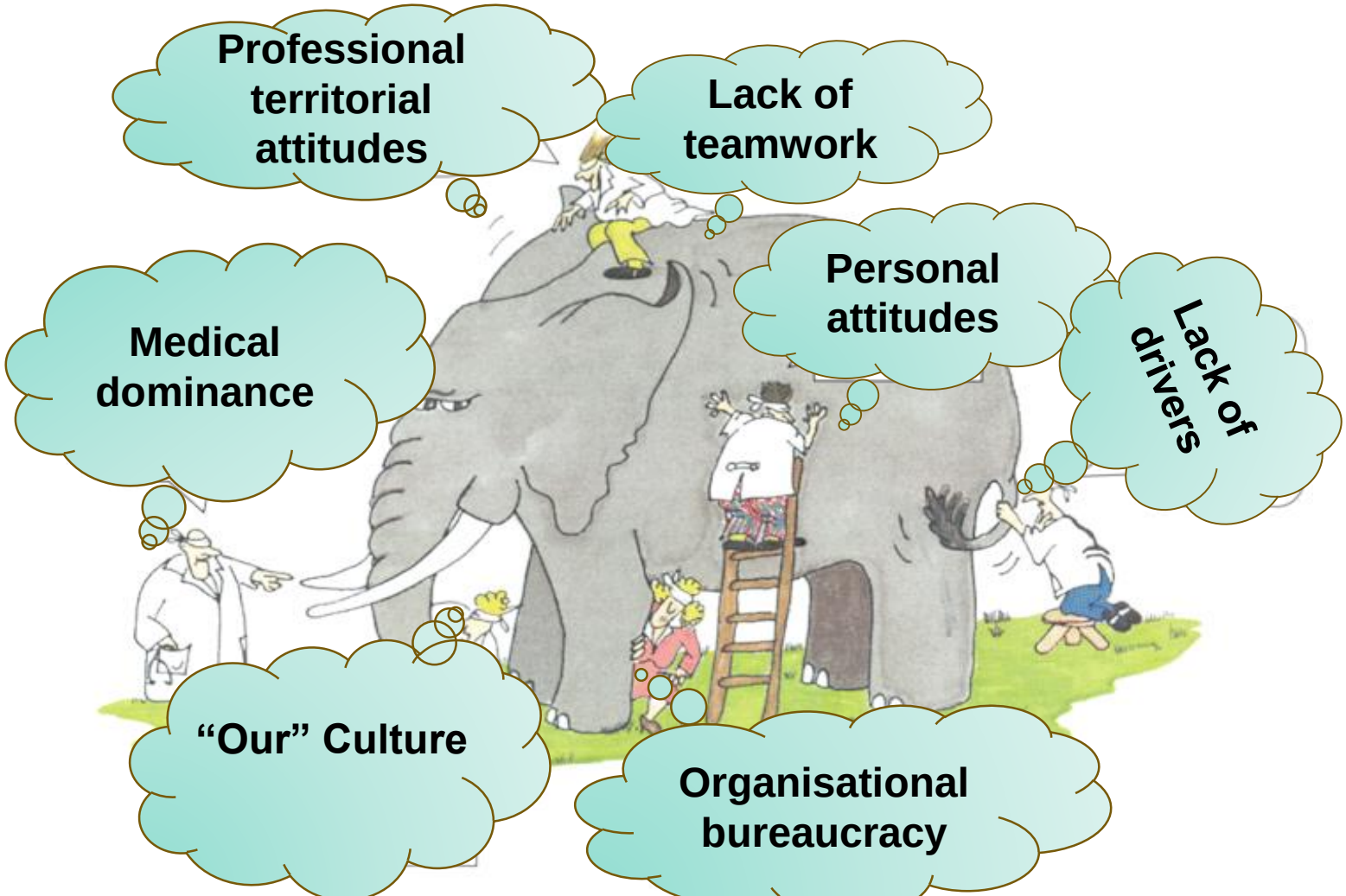
(varyingly attributed to Cooledge, cited in Gilbert, 2005, p. 97).

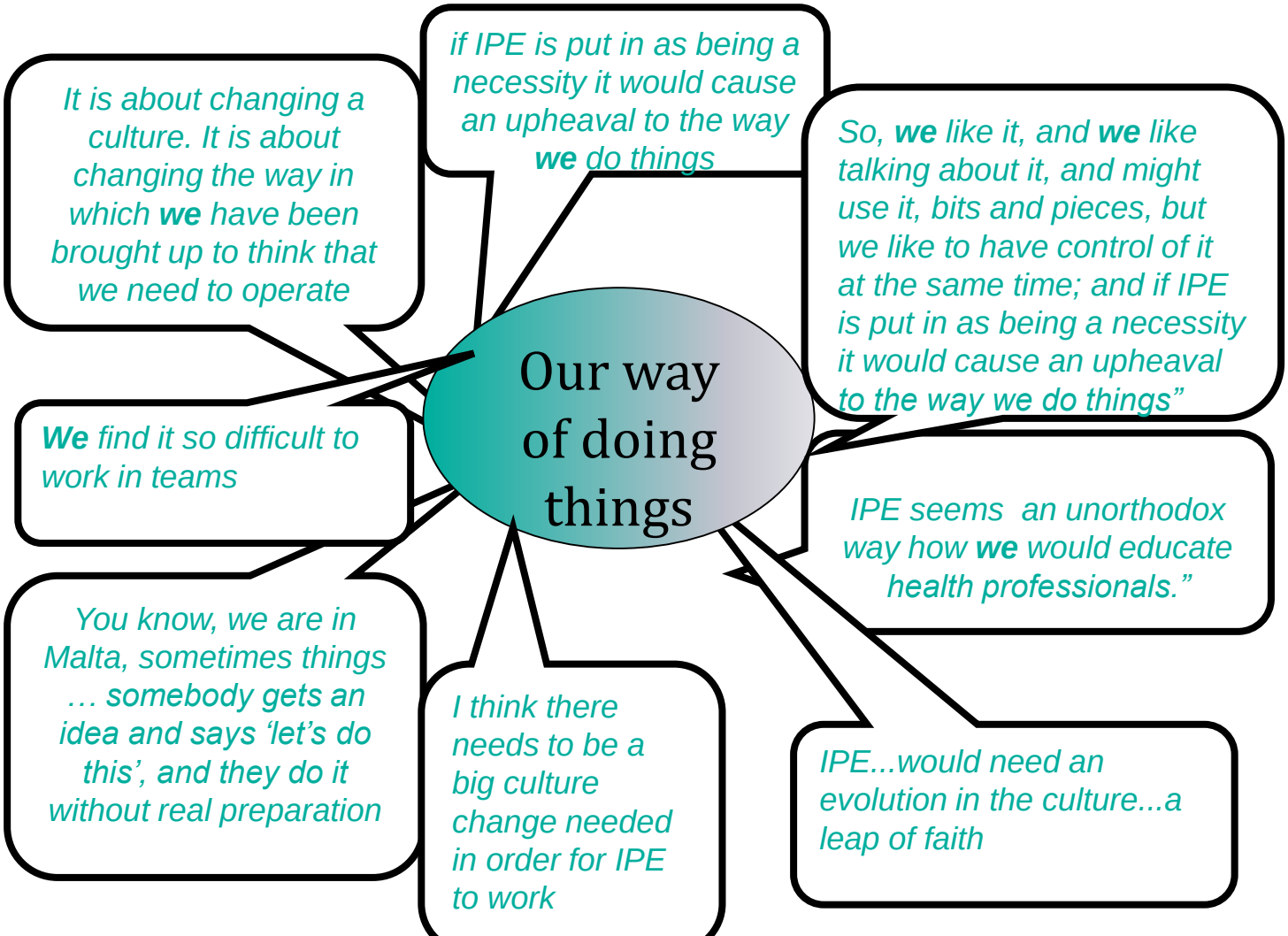
Emergent Picture from the data

- Despite the many positive discourses about IPE, there was a gap between how participants espoused IPE and how they saw it unfolding in practice

- *Contradiction in discourses:* IPE seemed logical in concept, but participants feared it would face insurmountable implementation difficulties in Malta


The Idea of IPE
We like it
We ourselves are becoming more collaborative
Imagining IPE
Teams are ideal
We're suspicious
The Reality of IPE
Our associations with IPE
Our organisation cannot take it
Medical model reigns supreme
Our way of doing things
Hegemonies & territoriality at the faculty
Realities of teamwork


Professional territorial attitudes
Lack of teamwork
Personal attitudes
Lack of drivers
Medical dominance
"Our" Culture
Organisational bureaucracy

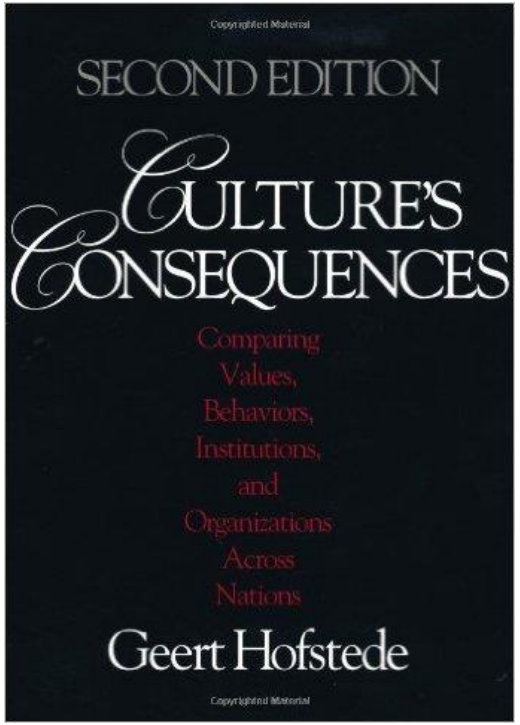

Our way of doing things
It is about changing a culture. It is about changing the way in which we have been brought up to think that we need to operate
if IPE is put in as being a necessity it would cause an upheaval to the way we do things
So, we like it, and we like talking about it, and might use it, bits and pieces, but we like to have control of it at the same time; and if IPE is put in as being a necessity it would cause an upheaval to the way we do things"
We find it so difficult to work in teams
IPE seems an unorthodox way how we would educate health professionals."
You know, we are in Malta, sometimes things … somebody gets an idea and says 'let's do this', and they do it without real preparation
I think there needs to be a big culture change needed in order for IPE to work
IPE...would need an evolution in the culture...a leap of faith

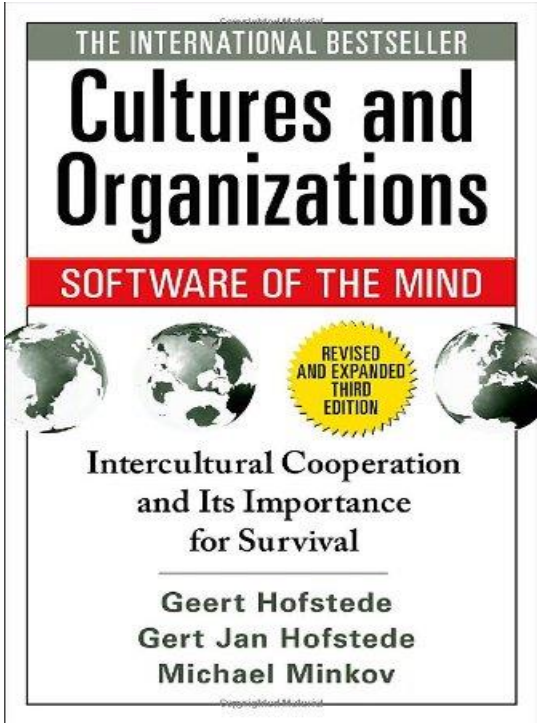
Does culture matter?

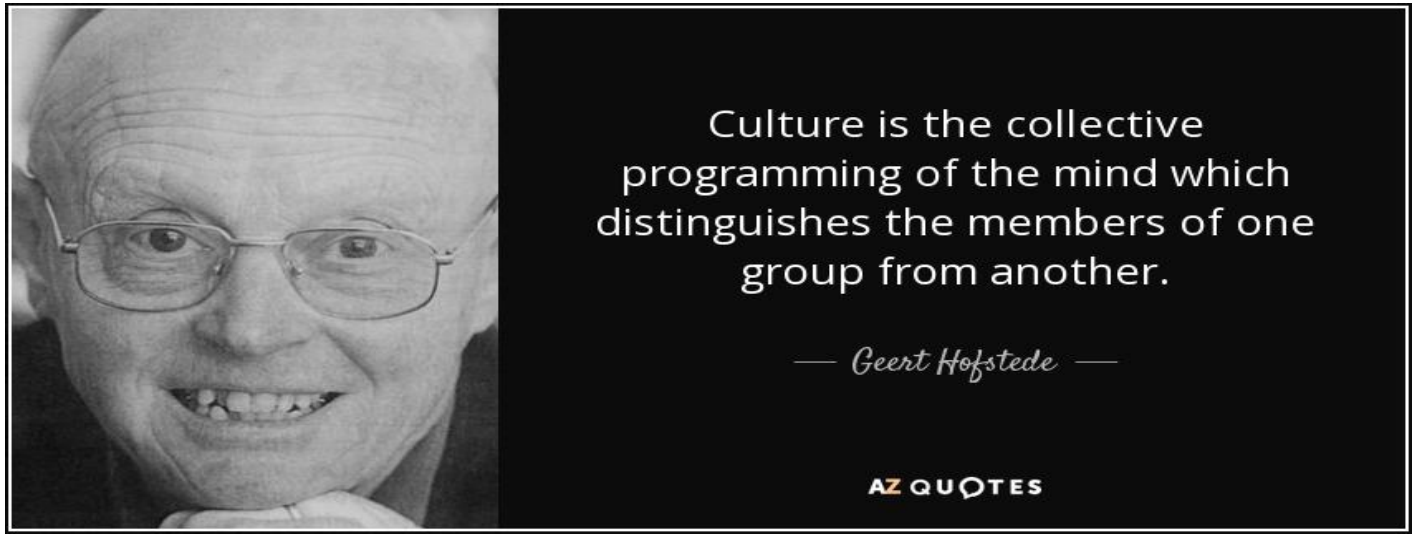
- Could embedded dimensions within certain societies influence the disposition of a faculty or university to initiate and adopt IPE based curricula…or indeed any other curricular innovation?

- A social anthropological perspective was used as a conceptual framework for my data as a means of theorising about the role that national culture could play in shaping perceptions and behaviours.

Geert Hofstede's work (cultural dimensions theory) has been seminal in highlighting insights into cross-cultural differences







Institutions cannot be understood without considering culture, and understanding culture presumes insight into institutions…reducing explanations to either one or the other is sterile" (Hofstede et al., 2010, p. 24)

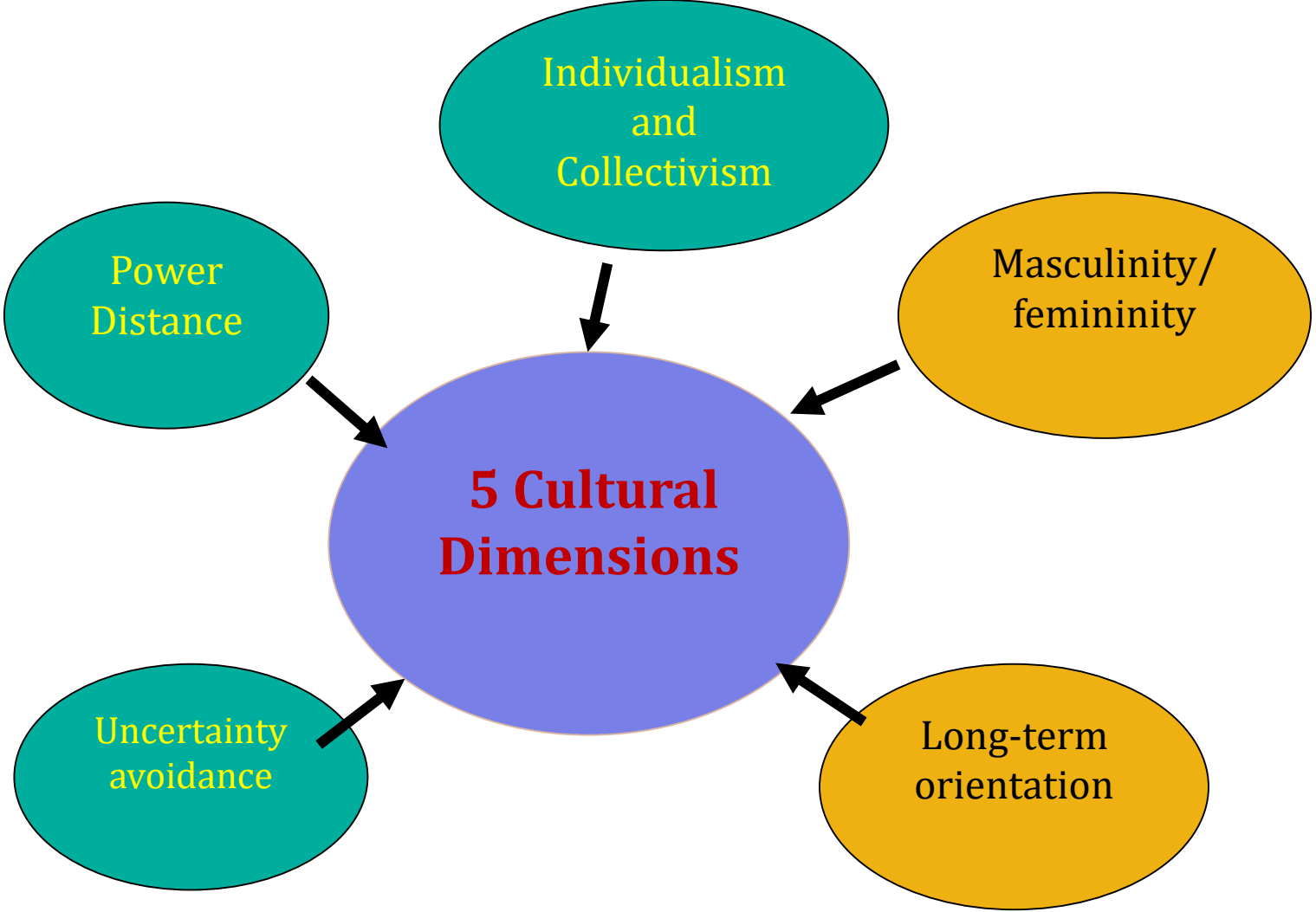
- People carry ‘mental programmes’ which are developed in early childhood and represent patterns of thinking, feeling and acting.

- These programmes (akin to the brain operating system) exist within the social contexts in which a person grows up and are reinforced in families, schools, church and organisations.

- *National cultures* reside mainly in deeply-rooted values, whilst *organisational cultures* are more superficial.

- Hofstede argues that the most important differences between cultures can be captured by finding out *the extent to which different cultures differ with respect to five dimensions*

- A *dimension* is an aspect of culture that can be measured relative to other countries.
- He analysed a large database of employee values scores:
  - a large attitude survey data base completed by hundreds and thousands of employees across 50 countries of how values in the workplace are influenced by culture collected by IBM.
- He came up with *5 dimensions*


Individualism and Collectivism
Power Distance
Masculinity/ femininity
5 Cultural Dimensions
Uncertainty avoidance
Long-term orientation

Country	Power Distance (PDI)	Uncertainty Avoidance (UAI)	Masculinity (MAS)	Individualism (IND)
Australia	36	51	61	90
Austria	11	70	79	55
Belgium	65	94	54	75
Canada	39	48	52	80
Cyprus	/	/	/	/
Finland	33	59	26	63
France	68	86	43	71
Germany	35	65	66	67
Greece	60	112	57	35
Ireland	28	35	68	70
Italy	50	75	70	76
Iran	58	59	43	41
Japan	54	92	95	46
Luxemburg	40	70	50	60
Malta	56	96	47	59
Netherlands	38	67	14	80
Poland	68	93	64	60
Portugal	63	104	31	27
Slovenia	71	88	19	27
Spain	57	86	42	51
Sweden	31	29	5	71
Switzerland	34	58	70	68
United Kingdom	35	35	66	89
United States of America	40	46	62	91

- IPE situation within southern Europe….Spain, Greece, Cyprus, Italy....Malta

- Southern European countries have relatively

high scores of *power distance* and

high scores of *uncertainty avoidance* indices

Malta scores

Uncertainty avoidance	96	6th highest country globally 4th highest European-wide
Power distance	56	Moderately high
Individualism:	59	Moderately high

Uncertainty avoidance index(UAI)

- The degree to which members of a society feel uncomfortable with uncertainty and ambiguity
- Strong UAI…rigid rules and beliefs and intolerant of unorthodox behaviours and ideas
- Weak UAI…more relaxed attitude in which practice counts more than principles
- Participants viewed IPE as admirable which could transform our professional educational system however they were afraid of such grand innovation.

High uncertainty avoidance index

- Beneficial in concept, however an *"unorthodox way how to educate health care professionals"*...fear of the unknown..
- Innovative approach however there would be *"dilution"* in our silo based professional courses
- A curriculum that promotes individual accomplishment *VS* teamwork… *"students would hate it"*
- *"Evolution in the culture, Arab sp*ring" *V*S the status quo

Power distance index (PDI)

- High PDI societies exhibit a large degree of hierarchical behaviours. Everyone has a place which needs no further justification

- Low PDI societies are egalitarian societies. People strive to equalise the distribution of power and demand justification for inequalities of power

- Findings highlighted the domineering influence of the medical profession, both in academia and the health services, as well as explicit and implicit interprofessional rivalries... however there seemed to be a tacit acceptance of the situation..... it was the way things happened in Malta.

High power distance index

- IPE seemingly makes sense however *"we need our boundaries"*
- Willing to change however change needs to *"come from up top"*
- *"Dominance"* of medical profession pervading the whole society
- Strife competition in between professions (small states)

Individualism index (IDV)

- High preference for a loosely-knit social framework in which individuals are expected to take care of themselves and their immediate families.

- Participants' difficulty with working in teams as, in such societies the interests of the individual always seem to prevail over the interests of the group

High Individualism index (IDV)

- Poor collaboration at all levels.. *"We are very territorial in our approach…so what is mine is mine, what is yours is yours"*

- *"Lack of the Maltese being strong team players"*

- *"But then when they go out there and start working, they start laughing because they say it doesn't exist – even worse they see how people are like at loggerheads"*

A road map for Interprofessional Education

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