Chapter 91

Cross–Cultural Decision–Making in Healthcare:
Theory and Practical Application in Real Clinical Conditions

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ABSTRACT

This chapter describes how people are connected to each other through a common system of encoding and decoding messages. Opening the European gate has made intercultural communication omnipresent, and this includes health care. Internationally-based tasks need new, culture-aware medical practitioners. The challenges, barriers, and solutions in the aforementioned area based on the personal experiences of the authors. The chapter concludes that in spite of personal experience, intercultural tension continues to be a major hinderance to patient healthcare services.

INTRODUCTION

Culture constitutes a complex structure that includes habitual ways of thinking, acting, and interacting. This built-in set of procedures is "the software of the mind" and can be shared, learned, and updated, but is also subject to typically gradual change. Many attempts at defining culture describe it as a non-monolythic, overlapping set of internal "scripts" defining the functioning of social norms and values: "culture involves the ideas, beliefs, values, and assumptions about life that are widely shared among a

group of people and guide much of their behavior" (Brislin, 1993). Assuming this perspective allows us to realize that people are equipped with various cultural "tools", and some of them may overlap or even cut across different cultures (national, regional, organizational, professional, etc.). It can be also shaped by many factors: family, religion, political and educational systems, art and other activities. Culture also influences our vision of the world and interactions with other people: cognition (behaviors, information) and recognition and interpretation of emotions (both our own as well as those of others). Within a particular culture, people are connected to each other through a common system of encoding and decoding messages. Messages are sent, received and confirmed through verbal and nonverbal behaviors (Kim, 1988).

The multiculturalism of the European society is deep due to the migration of people and extensive tourism. There is no doubt that opening the European gates made social interaction and mutual understanding between representatives of different cultures much easier. Intercultural communication helps us become more familiar with foreign countries, organizations, and cultures and affords new opportunities for intercultural communication (Hornakova, 2006).

Current approaches to understanding other cultures are divided into a dissecting (superficial) model and a classifying (quantifying) one. Both these approaches have their strengths and weaknesses, but there is a clear need to develop, implement, and evaluate high-quality semi-automated education and training programs that focus on human perception and deeper understanding of other cultures without stereotyping. This way every culture can be recognized and "decoded" thanks to the cultural intelligence, even though the cultural mindset of a typical Polish person might be very different from that of a Japanese, which results in different interpretations of the same behaviour. Our aim is to think how to predict and avoid failing in inter-cultural interactions within a working health care system.

This issue is important for organizations operating in both national and international environments. The specific organizations in question are health care units and their everyday clinical practice. In times of hardship, full of social tensions and unrest, there might arise sudden and drastic cultural shifts, which often make the biases and limits of the existing models of culture more visible. They may provide only a partial view of culture and significantly influence the effects of clinical practice. Taking into consideration various perspectives and interpretation of own behavior may be thus critical. Cross-cultural decision making, culturally-aware education systems and highly-developed information gathering and analysing capabilities have become a foundational part of health care systems, which allows for implementing effective forms of treatments (higher quality of life for the patient in terms of health condition). Even those organisations that are described as most conservative and reflexively opposed to changes in the health care system are aware that medical knowledge and clinical experience are not enough to assure recovery and respect the patients' free will and choice. The ultimate therapeutic success is now measured by different standards than before, namely, by the patients' capacity to return to education/work, participation in everyday life of their family and community, and finally by the general patient satisfaction. Such a success may be achieved despite the impossibility of complete recovery.

The challenges that international medicine poses call for a new breed of culture-aware medical practitioners. We do not know if transcultural orientation is the best possible solution, but we have to take it into consideration. There is often the need for new solutions, joint research, health care or educational activities. This instigates adaptive reformulations of the progressive health care guidelines, standards, and procedures. Moreover, we do not know if institutional health care culture really can pose significant obstacles to organizational adaptation.

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