Are we there yet? confidence and capability in cultural diversity
findings from a pilot programme with trainee doctors at the London Deanery

October 2010
Overview

This report provides:

- a summary of the key findings from the pilot exercise to evaluate levels of cultural confidence and communication and interpersonal style among the trainee doctor participants
- detailed trend analysis to indicate the specific patterns of results
- the analysis of the measurement properties of the pilot instrument
Competence in the management of cultural diversity within healthcare has been the focus of much debate and research since the 1990s. The evidence mapping differential health outcomes for specific cultural groups is now well established, and there has been a significant research enterprise analysing the causes, and an array of initiatives to respond to the need for greater cultural competence in healthcare provision. There is also a growing sense that progress in this field is stalling.

Political ideology about diversity, its definition and how best to respond to its opportunities and challenges has bogged the area down in competing models of theoretical conceptualising. There may be also an element of complacency (“diversity we’ve got that base covered; after all, we send all our professionals on diversity training”), despite the evidence questioning the impact of much conventional diversity training. At another level, practitioners have complained about the lack of grounded tactics and practical tools for clinicians.

As one shrewd observer, Joseph Betancourt, remarked: “At the end of the day physicians need a practical set of tools and skills that will enable them to provide quality care to patients everywhere, from anywhere, with whatever differences in background that may exist. Call it what you will, the field of cultural competence aims to quite simply assure that health care providers are prepared to provide quality care to diverse populations.”

In the summer of 2009, Diversity Gains worked with the Corporate Services function of the London Deanery to revisit the issues and plan the design of practical tools to ensure that cultural competence shifts from “tick box compliance of the right thing to do” to a confidence and creativity that is able to harness the gains for greater productivity and innovation.
Design of pilot materials

There has been no shortage of attempts to map out a framework of cultural competence or design instruments to measure the associated constructs. Previous desk top reviews and meta analysis have been fairly challenging of the available tools, questioning in particular their psychometric properties as well as their practical application.

The guiding philosophy behind our design:

- checklists of knowledge against the specific cultural patterns of different groups are potentially patronising, misleading and unworkable in practice, given the permutations of diversity
- confidence and proactivity are better indicators of genuine proficiency than competence
- communication skills and interpersonal versatility should be emphasised as key themes in moving to excellence
- the need to go from a personal diagnostics - “am I culturally competent?” - to provide practical material to support ongoing professional development - “how can I keep improving my effectiveness?”

The specific challenge in instrument development is the need to balance speed and ease of completion for end users in a busy world with credible and comprehensive coverage as well as robust and defensible measurement. An initial version was developed in the summer of 2009 which was reviewed by several subject experts, familiar with the issues of cultural diversity in a healthcare context. Subsequent versions were trialled before consolidating the changes into the pilot measure.

The instrument - Diversity Dynamics - incorporated:

- 5 survey style questions to assess overall attitudes about diversity within healthcare
- 18 statements reflecting personal awareness of the impact of cultural diversity in a clinical context, and proactivity in responding to its opportunities and challenges
- 30 items representing a range of culturally diverse scenarios (patient and work colleague situations) to identify confidence in different cultural encounters
- 60 statements covering a spectrum of interpersonal and communication activities to evaluate personal effectiveness in the five domains of: Building Empathy, Insight into others, Influence and Impact, Managing Conflict, and Ego and Emotions
Design of pilot materials

Analysis of the questionnaire data indicates a robust instrument (see Appendix 2). Given the measurement properties of the pilot assessment, a shortened version has now been finalised to remove any redundancy of measurement as well as reduce completion times.

In addition, a 360 feedback version has been designed to incorporate perceptions from a variety of work colleagues and stakeholders, and provide a reality check on any socially desirable responses.

To support the roll out of the personal review, and provide support for personal and professional development planning, an on line resource was also developed. This is accessed either as a stand-alone application or through embedded links in individual reports.

This material - around 400 “bite sized chunks” - provides information and ideas, tools and tactics to help users build their familiarity of the issues within the diversity agenda and equip them with practical ways to develop their professional and leadership effectiveness.
The pilot

In March - April 2010, the population of trainee doctors in the London Deanery were sent an invitation email with a request to complete the online personal review and provide access to the online tool kit.

401 individuals responded, with 288 completing the personal review in full, and another 113 completing part of the assessment, a response rate of around 4%. Response rates by specialty mirrored the expected pattern. On completion of the questionnaire, trainees downloaded their personal reports in confidence. Disappointingly few trainees accessed the online resource.

Reassuringly only 9% of the group reported any difficulty with the “process technology” of the pilot (related to the vagaries of IT within the sector), and 60% found it easy. Around 50% of the group found the exercise “interesting”, and a fifth of the group boring. Reasonable results, but some lessons for future applications to reduce completion times, ensure the accompanying communication process are more engaging and relevant, and provide support activity, e.g. one to one or group based debriefs.

Given the take-up, based on voluntary response, clearly there is potential for sampling bias.

Design:
Analysis and summary findings

The 5 key questions:

- how does the group view the agenda for diversity within healthcare?
- how aware is the group of the impact of cultural diversity in shaping the dynamics of healthcare practice and provision?
- how proactive is the group in identifying ways to leverage diversity for greater productivity and innovation?
- how confident is the group in dealing with a range of culturally diverse patient and colleague encounters?
- how effective is the group in deploying different interpersonal and communication skills relevant to proficient practice?
Attitudes about the agenda for diversity within healthcare

There are high levels of overall confidence about personal effectiveness. Around two-fifths of the group “rarely worry that I will do the wrong thing” and a half of the group “sometimes worry”. Only 3% of the trainees “often worry”. Reassuring confidence or troubling complacency?

There is ambivalence within the trainee group about the diversity agenda, its importance and how it is being implemented. 47% of the group see it as “important but over stated”; another 51% think that it isn’t getting “sufficient institutional attention to engage with the real challenges”.

46% of the group are optimists who see diversity as “making a genuine impact in improving healthcare outcomes for all”; 41% think that it is largely an exercise in “impression management to be seen to be doing the right thing”. Another 13% see diversity activity as “largely driven by the fear of litigation and reputational damage”.

There is a lack of clarity about the implications; 72% see the aims of cultural diversity within healthcare as “broadly sensible but are unclear about the practicalities”.

The group recognises that professional proficiency is less about “knowledge of the life style, customs and practices of different cultural groups”, and more about an attitude of humility (48%) or a repertoire of interpersonal and communication skills (42%).
Cultural awareness and proactivity

Levels of awareness and the recognition of the way in which cultural diversity shapes the patient-doctor dynamic in a clinical context are for the most part fairly high. However levels of excellence, tracked by the percentage of trainees reporting the activity as “very easy” are low.

The group is much less sophisticated in recognising the impact of organisational practices and processes on the management of diversity.

There is a question mark about how proactive the group is in advancing diversity as a positive theme in driving professional excellence (versus operating in a professional way within regulatory and legal requirements).

- only a third of the group feel confident in keeping “professionally up to date with research and key trends in the area”
- a quarter are willing to challenge organisational activities that are “making it difficult for patients from different cultural groups to feel welcome and valued”
- around a third is proactive in taking a partnership approach and identifying innovations from their experience to make overall improvements to service levels.

It is promising that cultural competence is now seen as a key factor in health care. But it is cultural competence “on the back foot” rather than seeing it as an opportunity for better service delivery and innovation.
Confidence in managing the day to day encounters of cultural diversity

The trainee group reports fairly high levels of confidence in managing a range of specific clinical and work-place situations in which cultural diversity features.

Confidence is highest predictably in responding to those situations involving “one patient” than in resolving any group-based scenarios or those with a potential for controversy or conflict or which involve a challenge to organisational practice.

Within the overall trend, a significant percentage of the group (varying from 20- 40%) report that many of the scenarios would present professional difficulty.

There is a sense from this analysis that cultural competence is largely defined as an understanding of the dynamics at work between “doctor and individual patient”, an awareness of how one’s own cultural background shapes attitudes and how expectations of healthcare differ across patients from different cultural groups. There is also a sense from this pattern of findings that cultural competence is about “dealing with the issue as it arises” rather than being proactive to identify the opportunities and position cultural diversity as an organisational - not simply individual doctor to patient - issue.

The group’s level of confidence in dealing with culturally diverse scenarios is a milestone of progress, although we need to ensure that 20 - 40% of trainees move up the capability spectrum.
Interpersonal and communication skills

An extremely buoyant set of results in which the group reports itself as highly accomplished in the arena of interpersonal and communication skills.

Effectiveness is highest in the domains of Building Empathy and Insight into Others. This is a population that sees itself as proficient in establishing contact with others to understand patient attitudes, open minded to their experiences, with an insight into their expectations.

The group is relatively lower in the area of Managing Conflict, and dealing with the situations requiring the negotiation of difference and disagreement. Significantly, it is scores on Managing Conflict that correlate highest with levels of confidence in managing culturally diverse situations.

This profile (albeit probably inflated by social desirability bias) is of a group that reports itself as concerned to do the right thing, prepared to listen and understand their patients. It is also a group that may be less confident with the uncertainty of challenge to negotiate solutions to competing demands or to highlight problems with the potential for conflict.

Notwithstanding the sampling bias that more cooperative and helpful trainees responded to the exercise, it is reassuring of the commitment and skills to listen and learn from patients. There is also an indication of uncertainty and hesitancy in responding to the challenges and controversies of diversity that proactively negotiates a way forward.
Bio demographic differences

Given the limited response, the potential to identify bio demographic differences was restricted. However we reviewed a specific group: SASG (N=88) to investigate their patterns of response and how similar or different their attitudes and effectiveness were to the wider pilot population.

Overall, SASG reported higher levels of confidence and capability for most areas within the personal review, reporting significantly more positive attitudes about the impact of diversity initiatives on healthcare outcomes, and the willingness to gain feedback from patients to judge the inclusiveness of their approach.
Conclusions

This is a profile of a group who, in the main, understand the shift in political and social thinking and the implications for health care practice, are prepared to grapple with the issues and report reasonable levels of effectiveness in dealing with the challenges they encounter in their professional lives.

Overall, the group is alert to the impact of cultural diversity and how it shapes the realities of healthcare provision. But levels of excellence - the kind that create the critical mass to make major improvements - are relatively low.

Within this overall pattern, there is still a large number who remain unsure of the specific implications for their own professional priorities and practice. A significant minority (maybe a third) lack confidence in dealing with some of the fundamental issues, and a smaller grouping (around 10%) see the agenda as largely misguided and irrelevant.

This analysis, if indicative of the wider trainee population in the UK, indicates that progress towards greater equity of healthcare outcome is happening, but may continue to be slow.

We know “we’re not there yet”; this pattern suggests it might take a bit longer until we develop higher levels of confidence and excellence in our next generation of doctors.

Progress has been made and this profile highlights how the agenda has shifted since the concept of cultural competence was first identified. But we’re not there yet. These results suggest that while trainee attitudes and skills will continue to be critical, speed of progress will also hinge on creating an organisational climate that encourages the confidence and courage to challenge and move on to the front foot of productivity and innovation.
This pilot was a low risk and cost-effective way of revisiting the agenda for greater equality and diversity with a group that is key to the future of progressive healthcare. Interesting as a “finger on the pulse” of attitudes and effectiveness in managing cultural diversity, to make progress we suggest the following:

- distribute the findings of the report to the Heads of Schools, other Deaneries and stakeholders to integrate this analysis with other research and current and planned initiatives and share best practice
- produce a summary of this analysis for the wider trainee population, with specific acknowledgement for those who participated in the research
- make the shortened Mark 2 version available with an implementation plan for communication and follow-up
- identify the tactics to incorporate criterion measures of trainee effectiveness and a programme of long-term tracking of outcomes
- encourage the development of a coordinated online resource across all Deaneries with a greater range of online learning material and exercises and case studies
- ensure all trainees maintain a personal log of their training and development within the area of cultural confidence and capability to provide a submission of reflective learning, activity and outcomes as part of continuing professional development and re-validation
- make available the 360 feedback version of the evaluation for a target group of trainees, with analysis of personal perceptions against colleague and stakeholder views
- set up dedicated training and resource for international medical graduates