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RESEARCH ARTICLE

INTERCULTURAL COMPETENCE SKILLS: A TOOL FOR ARGUMENTATIVE VIOLENCE REDUCTION IN HEALTHCARE FACILITIES

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ABSTRACT

Background: Verbal conflicts among staff in healthcare settings are a serious issue that requires intervention at different levels. On a day-to-day basis, the issues they are dealing with are multi-faceted covering physical, emotional, cultural, etc., the magnitude of the conflict arising out of it is also quite intense and serious. The objective of this study was to assess the cross-cultural violence, and explore intercultural competence perception and awareness among healthcare staff.

Methodology: A quantitative survey was conducted at King Fahad Medical City (KFMC) using the stratified random sample technique covering seven departments in the institution. A total number of 105 staff selected randomly from each stratum were asked to complete the questionnaire covering Intercultural Competence (ICC) items and 100 individuals responded to the survey.

Result: With regard to the working environment, employees are aware of the consequences of these factors, Saudis and non-Saudis were unsatisfied with the present environment. Even though English is frequently used as an official language, the general communication among the employees remains as an obstacle. With regard to awareness about the intercultural competence, even though they are aware of it, they find it difficult to accommodate or fully accept other cultures.

Conclusion: The environmental factors have a driving influence for employees in the acquisition of intercultural competence skills for the sake of work stability and survival. It is imperative for institutions to initiate strategies that will inspire the employees' intercultural competence and enhance cross-cultural understanding.

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INTRODUCTION

The shortage of Saudi national staff in the health care profession is a root cause of immigrant employment in Saudi Arabia. It is also viewed that the expansion of healthcare facilities, due to high demand for patient services, put the Ministry of Health (MoH) in pressure to hire international health care providers, escalating multicultural diversity in the country (Tumulty, 2001). This situation underlines the need for institutions to initiate strategies to improve intercultural competency (ICC). There are studies that suggest learning about the beliefs and sociocultural aspects of patients' lives is vital for a quality healthcare to a diverse, multicultural community (Anand and Lahiri, 2009).

Cultural diversity at work

The enormity of the healthcare community and its diverse nature necessitates the expansion of ICC and socio-cultural awareness.

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In the last two decades, the number of workers and clients from culturally and linguistically diverse (CALD) backgrounds has increased dramatically in the Gulf region (Findlow, 2006). There are studies explaining lack of exposure to other cultures and cross-cultural misunderstanding can lead to cultural clashes like argumentative violence among co-workers in healthcare facilities (Dumessa and Godesso, 2014). At the same time, it has been observed that the abundance of western tutors and their influence in Saudi healthcare institutions resulting in a lesser prerequisite for cultural competency training. This has implications on the successful integration of foreign healthcare professionals in the Saudi institutions intercultural competence and healthcare (Crandall *et al.*, 2003; Chamberlain, 2005). Culture has been defined as the 'shared and learned behaviors that exist within the same cultural group', which are adopted by the individual through the process of socialization. But at this point, the 'cultural blindness' of individuals leads to a lack of awareness on others beliefs and behaviors (Alsaleh, 2009). This lack of awareness contributes to a poor understanding of other cultures (Fleckman *et al.*, 2015). Further to this, Tumulty defines the 'intercultural competence' (ICC) as a set of congruent behaviors, attitudes, and policies that enable professionals to

work effectively in cross-cultural situations. This includes the ability to value diversity, capacity for cultural self-assessment, awareness of the dynamics when cultures interact and the acquisition of institutionalized cultural knowledge, resulting in the adaptation of service delivery to reflect the cultural diversity within the organization (Camilleri, 2002). In order to improve service delivery and healthcare outcomes for culturally diverse patients, healthcare institutions should include these considerations in all aspects of their policy making, administration, practice, and achievement of key performance indicators (Betancourt *et al.*, 2003).

ICC training

When cultural diversity among patients continues to rise, ICC becomes a necessary component of any healthcare provider expertise. The ICC in healthcare can be very complex and challenging due to the nature of the service's offered. The service can often touch the core of patients' and providers' culturally influenced values, beliefs, and attitudes (Deardorff, 2009). However, in organizations with diverse cultures, employees may be unaware of their own cultural identity, stereotyping and prejudices can come with resulting in a lack of cultural understanding when intuitions fail to organize standardized cross-cultural awareness training programs that help to enhance collaborative input (Fantini, 2000). However, the abundance of funds for training programs for healthcare workers did not help much in improving their skills, and deliver adequate improvements to ICC and intercultural communication over this period. The training program miserably failed in imparting knowledge and improving essential skills for developing proficiency in communication and cross-cultural understanding (Rogers *et al.*, 2014). If an effective ICC training model is introduced at all levels within healthcare organizations, employees will develop cultural knowledge and understanding of their own attitudes which will lead to an increase in providers' awareness and an improvement in service provision for patients from culturally diverse backgrounds (Pedersen, 1988). Based on previous researches, it is hypothesized that workers with poor ICC skills will be less aware of intercultural conflicts within the workplace. It is also predicted that workers with good ICC skills will have a more positive attitude towards cultural diversity and will also acknowledge a great level of cultural diversity within the workplace. It is also expected that non-Saudi workers will experience a greater level of cross-cultural misunderstanding, as they face greater challenges when working in a Saudi healthcare setting (Mercedes *et al.*, 2007).

Study objectives

The aim of this study is to assess the understanding of healthcare workers' attitudes towards cultural diversity and determine whether ICC and intercultural awareness influence these attitudes and to come up with a recommendation of a working strategy to improve ICC understanding in both Saudi and non-Saudi workers' and to create a new perspective on the intercultural conflict in the workplace.

MATERIALS AND METHODS

This study was conducted at King Fahad Medical City (KFMC). A quantitative survey was done from June 2016 to Feb 2017. Stratified random sample technique was used to select the participants. Seven departments in the institution

were stratified and 15 employees were selected randomly from each stratum. The level of "significant" was 0.05 ($\alpha = 0.05$), and estimated standard deviation was 1.55 with power 0.8 or 80% and effect size 0.8. The sample size from each department was limited to a minimum 15 participants from seven departments. The questionnaire was comprised of 32 direct items of which 31 items were classified into seven sections and their measurement for ICC items was done on five-point Likert-scale. The seventh section had only one item, which was included in section six. A total number of 105 staff were selected randomly from the institution and were asked to complete the questionnaire covering Intercultural Competence (ICC) items and 100 individuals responded to the survey. The ethnic background of participants was 39 Saudis (39%), 60 non-Saudi (60%) employees and 1 (1%) participant opted for a neutral position without selecting from neither of the options. Participants consisted of 69 females (69%) 28 males (28%) with three participants selecting neither option. About 63 (63%) respondents were full-time employees, 5 (5 %) part-time workers and 32 (32%) participants did not respond to either of the options. The degree of responses in some axes of the questionnaire was determined as follows- The responses (5) refers to "strongly agree", (4) refers to "agree", (3) refers to "agree to some extent", (2) refers to "disagree" and (1) refers to "strongly disagree". The degree of the response to each statement or axis was calculated the average score and according to the result much to the following average score category as Likert score that from 1.80 to 2.60 strongly disagree, from 2.60 to 3.40 disagree, from 3.40 to 4.20 agree and from 4.20 to 5 strongly agree.

Statistical analysis

Statistical analyses were performed using sing SPSS 22.0 (SPSS Inc., Chicago, IL, USA) software package. Descriptive statistics of study participants were reported as mean (SD) for continuous variables and counts (percentage) for categorical variables. Between group comparisons were done by Student's independent t-test, ANOVA or chi-square test, as appropriate. The Scheffe Test was used to identify the significant pair among the multiple comparisons. A p-value of 0.05 was considered significant. The reliability analysis of the ICC items was possible for 74 completed surveys. The Chronbach's alpha for the 32 questions was .827, indicating good reliability.

RESULTS

Working environment: Participants mean score was 2.269 with SD =0.6861. These Values demonstrate the divergent views of the study sample regarding those statements. It can be explained by saying there are some factors that cause employees less willing to accommodate cultural differences and integrate in healthcare services. Although employees are aware of the consequences of these factors, Saudis and non-Saudis were unsatisfied with the environment $p = 0.019$, Saudi mean score $1.95 + 0.61$ and non-Saudi mean $2.40 + 0.733$. It shows that employees are concerned with their individual culture. Under these circumstances, the institution lacking the standardized culture. Communication and language barrier: In the overall response for this item, both Saudis' and Non-Saudis' mean score was 2.82 with SD 0.537. Even though English is frequently used as an official language for communication at the institution, communication among the employees remains as an obstacle. Communication and language barrier was statistically significance ($P = 0.000$)

between Saudi and Non-Saudi participants. In another word, looking at the Saudis' Mean scores $2.6 + 0.098$ and Non-Saudi Mean $2.9, + 0.073$, it is evident that the Saudis need to embrace English in their study curriculum in tertiary education through high level education.

Intercultural competence: The 'Perception' in this section, reflecting mean scores $2.90 + 0.041$. Even though participants seem to be aware of intercultural competence, yet they are arguably uneasy to accommodate or fully accept other cultures. The intercultural competence across nationality differ significantly with $p = 0.046$ the mean score regarding for Saudi's was $2.6 + 0.122$ vs. Non-Saudi's $2.9 + 0.0191$. It demonstrates the divergent views of the participants regarding intercultural competence and cross-cultural understanding at work which is insufficient to some extent. There are some levels of cultural differences among the employees. Also, years of experience 7-11 years was statistically significant $p = 0.042$, it might be associated with task delegation. In other words, at a certain level of responsibility, it requires proficient communication for precise task performance

Team work and clashes: The participants were neither "agree" nor "disagree" with a mean score of $3.36 + 0.637$. In occasional situations, employees noticed insufficient team work and clashes at work. Team work and clashes were a statistically significance among staff members in regard to collaboration $p = 0.042$ Saudis $3.1 + 0.119$, and Non-Saudis $3.4 + 0.09$. Therefore, intercultural competence is being regarded as a supportive way to arouse disputes among them.

Culture exposure: The response from the participants were neutral, $3.02 + 0.585$, reflecting the fact that participants were exposed to different cultures and were aware of other cultures, a convinced acceptance of "culture exposure" was observed from participants with 4-10 years of experience with $p = 0.121$ and arithmetic mean $3.4 + 0.23$. This may be attributed to the importance of intimacy and cordiality among the workers due to the sustained period working together. They can facilitate the flow of work and help in enhancing the spirit of understanding intercultural competence. On the contrary, gender indicator was neutral towards exposure to cultures. In other words, Male employees perceived the statements with significantly $p = 0.045$ and lower mean $2.8 + 0.11$ against Female employees who attained the mean score of $3.0 + 0.08$. It might be due Saudi culture. Hence difference in gender has limited gender inequality.

Respect and trust: The perception of discipline, respect, and trust is found to be unsatisfactory within the institution. Participants disagree with the statements with a mean score of 2.24 and $SD = 0.855$. The results found insignificant, while comparing Saudis vs. non-Saudis.

DISCUSSION

Some of the inferences we derive from the study show that the employees are not fully satisfied with the present working environment. It indicates that the employees are concerned with their individual culture. Employees should focus not on "what culture is", but on "what it does" with regards to people's ways of making sense of the world. This includes their perceptions of themselves and others (O'Neil, 2006). Regarding the communication among the employees, although English is recognized as an official language for

communication among the employees, it has not served the purpose fully due to their different linguistic backgrounds. Employees themselves are found to be doubting their capability to communicate with each other. Even though the participants are aware of intercultural competence, they are not comfortable to accommodate or fully accept each other's culture and the intercultural competence was statically significant on Nationality. This demonstrates the divergent views of the participants regarding intercultural competence and cross-cultural understanding at work which is insufficient to some extent (Ronson). The level of cultural differences that are manifested in various forms of behaviors such as stereotyping, prejudices, racism, ethnocentrism, cultural imposition, cultural conflict and cultural shock are found to be creating barriers for a better cultural understanding and coexistence among the employees (Caligiuri and Lundby, 2015). Employees find cross-cultural concepts are not very well fitting in the realm of their institution. Since the goal of cultural competence in health care institutions is to provide the highest quality of care to every patient regardless of their race, ethnicity, cultural background, language proficiency or literacy, the challenge is to find appropriate training technique to enhance the employees' intercultural competence and cross-cultural understanding (Lafayette, Robert, 1988). Even if the team work and clashes are statistically significant among staff members due to the individuals' preference for team work based on their intercultural or cross-cultural relationship, when it comes to creating overall output of the institution the intercultural competence, is regarded as a supportive factor among staff (Benahnia, 2012; Benahnia, 2014). A convincing result from participants accepting culture exposure was observed from participants with 4-10 years of experience.

This is attributed to the importance of intimacy and cordiality among the workers due to the sustained period working together. As they are able to facilitate the flow of work and help in enhancing the spirit of understanding intercultural competence, these values demonstrate the views of the participants regarding intercultural competence, learning and acceptance. As reported by Anand and Lahiri, culture should emerge in learning about the beliefs and socio-cultural aspects of patients and healthcare providers in a more reciprocal respect. In this study, male employees perceived the statement with significant $p = 0.045$. It can be explained by saying that there exist some factors that cause male employees to be less willing to accommodate cultural differences and integrate into healthcare services due to gender inequality, and the traditional roles that are sometimes expected of men and women in various societies. "Discipline, Respect, and Trust" are found to be at an unsatisfactory level within the institution. In other words, employees who are on part-time contracts do not seem to have close relationship or affiliation with the institution. Therefore, they lack trust in permanent employees and might contribute to a lack of respect for them since they do not intend to remain with the institution forever (Thiong'o, 1986). The resistance to accepting and dealing with people from other cultures may impede the process of knowledge and skills acquisition (Kleinman and Benson, 2006).

Conclusion and recommendation

This study found that Saudis and non-Saudis are not fully satisfied with the current working environment. It also revealed that the employees are concerned with their individual culture.

Nationality of respondents

Sr. No.	Nationality	Frequency	Percentage
1	Saudi	39	39.4
2	Non - Saudi	60	60.6
3	Missing	1	1

Gender

Sr. No.	Gender	Frequency	Percentage
1	Male	28	28.9
2	Female	69	71.1
3		3	

Job specification

Job specification	Frequency	Percent
Valid	Full Time	63
	Part Time	5
	Total	68
Missing	System	32
Total		100

Years of Experience at KFMC

Years	Frequency	Percent
Valid	<1 Year	6
	1 - 3 years	13
	4 - 6 years	7
	7 - 9 years	10
	10- 12 years	6
	Total	42
Missing	System	58
Total		100

Significance Level

Section	Dependent Variable	Mean	Std. Error	95% Confidence Interval		P-value	
				Lower Bound	Upper Bound		
1	Job	Full time	2.3	0.098	2.130	2.522	.066
		Part time	1.7	0.299	1.132	2.335	
		Saudi	2.0	0.131	1.763	2.286	.019
2	Nationality	Non-Saudi	2.4	0.098	2.221	2.613	
		Saudi	2.6	0.098	2.379	2.769	.009
		Non-Saudi	2.9	0.073	2.757	3.049	
3	Years of Experience	Saudi	2.6	0.122	2.329	2.814	.046
		Non-Saudi	2.9	0.091	2.699	3.063	
		Male	2.6	0.127	2.334	2.843	.052
4	Gender	Female	2.9	0.092	2.715	3.082	
		< 3	3.4	0.251	2.868	3.894	
		1-5	3.0	0.195	2.574	3.369	.042
		4-8	3.2	0.275	2.666	3.791	
		7-11	2.4	0.205	1.994	2.832	
5	Nationality	10-14	3.1	0.275	2.581	3.705	
		Saudi	3.1	0.119	2.857	3.333	.042
		Non-Saudi	3.4	0.090	3.226	3.583	
5	Gender	Male	2.8	0.109	2.535	2.971	.045
		Female	3.0	0.079	2.871	3.185	

In section 1 [Working environment]

- it is significant that the Full-time employees are having more communication problem than the Part time employees
- It is significant that non-Saudis are having more communication problem than the Saudis

In section 2 [Communication and language barrier]

- It is significant that Saudis are having more communication and language barriers than non-Saudis

In section 3 [Intercultural competence]

- It is significant that the Saudis show more Intercultural competence
- It is significant that Male staff shows more Intercultural competence than Female staff
- It is significant that staff with 1-5 years' experience show more Intercultural competence

In section 4 [Team work and clashes]

- It is significant that the Saudis are in a better position in the leading team work

In section 5 [Culture exposure]

- It is significant that the Female staffs have a better culture exposure

The Questionnaire

Questions

		Questions
Section 1	1	The adjustment to this new environment at KFMC was convenient for me when I first joined.
	2	I know (some) Arabic and that made it easy for me at work.
Section 2	3	I was informed about the obstacles I may face at work via orientation and training programs at KFMC
	4	The work guidelines and regulations regarding working with people from other nationalities were clear to me when I first started working at KFMC.
	5	My English is good. So, I didn't have any communication problems since I joined KFMC.
	6	Most people in my department have a poor level of English. So, I can't communicate well with them.
Section 3	7	People around me do not know about my own culture.
	8	I can easily communicate with people around me because I took some English courses.
	9	People around me prefer not to talk to foreigners.
	10	I am familiar with the ICC notion (Intercultural Competence) .
	11	I am familiar with the CCC notion (Cross-Cultural Competence).
	12	I attended training courses here at KFMC regarding the above mentioned notions about culture.
	13	My department encourages training in ICC and CCC.
Section 4	14	I attended seminars, conferences, and training workshops related to cultural clash and cultural issues.
	15	I know exactly what culture means.
	16	I know much about the Saudi life style and culture.
	17	I have had several cultural clashes with people around me at work.
	18	I prefer working with people from my own culture only.
	19	I prefer to work with Saudis only.
	20	I prefer to work with people from other nationalities only.
Section 5	21	I witnessed some cultural clashes that took place at KFMC.
	22	I think most cultural clashes and violence are due to personal issues such as: incompetence, inferiority complex, stereotype, attitude, and competition.
	23	Sometimes I let my personal issues interfere with my work.
	24	I have travelled abroad and I know about other cultures.
	25	Cultural issues must be explained and exposed to KFMC community in order to avoid cultural clashes.
	26	My foreign co-workers have better opportunities than myself.
	27	I am always challenged by my foreign co-workers and feel I am learning a lot from them.
Section 6	28	My Non-Saudi co-workers don't like to help me.
	29	My Non-Saudi co-workers don't like to share anything with me.
	30	My co-workers are well disciplined and respectful.
	31	I trust my co-workers.
Section 7	Overall	Overall, how satisfied were you with your experience working with people from other nationalities?

For a productive working environment, employees should focus not on what their culture is all about, but on what it does with regards to people's ways of making sense of the world. It is evident from the study that the environmental factors have a driving influence for employees in the acquisition of intercultural competence and skills for the sake of work stability and survival. It is imperative for institutions to initiate strategies that will inspire the employees' intercultural competence and enhance cross-cultural understanding.

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