

EXPERIENCE EXCHANGE

Relating Almutairi's critical cultural competence model for healthcare providers transitioning to Qatar

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ABSTRACT

Healthcare providers can be enticed to work in the Middle East due to fascinations with the culture, wealth, and opportunities for personal and professional development. Working in multicultural healthcare environments requires addressing complexities with cultural hierarchies, religion, class systems, and gender. It also requires understanding of the region's history, as well as knowledge about cultural and social norms. The authors use qualitative accounts, from lived experiences to illuminate their transition to work in Qatar. Upon reflection of their experiences, the authors recommend using a Critical Cultural Competence model as a guide for healthcare providers undergoing transition and longer-term adaptation for promoting cultural safety for healthcare providers and their patients. Some authors of this article have previously published "Recommendations for healthcare providers preparing to work in the Middle East: A Campinha-Bacote cultural competence model approach" (Journal of Nursing Education and Practice, 2017). However, after reflecting upon their experiences as nurse educators living in the Middle East, the authors concluded that Almutairi, Dahinten, and Rodney's (2015) Critical Cultural Competence Model is more suitable for health care providers transitioning to Qatar. This model addresses necessary elements needed to transition to a new culture, but also includes personal narratives and experiences, which maybe helpful to transitioning to work in another culture. Almutairi et al.'s model (2015) reconceptualises and enriches the concept of transitioning to Middle Eastern multicultural contexts. The aim of this paper is to provide recommendations using Almutairi et al.'s Cultural Competence Model to assist healthcare providers in transitioning to work in Qatar. Another aim is to provide guidance for healthcare professional development in multicultural contexts. Discussion as to how the model may foster a more relevant approach will ensue. Experiential knowledge and narratives are threaded throughout the paper to provide a lived account of the use of this Critical Cultural Competence model by healthcare workers, who have transitioned to the Middle East.

Key Words: Transitioning, Cultural competence, Qatar, Healthcare providers

1. INTRODUCTION

"As I view all these magnificent tall buildings against the spectacular Qatar skyline, it is hard to fathom that this was once all desert, with nomadic people roaming the sands."

Working in multicultural healthcare environments requires critical awareness, knowledge, and skills. It also requires an understanding of the region's history and complexities related to cultural and social differences from the healthcare provider. Several of the authors of this article have tran-

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sitioned to work in healthcare education in Qatar, which is very different from their individual backgrounds and cultures. That experience has been professionally and personally enriching, but also challenging at times. From the above quote, after arriving in Qatar one sees a modern city developing, yet there is recognition that it vastly differs from the healthcare providers backgrounds. In an earlier article, several of the authors indicated that the Camphine-Bacote Cultural Competence Model^[1] could be used as a guide for transitioning to work within the Middle East (ME). After further reflection and working as nurse educators in the ME for a few years, we assert that the Camphine-Bacote Cultural Competence Model does not address some imperative facets for transition to this geographical region. Although Camphine-Bacote's model has been used as a backdrop for transitioning to other cultures for quite some time, it is missing some core elements required for ME culture. It mainly centres on those variables enabling one to work toward successful transition, rather than highlighting factors related to the distress nurses feel once immersed into a new culture. Those elements consist of the personal experiences of nurses as they transition to work in the ME. As these nurses come from diverse backgrounds and different cultures, it is important they be empowered to share the actual experiences they confronted during the period of transition. What Almutairi et al. has developed, is a model that transcends variables for successful transition, but recognizes the need for a more in-depth view of the process of cultural competence.^[2] Almutairi et al.^[2] have developed a cultural competence model that focuses on transitioning to the Kingdom of Saudi Arabia (KSA). It was developed based on empirical research and has been clarified over time.^[2] The authors of this model acknowledge Camphine-Bacotes cultural competence model, however are aware of the need to expand beyond the earlier model by acknowledging "cultural competence as a lifelong learning endeavour that requires individual agency" (p.318).^[2] Almutairi et al. (2015), have developed a Critical Cultural Competence model for multicultural healthcare environments. Considering KSA is a Middle Eastern country, it was deemed appropriate that the cultural competence model developed by Almutairi et al. was suitable for transitioning to work life in Qatar. The Almutairi et al. model requires healthcare providers to understand the fluidity of culture to mitigate rigid views about cultural biases and preconceived notions. Qatar relies on international nurses (known as "expatriates" or "expats") to provide care of their citizens^[3] and has a culturally diverse workforce with 1.4 million migrant workers from countries such as Nepal, Sri Lanka, Philippines, and India.^[4] It has been reported that certain nationalities are hired in Qatar for specific jobs.^[5] For instance, nannies and housekeepers are primarily from the

Philippines. Those who have skills important to the country or have given their service to Qatar, such as Canadians and the British, are hired for their expertise in nursing, education, and management. It is on this premise, that this article is written. This paper highlights qualitative accounts, using the authors' lived experiences to illuminate transitioning. Those experiences will then be linked to the theoretical components of the model. Each of the components of the cultural competence model will be preceded by direct quotes from several of the authors, followed by discussion as it relates to the corresponding component of the model. Almutairi's Critical Cultural Competence model is premised by hypothetical components that take into consideration the diverse nursing environments that exist for those transitioning to the ME and necessitates the need for each component to compliment the other.^[2] Instituting this model can also assist in the promotion of cultural safety during healthcare interactions and assist healthcare organizations to address inequities in health care.^[2] This model recommends an approach for managing the complexity of sociocultural difference and is comprised of 43 items that measure the four key components: Critical Awareness, Critical Knowledge, Critical Skill, and Critical Empowerment.^[2] Psychometric properties of this scale were measured using various tests such as factor analysis, discriminant, and divergent validity, which correlated with strong construct validity. "Cronbachs alpha coefficient was adequate at a measure of (0.86)" (p. 3).^[6] The authors' intents are to help readers with transitioning to the ME, while identifying the core elements of the cultural competence model developed by Almutairi et al. This is not to negate the past cultural competence models of others, but to build upon them in assisting those who wish to transition to work in Qatar. For the purposes of this paper, the ME consists geographically of 16 countries including Egypt, Oman, Iraq, Iran, Kingdom of Saudi Arabia, Turkey, Yemen, Syria, UAE, Kuwait, Armenia, Bahrain, Israel, Jordan, Lebanon, and Qatar.

2. CRITICAL AWARENESS

"Upon arriving and settling into my apartment and life in Qatar, the one thing that stood out glaringly for me was how different life was going to be. How was I going to live in such a different environment with such a diverse culture? How will I ever learn about the culture?"

Critical awareness is the first essential component of Almutairi et al.'s model. Critical awareness refers to recognition of cultural differences, of individual attitudes and values, of one's own cultural lens, which is not the only way of seeing the world in a cross-cultural interaction.^[2] Four facets to critical awareness includes awareness of cultural difference, self awareness, awareness of consequences of diversity (clashes,

conflicts) and awareness of social determinants of power relations. Critical awareness involves engagement in self-reflection and a process to prepare healthcare providers for differing beliefs, norms, and behaviors in the healthcare environment. Critical awareness can positively impact both the patient and healthcare provider's well-being and contribute to equities and empowerment in health care interactions.^[2]

Although a relatively small country, Qatar has a mix of cultural diversity. One of the authors was astonished by the diverse cultures that were present within their classroom, as well as in the workforce. The Middle East is made up of numerous countries, including Qatar, with the predominant workforce being comprised of multiple nationalities.^[7] Almutairi et al.^[2] states that to acclimatize to a culture much different than one's own, people must achieve some measure of critical awareness. They further state that to achieve this, one must be cognizant of perceived power imbalances that may be caused by "racialization, class, gender, poverty, language and culture"^[2] (p. 317). Qatar, due to its wealth and evolving infrastructure, employs individuals from all over the world. It is unique in that it provides employment to people from countries who would otherwise not have the opportunities Qatar affords. Healthcare providers must have a sense of critical awareness as they embark on cultures unlike their own. They must not be judgemental and understand that there are social factors that can influence relationships and interactions in healthcare environments.

When one of the authors first arrived in Qatar, she noticed that some people namely, the Nepalese, were always very stoic. Upon further reflection however, what was perceived to be stoicism, was in fact how people are greeted in Nepalese culture. Almutairi et al.^[2] states that to achieve critical awareness, one must be self-aware to realize behaviours and norms that are atypical to his or her own cultural context and should not be misconstrued as abnormal. To achieve critical awareness in becoming culturally acclimated to a specific place, whether it is to work in healthcare or becoming a resident, one must remember that cross-cultural interactions are as diverse as the culture and the country from where they originated.

3. CRITICAL KNOWLEDGE

"When I started my first day of clinical instructing in the hospital in Doha, I had no idea how similar, yet different, a hospital and the care provided to patients could be. Ultimately, the aims were the same- we were there to teach students how to become the most competent, safe, professional nurses as possible yet the way that these outcomes were achieved, seemed different."

"How was I going to teach my third-year nursing students how to nurse patients who did not speak English or Arabic? Or how could I teach them to appreciate patient equality and ethical nursing when the male students did not care for a female patient or Qatari patients were taken care of primarily by Qatari students?"

Almutairi et al.^[2] describe critical knowledge as the second of four essential components that comprise critical cultural competence. For the newly transitioned nurse to practice in Qatar, he/she must not only understand the concept of culture, but also be fully aware of his or her own values and beliefs. Such a high level of self-awareness requires the nurse to understand the influence and effects of their own views on what shapes their culture and how this, in turn, will affect and shape the patient's recovery in hospital. Almutairi et al.^[2] recognize that critical knowledge also requires the nurse to identify the dangers of relying on a static view of culture. Nurses transitioning to Qatar should be aware of culture as a fluid and dynamic process; that individual cultural beliefs need to be constantly re-evaluated and reflected upon. Knowledge about customs, mores, beliefs, values, practices, food/eating, family structure, religion, gender roles is imperative to providing culturally safe care. This will help the nurse to dispel preconceived notions or prejudicial assumptions of a patient based on his/her previous conceptions of what that patient's culture might be. Instead, the nurse should treat each patient as an individual and utilize critical knowledge about effective communication strategies to provide safe, competent, holistic, individualized, and culturally competent nursing care.

In Qatar, it is imperative to recognize that gender and class play a significant role in the culture. As nurses, we must understand these views may differ from our values, practices, and beliefs. Therefore, we rely on our critical knowledge as part of becoming culturally competent. The preservation of Qatari culture and tradition is a constant balancing act with the fast-paced modernization and with Qatar's National Development Strategy (2030),^[8] which aims to increase the well-being of all Qatari citizens, to provide the best education, health care, social protection, and employment opportunities to its people. The nurse transitioning to Qatar should utilize this critical knowledge when providing health care to patients and when educating a new and diverse student population. Thus, making the transition to an unfamiliar country and culture more fluid.

4. CRITICAL SKILLS

"We (a small sample of faculty of nursing) just got off the plane at the Hamad International Airport Qatar, Doha after a long flight from Canada. It is 48 degrees Celsius, and

cloudy, due to the sand circling around us. We see many people from various cultures, as we pick up our luggage and leave the airport. We are now on Qatar soil. We are wondering about the history, politics, and economics of this country and how they will impact the healthcare we provide. We are cognizant that critical skills are required to be culturally competent and culturally safe here. Everything is all so foreign; so unfamiliar; but how exciting!”

Critical skills, is the behavioural domain and the third component of Almutairi et al.'s^[2] Critical Cultural Competence model. Critical skills are essential during the process of establishing clinical encounters, negotiating meanings, and making ethical decisions, particularly when meeting diverse cultural needs. Healthcare providers must develop skills and knowledge to create culturally safe spaces to negotiate and establish cultural meanings to provide culturally competent and ethical care. Culturally competent care considers “people’s experiences of racism, discrimination and marginalization and the ways those experiences shape health, life opportunities, access to health care, and quality of life” (p. 5).^[9] Healthcare providers who have culturally competent skills can alter nursing care through the accommodation of diverse beliefs, values, and expectations in care. Healthcare providers who use a cultural safety lens in their practice not only unpack and critically analyze their own biases, assumptions, and beliefs, but also shape the way they interpret healthcare interactions and ascribe meaning when providing care in multicultural healthcare environments.^[2] By analyzing healthcare practices, policies and environments, and critically examining historical, political and economic contexts, an understanding of privilege, power, and inequities in healthcare relationships, access and outcomes can be understood for any culture.^[10] Almutairi^[11] further proposed that healthcare providers’ and patients’ cultural and linguistic diversities influence both groups’ psychological, emotional, spiritual, physical, and cultural safety. Healthcare providers should develop a capacity to use communication skills and appropriate body language in cross-cultural interactions. For example, it is important to use touch and maintaining eye contact appropriately when communicating with patient’s not the same gender or culture as the nurse providing care. Thus, it is imperative that healthcare providers be cognizant of their verbal and non-verbal communication and use body language appropriately to develop trusting relationships in multicultural healthcare environments.

“I realize that my education and skills are helpful to assist in educating nurses in this country, so that healthcare in Qatar is continually progressing, as per the National Health Strategy. Then, eventually they will require fewer expats to educate Qataris to develop the expertise and skills they

need.”

Qatarization is a strategy to produce more educated Qataris and to develop a national workforce, so that there will not be a reliance on non-Qataris who currently fill most of the jobs and are most of the population.^[12] In keeping with the Qatar National Vision 2030, Qatarization focuses on positions that are integral to the Qatari business plans in private and public sectors, while employing fifty percent or more Qatari citizens.^[8] Yet, there continues to be a need for expats to work and learn with Qataris in various nursing positions, including healthcare management and leadership positions. It is therefore imperative, that expats understand and have the knowledge to set realistic goals and expectations for themselves, and the Qatari healthcare providers they are working with and learning alongside. It is also essential for expat healthcare providers to develop clarity about the critical skills required to negotiate and establish an ethical and cultural approach to care.

5. CRITICAL EMPOWERMENT

“From the regular track four-year program nursing students, to the post-diploma two-year nursing students, to the patients of all educational levels and backgrounds—there was endless variation and diversity. Some of the students came to the nursing program straight out of high school, while some of the students were twice my age. They represented over 50 different countries with different languages with various expectations. I couldn’t even begin to imagine their educational backgrounds. . .”

Critical empowerment is the fourth component of Almutairi et al.'s^[2] Critical Cultural Competence model, and is discussed as an affective domain, within is the importance for healthcare providers to be able to enact their individual agency. This concept moves past recognition of cultural differences and considers how newly transitioning healthcare providers in Qatar can achieve confidence, uphold individual values, and work with feelings of autonomy in the new environment.^[13,14] Furthermore, it requires the perception of power imbalance that may exist due to educational or cultural differences. Having insight into the existence of such imbalances can reduce potential feelings of vulnerability in both students and patients.^[15] Such insight into cultural nuances and customs is needed to promote positive learning and healing environments when healthcare providers encounter patients of varying backgrounds.

In Qatar, it is important to understand that differences in education contribute to the structural system within the culture. As healthcare providers that are new to the country, it may feel natural to wish to promote mutual respect between peers

within a workplace or classroom, despite potential gaps between ‘classes’ of people. Hoover^[16] who spent three years working in a hospital in Qatar, noticed these differences within her hospital team of nurses and doctors, she produced educational workshops for the nurses to promote knowledge and feelings of empowerment among them. Her aim was to create a team that worked well together with collegiality. Hoover’s efforts were rewarded with signs of mutual respect within the team. Increasing the educational knowledge-base of all healthcare team members has the potential to increase overall empowerment and promote collaboration between professionals.^[17] Creating more respectful environments within classrooms and workplace encourages collegiality and value for others, despite the variation in cultural backgrounds of individuals.

6. CONCLUSION

The authors agree the Camphine and Bacote^[1] Cultural Competence model laid the foundation for the framework of Almutairi et al.’s^[2] cultural competence model. After reflecting on their rich experiences working in Qatar, the authors agreed that Almutairi et al.’s Critical Cultural Competence model draws on a more comprehensive approach and is a better fit for healthcare providers transitioning to this region. Using the Almutairi et al. model aided in a theoretical approach to transitioning to work in Qatar, because of its comprehensive approach to understanding culture and cultural diversity in nursing practice environments. The Almutairi et al. model requires healthcare providers to understand the fluidity of culture to mitigate rigid views about the culture(s) to whom they are providing care. The Almutairi et al. model provided a framework for developing critical knowledge, awareness, skills, and empowerment for the transitioning health care provider. Since Qatar is a culturally rich and diverse country with many opportunities for nurses and other healthcare

professionals, implementing components of the Almutairi et al.’s Critical Cultural Competence model will facilitate transitioning to a new and exciting healthcare environment.

Upon reflection, the authors make the following recommendations for healthcare providers (HCP) relocating and transitioning to Qatar:

- (1) HCP should understand and value that the culture in Qatar is not static;
- (2) HCP should recognize sociocultural differences, and individual beliefs and values when providing care in Qatar;
- (3) HCP must be able to create spaces for negotiation when providing care to clients in Qatar, so to individualize procedures and care;
- (4) HCP must be able to alter their care to accommodate traditions, beliefs, and values in Qatar;
- (5) HCP need to self-reflect on a regular basis about their assumptions about clients and HCP from diverse cultures in Qatar;
- (6) HCP must be knowledgeable about the requirements for working in and orientating to healthcare provider positions, including management and leadership positions;
- (7) HCP must anticipate and address communication challenges to provide culturally safe care in Qatar;
- (8) HCPs must understand learning needs and educational differences, when transitioning to work in Qatar;
- (9) Almutairi et al.’s Critical Cultural Competence Model for Healthcare Providers will aid in transitioning to work in Middle East.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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