

# Interculturality in the formation of health students: A Colombian experience

Interculturalidad en la formación de estudiantes de salud: Una experiencia en Colombia

Interculturalidade na formação de estudantes de saúde: uma experiência na Colômbia

Interculturalité dans la formation des étudiants en santé: Une expérience colombienne

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## ORIGINAL ARTICLE

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## Abstract

**Objective:** The purpose of this study was the evaluation of an inter-cultural competence training program among first and sixth semester medical students at a university in Colombia.

**Materials and methods:** This study utilized a quasi-experimental research design to evaluate an intercultural training program among 100 first and sixth semester medical students. Data were collected using the Intercultural Competency Scale and were analyzed using Wilcoxon Signal Range Test for related samples in SPSS version 21.

**Results:** Significant differences were found in the areas of developing cultural sensitivity as well as developing understanding and respect for differences and diversity among first and six semester students in the experimental group

**Conclusions:** Findings suggest a strong need to incorporate intercultural training into the educational experience of medical students.

**Key words:** Interculturality; Students; Competences; Health.

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## Resumen

**Objetivo:** El objetivo de este estudio es evaluar un programa de capacitación en competencias interculturales entre estudiantes de medicina de primer y sexto semestre en una universidad de Colombia.

**Materiales y métodos:** Este estudio utilizó un método de investigación cuasi-experimental para evaluar un programa de capacitación intercultural entre 100 estudiantes de primer y sexto semestre de medicina. Los datos se recolectaron utilizando la Escala de Competencia Intercultural y se analizaron utilizando la Prueba de Rango de Señales de Wilcoxon para muestras relacionadas en SPSS versión 21.

**Resultados:** Se encontraron diferencias significativas en las áreas de desarrollo de la sensibilidad cultural, así como en el desarrollo de la comprensión y el respeto por las diferencias y la diversidad entre los estudiantes de primer y sexto semestre en el grupo experimental.

**Conclusiones:** Los hallazgos sugieren una fuerte necesidad de incorporar el entrenamiento intercultural en la experiencia educativa de los estudiantes de medicina.

**Palabras clave:** Interculturalidad; Estudiantes; Competencia; Salud

## Resumo

**Objetivo:** O objetivo deste estudo é avaliar um programa de formação sobre competências interculturais de estudantes de medicina do primeiro e sexto semestre numa universidade na Colômbia.

**Materiais e métodos:** Este estudo utilizou um método quase-experimental de pesquisa para avaliar um programa de formação intercultural entre os 100 caloiros e do sexto semestre de Medicina. Os dados foram recolhidos utilizando a Escala de Competência Intercultural e foram analisados utilizando o Teste de Sinal de Wilcoxon para amostras em SPSS 21.

**Resultados:** Foram encontradas diferenças significativas nas áreas de desenvolvimento da sensibilidade cultural, bem como o desenvolvimento da compreensão e respeito pelas diferenças e diversidade entre estudantes caloiros e de sexto semestre do grupo experimental.

**Conclusões:** Os resultados sugerem a necessidade de incorporar a formação em experiência educacional intercultural na formação de estudantes de Medicina.

**Palavras-chave:** Multiculturalismo; Estudantes; Competências; Saúde.

## Résumé

**Objectif:** L'objectif de cette étude est d'évaluer un programme de formation en compétences interculturelles parmi les étudiants en médecine de premier et sixième semestre d'une université colombienne.

**Matériel et méthodes:** Une méthode de recherche quasi-expérimentale a été utilisée pour évaluer un programme de formation interculturelle avec 100 étudiants de premier et sixième semestre de médecine. Les données ont été recueillies à l'aide de l'Échelle de Compétence Interculturelle et analysées à l'aide du test de rangs signés de Wilcoxon pour échantillons appariés avec la version SPSS 21..

**Résultats:** Des différences significatives dans les domaines du développement de la sensibilité culturelle ont été trouvées, ainsi que dans le développement de la compréhension et le respect des différences et de la diversité entre les étudiants du premier et du sixième semestre du groupe expérimental.

**Conclusions:** Les résultats suggèrent l'importante nécessité d'intégrer l'entraînement interculturel dans l'expérience éducative interculturelle des étudiants en médecine.

**Mots-clés:** Interculturalité; Etudiants; Compétence; Santé

## Introduction

Today's healthcare professionals provide services to diverse populations whose cultures, languages, and experiences must be taken into account in order to assure compliance with medical treatments. Moreover, the literature suggests medical professionals are often ill-prepared to deal with cultural diversity among their patients, providing a clear call for the incorporation of intercultural training to medical school curricula<sup>(1-3)</sup>.

Given the increasing diversity in the patient population, it is vital for medical professionals to address the needs of individuals in a culturally competent manner. The professional literature provides ample evidence for the need to incorporate culture as we work within and across groups in order to improve human relations, reduce intolerance, promote greater inclusion, and takes culture into account in the delivery of health care services<sup>(3-4)</sup>.

Culture is a theoretical abstraction based on the beliefs, behavior, and practice of people and is defined as dynamic interactions, set of beliefs, knowledge, values and behaviors learned and transmitted between people through language and their life in society. In that context, culture is understood as a dynamic process that is acquired, transformed and reproduced through continuous learning and socialization<sup>(5-6)</sup>.

Culture, like language, is a place of expression and interaction between oneself and the other<sup>(7)</sup> and it dictates behaviors in different settings including health related decisions. It is for this reason that understanding the nature of culture requires the understanding of related concepts such as multiculturalism, interculturality and intercultural competence that are important in educational systems.

*Multiculturalism* refers to the diversity of cultures that exist within a certain geographic region regardless of their relationships. This concept can also be understood as a collection of singular cultures often with often juxtaposed social organizations and can be defined as the presence in a territory of different cultures that are limited to coexist. By definition multiculturalism is a static concept that leads to a situation of segregation and denial of coexistence and social transformation due to the adoption of paternalistic positions towards present cultural minorities<sup>(8-9)</sup>.

The related concept of *pluriculturalidad* refers to several cultures coexisting in a territorial space coming together to create a national totality<sup>(9-11)</sup>. A fundamental characteristic of pluriculturalidad is its emphasis on the differences between and within cultures. Cultural pluralism is fundamental in all democratic societies because it emphasizes intercultural

equality especially as it relates to the delivery of health care services.

The more expansive term of *interculturality* helps us grow, promote and maintain bioethical principles that involve actions to maintain autonomy and beneficence since it helps us understand that there should not be any hierarchies among individuals and groups. Intercultural competences are considered to be cognitive, affective and practical skills needed to function effectively in an intercultural environment. They should be promoted to create an educational climate where people feel accepted and supported by their own skills and input and to allow effective and fair interaction between all members of the group. The dimensions of intercultural competence revolve around knowledge, skills or attitudes which must be possessed by the pedagogue, complemented by the values that are part of a society<sup>(12)</sup>.

In relation to interculturality the literature suggests that there are three stages:

1. Decentralization or the perspective in which we move away from ourselves through self-reflection, for example working in the classroom with elements of critical thinking is a pedagogically necessary strategy given that the empathic orientation in medical students require important inputs to promote it.
2. Penetration or the process of empathy development by leaving one's point of view and developing an understanding the reality from another person's perspective.
3. Negotiation which refers to the symbiosis or the understanding and experiences necessary to avoid confrontation between different cultures.

Some authors suggest that in addition to the three concepts described above, there must be reciprocity, good will and horizontality for the establishment of safe harbors where negotiations can take place and where parties are assured respect. The application of the concepts of multiculturalism, pluriculturalidad, and interculturality invariably result in improving the health status of populations as health care providers are able to not only improve provider-patient communication, but also improve health outcomes from improve patient compliance.

The exploration of interculturality in health requires commitment from all aspects of society and it could be argued that it should be an integral part of the training of medical students<sup>(13-15)</sup>. This training would not only generate increased sensitivity and awareness of the differences with and between their patients, but also would allow future medical providers to develop as individuals and gain a better recognition of themselves and the other

with a critical stance and the ability to engage in productive and open dialogue. Better health outcomes are but one expected outcome from better patient-doctor interactions as a result of intercultural sensitivity.

The classroom is a time of important interactions that merit intercultural work and where students become aware of the plurality of patient origins and how those differences require respect for diversity. The classroom is also a venue to explore the negative results of ignorance or under value of people's cultural experiences and expressions. Scientifically sound educational experiences assist in the development of capacities related to intercultural dialogue and the removal of cultural blinders which may result in discrimination<sup>(16)</sup>. The purpose of this study was to evaluate an inter-cultural competence training program among first and sixth semester medical students at a university in Colombia.

## Materials and methods

The Intercultural Experience in the Classroom program (IEC) was implemented in two classes taken by first and sixth semester medical students at the Universidad del Norte in Barranquilla, Colombia. The program was implemented in the "Family, Society and Health" class taken by first semester students and in the "Family Medicine Rotations" class taken by sixth semester students.

The steps for intervention in the subjects were as follows:

1. Agreement of teachers of the area of family medicine, public health.
2. Agreements on the type of study and the pedagogical methodology to be used. It was decided to work in areas related to critical thinking incorporating universal questions related to the purpose of the promotion of interculturality, its assumptions, its implications, and their arguments in today's society.
3. Obtain Support from the CEDU (Center for Teaching Excellence of the University, since most of the researchers had participated in a CAD (Teaching Learning Community) whose special topic was related to the promotion of work by cultural differences in the classroom.
4. Development of critical thinking guides related to intercultural training including question such as: What is culture? Why should cultural elements be considered in health? Is there a relationship between family, society and culture? How do cultural differences relate to the social determinants of health, equity and inequality? (see Appendix A).

5. Planning of dynamics related to curricular contents that allow to explore the perceptions that have the sixth semester students, about the way in which the culture of their patients influences the behaviors related to the health and in the health-disease process.

6. Planning activities related to raising awareness of self-recognition and of the other.

7. Feedback activities with students about the intercultural elements found in classroom discussions.

### *Program Implementation*

Two classes were selected for first year students and two classes were selected for six year students, one class was assigned to the control group and one class was assigned to the experimental group in each of the grade levels.

Students in the control group received the regular classroom topics without any special mention of cultural issues. Students in the experimental group, participated in activities related to the recognition of their culture and that of their families as part of the intercultural training. The trainings consisted of dialogue and interaction with their peers and with guides based on the principles of critical thinking (see Appendix A). In addition, videos and introspective peer discussions leading to the creation of drawings that showed their representations about Colombian families were utilized.

A pre-post test (Appendix B) using the "Survey for the analysis of intercultural competences of higher education students" (16) was used to measure the level of development of the intercultural competence of higher education students. This instrument consists of 23 questions, the first 17 questions are focused on the first competence "Intercultural Efficacy" and the last 6 questions are focused on the competence "Respect and understanding of the differences and the diversity". The instrument has been used in assessing intercultural issues among college students in the region.

## Results

Quantitative data were analyzed using the Wilcoxon rank test for related samples for the analysis of median differences. Over 97% of the students were Colombian, mostly from the Atlantic region, and the remaining students were from the US and Brazil.

Significant differences were found in the first semester experimental group when comparing their pre- and post-test results, no such differences were observed in the control group (see Table 1). Students in the experimental

group reported higher level of intercultural understanding and empathy at the end of their training.

Significant differences were found in the sixth semester experimental group when comparing their pre- and post-test results, no such differences were observed in the control group (see Table 2). Students in the experimental group reported higher level of intercultural understanding and empathy at the end of their training.

## Discussion

Results from this study show that the intervention resulted in positive changes in student attitudes toward interculturality. Results also suggest that the intervention was successful in increasing intercultural sensitivity, empathy and recognition of cultural values and resulted in the first acknowledgment of prejudices held by some program participants, which were also transformed into higher levels of respect of others, increased tolerance and coexistence, and values the lessons they can learn from people from diverse backgrounds.

Results from the study support the notion that intercultural training is not only necessary at the individual level, but that the intercultural dynamics that are institutionalized in the universities should incorporate activities that start from the cultural sensibility to the development of projects designed to create intercultural competences among future health professionals<sup>(17)</sup>.

In addition results from this study suggest certain weaknesses manifested in the form of stereotypes which are exacerbated by the lack of communication among members of diverse groups. Further work, however, is necessary to expand the dialogue related to these topics in the classroom and in to institutionalize curriculum changes designed to address attitudes, values and norms that promote intercultural.

## Conclusion

Multiculturalism, pulticrurality, and interculturality are part of an ever changing paradigms facing current and future health care professionals. Given its more expansive definition, this training focused on the latest concept and its inclusion in medical education. Activities in this program were designed to promote interculturality and promoted the understanding of the self as well as the other especially as it related to the health-disease process. This process is vital since the Colombia Comprehensive Health Model (MIAS), proposes respect for cultural differences and establishes cultural competence as a priority for healthcare professionals, this experience demonstrates that one way to address this mandate could include cultural sensitivity training of medical students. By better preparing their students to address the needs of diverse populations, educational institutions would show their commitment to international declarations establishing interculturality is a priority and assure better health outcomes.

**Table 1.** Findings from Experimental and Control Group 1 Semester Students

| Grupo experimental* | Percentiles | Before | After | Grupo control | Percentiles | Before | After |
|---------------------|-------------|--------|-------|---------------|-------------|--------|-------|
|                     | P25         | 2,78   | 2,82  |               | P25         | 2,65   | 2,82  |
|                     | P50         | 3,00   | 3,13  |               | P50         | 2,91   | 2,95  |
|                     | P75         | 3,21   | 3,34  |               | P75         | 3,17   | 3,26  |

Source: Authors

\* Wilconson 0.016  $p < .05$

**Table 2.** Findings from Experimental and Control Group Sixth Semester Students

| Grupo experimental* | Percentiles | Before | After | Grupo control | Percentiles | Before | After |
|---------------------|-------------|--------|-------|---------------|-------------|--------|-------|
|                     | 25          | 2.73   | 3.21  |               | 25          | 3.13   | 3.13  |
|                     | 50          | 2.86   | 3.39  |               | 50          | 3.34   | 3.32  |
|                     | 75          | 3.13   | 3.47  |               | 75          | 3.47   | 3.55  |

Source: Authors

\* Wilconson 0.002  $p < .05$

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## Appendix A

### Guide related to human being and health

1. As a team, reflect and discuss what we mean by the Self, the other, and us (social interactions)
2. Reflect on the process of understanding the other's postures at the time of the discussion (listening and perceptual acuity)
3. As a team choose an educational aid proposed by the teacher in relation to "Interculturality" is asked to reflect on the controversy and cultural elements, identify trends and stereotypes, identify implicit assumptions (Personal recognition and the historical and cultural subject environment, construction and Reconstruction of knowledge, permanent questioning)

4. What are the implications of recognizing cultural diversity in the health-disease process in relation to families? (Social Determinants of Health)

5. Check the video "Together we do more" How does the content of the video relate to the health-disease process (inequalities and exclusion, fair valuation) (<https://www.youtube.com/watch?v=q2S15k1DM9A&t=26s>)

## Appendix B

| <i>Competence I: Developing cultural sensitivity</i>                          |  |   |
|---|--|---|
| Dimension   | Questions  | Scale<br>1=None<br>2=Some<br>3=A lot<br>4=Mucho |
| <b>Attitudes and Beliefs</b>  |  |   |
| I1. Increased understanding of one's culture                                  | 1. I can identify the culture to which I belong and the <u>meaning of belonging to it.</u>   |   |
|   | 2. I can identify the beliefs and attitudes of the other cultures to which I have assimilated.   |   |
|   | 3. I am able to appreciate the positive aspects of my own cultural heritage and recognize that they help me understand cultural differences. |   |
|   | 4. I consider it necessary to know the cultural heritage and be sensitive to it.   |   |
| I2. Become aware of the validity of cultural visions different from your own. | 5. I can identify the attitudes, beliefs and values that demonstrate my respect and appreciation for other cultures.                         |   |
|   | 6. I can identify attitudes, beliefs and values that prevent me from respecting or valuing other cultures.                                   |   |
|   | 7. I commit to correct attitudes and beliefs that do not allow me to respect or value the differences of other ethnic and cultural groups.   |   |
| Knowledge   |  |   |

|   |   |  |
|---|---|--|
| 13. Demonstrate knowledge of characteristics and behaviors used in different cultures.                        | 8. I have knowledge about my cultural heritage, for example, I know the ethnicity, language and history of my ancestors.  |  |
|   | 9. I can identify at least 5 characteristics of my culture and explain how they affect my relationship with people in my own culture, as in other cultures.     |  |
|   | 10. I can identify points in common with other cultures that help me to respect and value them.   |  |
| 14. Identify communication patterns and behaviors that lead to discrimination.                                | 11. I can describe a situation in which I have offended someone for one of these causes: racism, prejudice, discrimination and stereotypes.                     |  |
|   | 12. When interacting with people from other cultures, I try to know everything I can about them to avoid behaviors that cause discrimination.                   |  |
|   | 13. When I interact with people from other cultures, I can recognize behaviors that provoke discrimination.   |  |
| <b>Behaviors</b>  |   |  |
| 15. Acquire skills to maintain effective intercultural relationships.   | 14. Acquire skills to maintain effective intercultural relationships.   |  |
|   | 15. By recognizing my boundaries, I seek and participate in activities that help me to improve and maintain effective intercultural relationships.              |  |
| 16. Demonstrate adaptability and confidence in addressing issues of inequality, prejudice and abuse of power. | 16. I can relate to people from different cultural backgrounds and maintain a dialogue about cultural differences and preferences.                              |  |
|   | 17. I maintain good relationships with individuals other than my cultural group and engage in a dialogue that feedback my behavior on issues related to racism. |  |
| <b>Competency II. Developing understanding and respect for differences and diversity</b>                      |   |  |
| <b>Attitudes and Beliefs</b>  |   |  |
| 17. Become aware of the diversity that characterizes individuals and groups                                   | 18. I acknowledge that I have stereotypes (pre-established ideas) about some people who are different from my cultural group.                                   |  |
|   | 19. I can give examples of how my stereotypes (pre-established ideas) can affect my relationship with other people.   |  |
| <b>Knowledge</b>  |   |  |
| 18. Analyze personal values regarding racism, prejudice, stereotypes and discrimination                       | 20. I can provide a definition of what it means: racism, prejudice, discrimination and stereotypes.   |  |
|   | 21. I can identify the relationship of concepts such as oppression, racism, prejudice, stereotypes and discrimination.  |  |
| 19. Develop and incorporate understanding of stereotypes and their impact on one's own behavior.              | 22. I can give an example of positive or negative emotional reactions to other cultural groups and how they have influenced my behavior.                        |  |
|   | 23. I can describe a situation in which I have offended someone for some of these causes (racism, prejudice, discrimination or stereotype).                     |  |

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