Fostering an ethos of cultural humility development in nurturing inclusiveness and effective intercultural team working

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Abstract

Aim: To discuss the importance of fostering an ethos of cultural humility development in cultivating inclusiveness and effective intercultural team working.

Background: Widening cultural and ethnic diversity of the health care workforce enriches the working environment and encourages a broader perspective on health care services and delivery. However, the intricacies of learning to work effectively within intercultural health care teams and adapting to new ways of working are often under estimated and thus overlooked.

Evaluation: In adopting a framework for cultural humility development (Hughees et al., 2020, 10.1016/j.profnurs.2019.06.005), this paper proposes some practical suggestions for nurturing intrapersonal, interpersonal and system level cultural humility simultaneously.

Key Issues: Fostering an ethos of cultural humility development within the workplace can support inclusiveness and better intercultural team working relationships. Nurses need support in developing awareness of their own cultural beliefs, whilst examining perceptions of cultural difference.

Conclusion: Examining cultural factors that influence intercultural working relationships will help in identifying structures, supports and approaches required for integration and inclusiveness.

Implications for Nursing Management: Nurturing ways of supporting interpersonal, intrapersonal and systems levels cultural humility development inspires the self-awareness, openness and respect for cultural difference required. Developing culturally responsive leadership styles and prioritizing their own cultural humility development is critical.
1 INTRODUCTION

Health care organizations must proactively respond to the growing impact of globalization and the evolving demographics of both patients and staff. Changing migration patterns and a reliance on international staff recruitment has resulted in a broadening of cultural and ethnic diversity among the health care workforce (Xu et al., 2020). One in six health care workers in the United States (Yash et al., 2018) and up to 25% of health care professionals in Europe (Williams et al., 2020) are from migrant backgrounds. Cultural diversity of the workforce provides a rich tapestry of cultures and identities for intercultural interaction, influencing a globalized approach to health care delivery. Nurse managers have a critical role in cultivating inclusiveness and supporting intercultural team working, but the intricacies of this are often underestimated and overlooked (Chen et al., 2020). The complexities with navigating the diversity of cultural norms, variations in professional preparedness and differing clinical practice experiences in an expanding culturally diverse workforce require focussed planning. Specifically, the challenges with managing own cultural identities whilst forming intercultural relations (Byrne et al., 2019), understanding work related differences (Montayre et al., 2017) and unaddressed ethnocentric ideologies (O’Brien et al., 2019) warrant consideration. Fostering an ethos of cultural humility within the team that transcends all-encompassing intercultural interactions is proposed as one approach that encourages inclusiveness and intercultural working.

The concept of cultural humility, which emerged 30 years ago, is often compared alongside the concept of cultural competence. Despite wide debates on the area, both concepts encourage self-reflection and challenge the institutions and systems in which we live and work to fight inequalities and respect human rights (Greene-Moton & Minkler, 2020). Cultural humility is described as a life-long process of developing self-awareness, openness, respect for cultural difference and examining power imbalances (Tervalon & Murray-Garcia, 1998). It can provide mutual empowerment, empathy, respect and partnerships during cross-cultural team interactions (Foronda et al., 2016). In this way, it addresses some of the critics of the concept of cultural competence, as it de-emphasizes the need for cultural specific knowledge that some argue re-enforces stereotypes and fuels cultural misunderstandings (Campesino, 2008). Nurse managers need to consider ways of nurturing cultural humility in promoting cultural awareness, openness and mutual understanding of cultural difference, as a means of supporting effective intercultural working. In adopting a framework for cultural humility development proposed by Hughes et al. (2020), this paper proposes some practical suggestions for supporting cultural humility development, as a means of promoting inclusiveness and better intercultural working relationships. Hughes et al. (2020) propose the importance of comprehensively integrating approaches that nurture intrapersonal, interpersonal and system-level cultural humility.

2 NURTURING INTRAPERSONAL CULTURAL HUMILITY DEVELOPMENT

Self-reflexivity of cultural beliefs that inform attitudes and behaviours during cross-cultural encounters is critical for developing intrapersonal cultural humility (Hughes et al., 2020). Supporting the development of cultural awareness, with specific attention to uncovering implicit biases, is a critical component of intrapersonal cultural humility growth. Implicit biases are deeply engrained learned stereotypes about people from diverse cultural and ethnic backgrounds that are often subconsciously developed (Fitzgerald & Hurst, 2017). Although they often occur outside of our conscious awareness, they can manifest in different ways, often go unnoticed and can result in destructive conceptualisations of cultural difference. The growing reports of implicit bias among health care professionals are cause for concern (Fitzgerald & Hurst, 2017; Sprik & Gentile, 2020). However, nurse managers also need to critically review potential biases within their own selves (Robinson et al., 2021). Remaining vigilant for implicit biases that can result in overt or covert discriminatory behaviours within the team is important. Providing opportunities for nurses to stop and think how stereotypes can inform attitudes and behaviours during cross cultural encounters is critical. Intrapersonal cultural humility development requires leadership buy-in and the nurturing of self-questioning behaviour in a safe space where nurses feel comfortable to express their own opinions (Sprik & Gentile, 2020). Taking time to clarify and discuss expectations for intercultural working and the role everybody plays in negotiating respectful working relationships is a good starting point.

Nurses need to develop awareness of their own cultural beliefs whilst developing awareness of cultural factors that influence intercultural working relationships (Markey et al., 2020). Communicating effectively within the intercultural team is critical for effective team working and the delivery of quality and safe patient care. Prompting nurses to reflect on their own communication style, language and how they are affected by culture, whilst being mindful of differences in communication styles, can help with this. Organizing mandatory cultural awareness training provides the foundations for understanding personal cultural beliefs, whilst examining potential stereotypes (Shepherd et al., 2019). However, considering ways of nurturing cultural awareness development in day-to-day practice is essential. Providing opportunities for cross-cultural interactions within the working day are perceived as a source for increasing cultural awareness.

KEYWORDS
cultural humility, culturally diverse health care teams, inclusiveness, integration, intercultural working
Facilitating respectful discussions and providing opportunities to debrief about intercultural working experiences before the end of the shift in a supportive environment is critical. The debriefing sessions can be focused in a way that encourages staff to critically examine factors that influenced approaches to intercultural interactions. Therefore, the culturally sensitive facilitation skills of the nurse manager are paramount in discussing ideas and differing perspectives of intercultural working relationships (Chen et al., 2020).

Developing interpersonal cultural humility involves critically reviewing perceptions of cultural difference and encouraging openness and respect during intercultural encounters (Hughes et al., 2020). Narrow conceptualisations of cultural difference can result in misunderstandings, cultural conflicts and damaging cross-cultural encounters (Kailhanen et al., 2019). Nurses need support in critically reviewing perceptions of cultural difference and approaches to ‘othering’ that often go un-noticed, as a means of creating mutually respectful working environments. ‘Othering’ involves classifying people into categories as a result of over-focussing on cultural differences and encompasses a ‘them’ and ‘us’ way of thinking, which ultimately contributes to exclusionary behaviours (Johnson et al., 2004). Nurse managers need to consider strategies that replace ‘othering’ with ‘togetherness’ as a means of supporting integration and positive intercultural working relationships. However, the challenges with forming cross-cultural professional relationships are acknowledged (Byrne et al., 2019; Eriksson et al., 2018; Wesołowska et al., 2018). Munkejord (2019) remind nurse managers of the importance of implementing diversity sensitive measures as a means of fostering connection and cooperation within the culturally diverse team. However, this requires the development of inclusive leadership skills (Wang et al., 2019) and cultural mediator abilities (Murray & McConachy, 2018). Planning team building activities and regular team meetings that provide opportunities to explore similarities of beliefs and values can help form personal and professional connections. Mentorship and ‘buddy’ programmes also support the nurturing of professional relationships (McCann et al., 2013), and structuring this in a way where staff from different cultures are paired together is recommended.

Recent systematic reviews examining the transitioning experiences of culturally diverse health care professionals highlight the complexities of adapting to differences in work processes, responsibilities and roles (Mikkonen et al., 2016; Montayre et al., 2017). Planning orientation programmes and other supports in helping to overcome such transitioning challenges is a necessity. However, planning structures and supports that cultivate integration, inclusiveness and respect for cultural difference as a means of nurturing effective intercultural working relationships is also essential. This requires culturally responsive managers who can support integration and sensitively plan supports and structures that meet the individual and collective needs of all staff. It also requires observing for and taking measures to prevent incivility within nursing teams (Bagnasco et al., 2018). Perceptions of inferiority and notions of superiority with regard to professional preparedness and clinical practice experiences negatively impact intercultural working relations (Eriksson et al., 2018; O’Brien et al., 2019). Nurse managers need to be mindful of the complexities of intercultural working, whilst remaining vigilant for damaging perceptions of cultural difference that causes conflicts within the working relationship. Reviewing ‘taken for granted’ assumptions and practices, whilst remaining open to differing realities, experiences and perspectives within the intercultural team, is critical. The importance of examining intercultural encounters through a moral reasoning lens (Markey, 2021) and capitalizing on moral emotions (Cook & Brunton, 2017) can support effective collaboration in culturally diverse teams. This requires providing dedicated time for staff to reflect, review and discuss ‘right’ and ‘wrong’ actions and omissions during intercultural working experiences.

Systems-level cultural humility is defined by Hughes et al. (2020) as the health care organizations’ role in promoting inclusive working environments through the collective development of intrapersonal and interpersonal humility. It requires a critical review of the culture of the organization and collective attitudes towards cultural diversity and inclusiveness in the workplace. Robinson et al. (2021) asserts the importance of incorporating the 5 Rs of Cultural Humility (Reflection, Respect, Regard, Relevance, Resiliency) into everyday leadership practices, as a means of ‘leading by example’ and transforming the culture of the organization. An intercultural inclusive working environment is one where cultural diversity is valued, all staff feel included and it is characterized by non-discrimination and equality (Shore et al., 2018). Seeing oneself and others in more inclusive ways (Killick, 2018) and nurturing a culture of inclusion (Marcelin et al., 2019) are pivotal for promoting inclusive working environments. The need to review mission statements, strategic objectives and policies to ensure they advocate for inclusion, integration and inclusiveness is core to this vision. Health care organizations have legal obligations for ensuring equality issues in a wide range of employment and employment-related areas, emphasizing the importance of appraising recruitment and retention strategies. Nurse managers also have an important role in shaping attitudes, practices and behaviours that respect cultural diversity and support inclusive working environments. Supporting cross-cultural empathy (Wesołowska et al., 2018) and cultivating an environment that respects differences across educational, clinical practice and migration backgrounds (Munkejord, 2019) are paramount.

Nurturing a culture that fosters respect for cultural difference, appreciation of differing roles and understanding of diverse backgrounds is critical for effective intercultural working. Nurse managers need to empower staff to share and question differing perspectives in
a non-judgemental way as a means of supporting openness and respect for difference. However, this requires the development of trusting working relationships, where shared understanding of social cohesion and respect for differences are flourished (Xu et al., 2020). Anticipating and resolving cultural misunderstandings that may result in conflicts within the team are critical. This requires the development of culturally responsive leadership skills that value cultural diversity, respond to the needs of staff and challenge cultural and professional boundaries in fostering new ways to work collaboratively. Organizational culture and climate are clearly the concepts that support cultural humility. Leader behaviours also tie into the organization's wellness as they promote cultural values alignment by reducing cultural ambiguity, provider burnout and increasing resiliency (Robinson et al., 2021).

5 | IMPLICATIONS FOR NURSING MANAGEMENT

Nurse managers are challenged with creating inclusive and supportive working environments where cultural diversity is embraced and effective intercultural working relationships are nurtured. Chen et al. (2020) highlight the importance of understanding cultural difference and being able to respond sensitively in different cultural contexts in shaping intercultural teams. Nurse managers need to communicate a clearer message of the importance of valuing cultural diversity and respecting differences, whilst also ensuring that cultural insensitivity will not be tolerated. The importance of lobbying for organizational supports that help integration and build inclusive environments is critical. Nurse managers play a critical role in empowering staff and challenging culturally insensitive behaviours. This not only requires critically reviewing their inclusive leadership skills (Wang et al., 2019) and leadership implicit biases (Robinson et al., 2021) but also requires the development of culturally responsive approaches in everyday management. Prioritizing their own cultural humility development, open-mindedness and flexibility to act appropriately in different cultural contexts is paramount.

6 | CONCLUSION

This paper illuminates the importance of understanding the intricacies of learning to work effectively within intercultural health care teams and proposes cultural humility development as a means of supporting inclusiveness and intercultural working relations.

FUNDING INFORMATION

This is a commentary paper and not part of a funded project.

AUTHOR CONTRIBUTIONS

All authors meet the criteria for authorship as outlined below. All entitled to authorship are listed as authors. No other authors were involved with this paper.

1. JM, MP, EM and HRJ have made substantial contributions to conception and design or acquisition of literature, or analysis and interpretation of literature;
2. KM, MP, EM and HRJ have been involved in drafting the manuscript or revising it critically for important intellectual content;
3. KM, MP, EM and HRJ have given their final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content;
4. KM, MP, EM and HRJ agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

ETHICAL APPROVAL

This is a discussion paper and therefore is not requiring ethical approval.

DATA AVAILABILITY STATEMENT

This is a discussion paper, and no data are presented.

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