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Putting culture in the curriculum: A European project

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ABSTRACT

The purpose of this paper is to describe the rationale for and the method of designing a framework for a European curriculum to promote intercultural competence in health care students. The background relating to the migration of people into and across Europe is cited as the factor driving the need for such a project. The project group emerged from the European organisation known as COHEHRE (Consortium of Higher Education Institutes in Health and Rehabilitation in Europe). Composed of a group of nurse educators from 5 European countries it charts the process which led them to create a curriculum framework. The completed work is available in the form of a CD-ROM. The paper describes the steps taken to reach the project outcomes over 4 years. The methods of dissemination of the project outcomes are included. The discussion considers the journey of the group towards the outcomes of the project and identifies the need to discover how effective the framework is in achieving the aims of the group. In conclusion it articulates the hope that this work will improve the care which is shown to all recipients of health care whatever their cultural background.

Introduction

This paper describes the outcomes of a project undertaken by a group of European health care educators from the Consortium of Institutes of Higher Education in Health and Rehabilitation in Europe (COHEHRE). The consortium was established in 1990 with the support of the European Commission and within the framework of the Erasmus-programme and now in 2012 has 40 member institutes from 16 different countries. One of the goals of the organisation is to further co-operation in educational innovation and research (COHEHRE, 2012). This project represents one of the initiatives of the Consortium and focuses on the inclusion of culture in the curriculum of undergraduate healthcare students. The project group is comprised of 9 educators whose professional background is in nursing. The participants come from 8 institutions in 5 EU countries. The paper will focus on the work of the group over a 4 year period and discuss its outcomes and the means by which these were reached.

Background to the project

There is statistical evidence from the European Union showing the increasing and continuing movement of peoples within and from without Europe. This occurs very often due to social and employment reasons but sometimes is the result of conflict or torture and is reflected in the data from the project participants own countries.

The United Kingdom (UK) population statistics from February 2009 indicate a population of 61.4 million of which 6.5 million belong to an ethnic minority group (Office for National Statistics, 2009a). Government statistics show that there has been a steady increase in net migration to the UK, including an increase of foreign nationals returning to the UK (Office for National Statistics, 2009b). Finland has a total population of 5.3 million of which 2.9% (155,700) are immigrants. The majority of these are from Russia, Estonia and

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Sweden but also include refugees from Somalia, former Yugoslavia and Iraq (Ministry of the Interior, 2011; The Finnish Migration Services, 2011). Sweden has a history of the migration of people fleeing persecution, although the largest group of migrants are Finnish people constituting around 14.3% of the total population of 9.4 million (Swedish Migration Statistics, 2011). Similarly, Denmark also has an immigrant population with approximately 9.8% of the total population being categorised as such. The largest groups are from Turkish, German and Iraqi backgrounds (New to Denmark. The official portal for foreigners and integration 2011). In the case of Belgium, Martiniello and Rea (2003, p. 7) describe the country as 'a social and cultural mosaic of identities, a true multicultural society'. 8.8% of the total population is of foreign background, while in Brussels 28.5% of the population is foreign. The largest number of immigrants from within the EU comes from Italy while Morocco represents the non-EU country with the largest number of inhabitants in Belgium.

"An important result of this migration is the growing social and cultural diversity now found in almost every city in the Western World" (Helman, 2007, p. 308). These figures provide some indication of the nature of the situation and underline the need for all health care professionals to be cognisant of the cultural diversity that migrants bring to their new countries. Within the migrant population there will be individuals who have a history of torture, families may have been split up and people may be facing social and cultural isolation. These experiences may well affect their daily social and working lives, but such experiences are even more important in times of ill-health. Moreover, migrants while experiencing poor health levels at the same time may find it difficult to access health services. In the US, but also in Europe, many people are excluded from health services as they are 'undocumented immigrants' despite the recognition that health care is a basic human right (NESRI Media Center, 2010). In such a changing society professionals responsible for health care provision must be aware of the significance of this growing cultural mix. As cultural diversity increases so culturally-based skills become more and more important.

When health care providers lack cultural competence patients may be put at risk. This may lead to delay in treatment or non compliance with health care regimes. This is a form of discrimination as described by Seright (2007, p. 57) in her perspectives of cultural competence in a Rural State. Misunderstandings which frequently occur in encounters with patients from other cultures are often the result of differences in approach between 'the nurse who is coming from a bio-medical perspective to care while the patient's understanding is based on their life-world' (Olt et al., 2010, p. 56).

If we are to deliver care which is culturally sensitive then nurses must be prepared to recognise such a need and develop skills which will facilitate its achievement. Law and Muir (2006, p. 153) comment that cultural skill is often seen as that of 'undertaking a cultural assessment' however Murphy (2011, p. 5) describes the skill set for cultural competence as first and foremost about communication and being flexible. While in her article addressing the 'Importance of Cultural Competence' (2011, p. 2) she indicates that the important skill set needed is "new communication skills to simplify language for any patient regardless of primary language". These of course are skills for which faculty need to develop strategies in curriculum development.

Leask et al. (2008) have made the observation that staff need to have international and intercultural skills and when addressing curriculum development it is necessary to start with considering these. In her publication on Teaching Cultural Competence in Nursing and Health Care Jeffreys (2006, p. 17) states 'Goals of culturally competent health care… can only be achieved by preparing health care professionals to actively engage in the process of cultural competence'.

Project development

It was with this real concern in mind that, when in 2005 the COHEHRE Council set up a project fund of 3000 Euros and asked for proposals from members, a group of like-minded individuals within the organisation who were interested in intercultural education put forward a proposal. The initial aim was to enable the development of national curricula to ensure healthcare practitioners' could provide culturally safe care to their clients. It became the group's intention to give faculty a tool that could be useful when creating their own educational programmes. It was decided that this tool would be a framework for curricular development. The project proposal was accepted.

International working groups such as this can be set up in a variety of ways. Many companies value diversity but find cultural diversity a challenge in a working group, discovering that there is a "false consensus effect where there is a tendency to believe that others see the world more like us than they actually do" (Managing Groups and Teams/Working in International Teams, 2012). In a given project it would be pertinent to select members on the basis of known expertise and reputation but who also represent the variety of cultural mix in European health care education. However in this case there was already operating in the organisation a self-selected group of individuals who simply expressed interest in the subject area.

Outcomes of the project

With the aim of producing a framework for a European curriculum to promote intercultural competence the group set the following outcomes for their work:

1) An outline of present curriculum content and methodology for healthcare professionals in participating institutions
2) An analysis of current literature in relation to culture in the curriculum
3) Agreement of terminology and shared meaning across the countries involved in the project
4) Agreement of expected outcomes of a programme enabling students to provide culturally safe care
5) A framework for providing a curriculum which can be shared by all healthcare professionals in a European perspective
6) Publications in professional journals based on the group's activities, process and outcomes

Progress towards achieving these objectives was identified on an annual basis and this provided guidance for the continued work towards achieving the final goal.

Meeting the project outcomes

The group met twice a year, interim activity was carried out by e-mail. English was the working language of the consortium and thus accepted as the language for the project. The article will now address each of the outcomes of the project and discuss the method of achieving it.

Outline of present curriculum content and methodology

The group began by considering the present situation with respect to 'putting culture in the curriculum' in each of the institutes represented by members of the project group. There were a variety of approaches used and it was interesting to share these. Unfortunately there had not been any research done to establish the effectiveness of any of the methods used.