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Learning and adaptation with regard to complementary medicine in a foreign context: Intercultural experiences of medical students from different cultural backgrounds

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ABSTRACT

Little is known about challenges and transition that medical students from different cultural backgrounds face with regard to complementary medicine (CM). This paper explores such students' experiences and perspectives of socio-cultural and academic difference with regard to CM and experiences of intercultural relations. Using a constructivist grounded theory approach, 30 in-depth qualitative interviews were conducted with medical students across 10 Australian medical schools. The data were rigorously analysed through a systematic process of coding, categorisation and theoretical development. The findings indicate that students adapted considerably to the host culture. Students with Western backgrounds integrated better socio-culturally and academically compared to students with non-Western backgrounds. Although nationality represented cultural identity, students' construction of cultural difference was informed by their perception of diverging value systems within the specific educational environment. These values were, in turn, reflected in students' reported behaviours, attitudes, and levels of engagement in socio-cultural and academic aspects of university life. Adaptation employed by students was evidenced largely due to their conflicting sense of responsibility towards familial culture regarding CM and focus on fitting in. While students' tendency to gravitate towards cultural peers was evident, most students adapted to their host environment regarding CM to fit into normal intercultural encounters during medical school. In conclusion, students' intercultural contact with regard to CM was both complex and problematic. At a time of significant diversification within the higher education student body, this paper highlights the role medical education institutions can play in fostering intercultural and academic guidance and support.

1. Introduction

Complementary and alternative medicine (CAM), defined as health care not traditionally included in conventional medical care or medical education, encompasses an array of products, treatments, and therapies (Wieland, 2011). As the area of CAM is

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Box 1: Glossary of terms.
Culture: The collective programming of the mind that distinguishes the members of one group or category of people from another (Hofstede, 2001).
Acculturation: The process whereby change takes place as a result of two or more cultures coming together (Berry, 1999).

diverse, this paper is limited to complementary medicines (CM) (medicinal products) and not complementary therapies (CT) (non-medicinal therapies) (Cohen, Penman, Pirotta, & Da Costa, 2005). CMs are defined as: herbal medicines, vitamin, mineral and other nutritional supplements, traditional Chinese medicines (TCM), Ayurvedic medicines, homoeopathic medicines, and aromatherapy oils (Expert Committee on Complementary Medicines in the Health System, 2003). In concordance with growing CM use worldwide (Frass et al., 2012; Harris, Cooper, Relton, & Thomas, 2012), such practices may be culturally acceptable and utilised for traditional health care needs by multicultural groups (Hwang, Han, Yoo, & Kim, 2014; Hsiao et al., 2006; Mathew et al., 2013).

CM use is inevitably influenced by traditions and culture (e.g. Buchwald, Beals, & Manson, 2000). Many CM therapies originated from histories and philosophies that are rooted to specific ethnicities and cultures. For example, herbal medicine constitutes important components of TCM practised in China and other parts of Asia for centuries (Gao, 1997), and Ayurveda is a traditional Indian medical system practised for over 5000 years (Mishra, Singh, & Dagenais, 2001). A rich medical and cultural anthropology literature on cultural beliefs points to its relationship with perceptions of health and illnesses and treatment choices (Caralis, Davis, Wright, & Marcial, 1993; Nilchaikovit, Hill, & Holland, 1993; Pachter, 1994). It is, therefore, reasonable to speculate that the degree to which one holds to cultural heritage influences use of culturally-related health care practices.

Global migration has increased the number of students travelling to other countries for higher education (Malau-Aduli, 2011; Russell, Rosenthal, & Thomson, 2010). In Australia, there is increasing cultural diversity in the student body (Malau-Aduli, 2011). Cultural differences among these students may influence their educational experiences in the highly complex educational system. This phenomenon and increase in the foreign-born population in Australia highlight need for exploring the role of acculturation in use of CM in this context (Box 1).

In the acculturation process, individuals adopt characteristics of the mainstream culture and retain or give up traits of their traditional backgrounds (Lee, Goldstein, Brown, & Ballard-Barbash, 2010). Adjustment and integration to a different culture through cross-cultural contacts (Redfield, Linton, & Herskowits, 1936) may influence health practices, including use of CM. In addition, members of the same ethnic group may not possess uniform levels of culture identification; values and beliefs may vary among subcultures within the same ethnic group (Oetting, Swaim, & Chiarella, 1998; Spector, 2004).

Individuals may experience different levels of cultural identification depending on social context (Oetting et al., 1998). A significant body of research indicates that international students, or those from different cultural backgrounds undertaking education in a different culture, may face adaptation issues in the acculturation process; for instance, culture shock, academic shock, and cross-cultural differences (Gu, Schweisfurth, & Day, 2010; Rienties, Beausaert, Grohnert, Niemantsverdriet, & Kommers, 2012; Zhou, Jindal-Snape, Topping, & Todman, 2008).

Students' social networks influence how they adapt to their new environment (Rienties et al., 2012; Russell et al., 2010; Woolf, Potts, & McManus, 2011). A qualitative study investigating host student experiences of international students in an Irish university indicated that host students differentiate themselves from international students with different cultural backgrounds from a national cultural perspective, in particular, their overall approach to the higher education experience (Dunne, 2009). As such, domestic students may experience fewer issues regarding social integration due to close proximity to their family, homeland, and habituation to cultural norms (Dunne, 2009; Russell et al., 2010). This suggests that in order to understand the medical student experience, domestic students' experiences must also be taken into account.

Some studies have investigated the relationship between acculturation and use of CM (Ferro et al., 2007; Lee et al., 2010; Su, Li, & Pagán, 2008). One study indicated that immigration status was associated with 19 times higher likelihood of herbal use among a group of 322 primary care patients compared with non-immigration status (Kuo, Hawley, Weiss, Balkrishnan, & Volk, 2004). Despite these works, however, little is known about the prevalence of culturally-relevant CM use among individuals with specific cultural origins, and the influence of acculturation and assimilation on CM use. In addition, there are no published works addressing experiences of acculturation in the context of higher education amongst medical students in relation to CM.

To date, literature has reported on general academic and social integration of international students as they learn to adapt to a new host country and higher education as well as acculturate to the host country's health care environment (Malau-Aduli, 2011; Rienties et al., 2012; Russell et al., 2010). International students and those from different cultural backgrounds are faced with many issues as they transition into their new socio-cultural and academic domains (Garvey, Rolfe, Pearson, & Treloar, 2009). Students must develop new ways of thinking, learning, and communicating (McLean & Ransom, 2005). These factors may extend to issues of traditional and/or cultural CM practices. However, literature on factors impacting upon transition of medical students through higher education is limited (Garvey et al., 2009; Robinson, 2004). Furthermore, exploration of different cultural backgrounds regarding CM within this concept has not been investigated.