

# Mentality Differences in the Field of Medicine

Culture-Related Challenges for Physicians originating from Poland and Hungary working in Austrian/German hospitals.

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# Concept of national culture

## Models of

- + Hofstede,
- + GLOBE,
- + Lewis,
- + Hall,
- + Trompenaars & Hampden-Turner

## difference:

focus → cultural dimensions

## similarity:

field → connected to business



# And what about medicine?

## **in context of communication:**

- + language barriers (and its culture-related issues) → Skjeggstad et al. (2017)

## **in context of norms and values:**

- + perceived lack of support → Kolodziej (2016)
- + differences in hierarchy (and its effects) → Legido-Quigley et al. (2015)
- + differences in contact with patients → Meeuwesen et al. (2009)

# Shortcomings of current research

- + narrative studies with no clear focus on culture
- + list of findings far from being complete
- + quite superficial insights
- + no in-depth interpretation
- + small sample size

**This knowledge gap has to be addressed -  
this study is one further attempt to do so.**



# Geographical limitations of the study

# Country or mentality level?

	country level	mentality level
Advantages	<ul style="list-style-type: none"><li>→ more precise results</li><li>→ direct comparison</li></ul>	<ul style="list-style-type: none"><li>→ bigger set of countries</li><li>→ higher relevance</li><li>→ more generalizable results</li></ul>
Disadvantages	<ul style="list-style-type: none"><li>→ only two countries</li><li>→ less relevance</li><li>→ hard to transfer results</li></ul>	<ul style="list-style-type: none"><li>→ less precise results</li><li>→ always differences between countries</li></ul>

# Definitions

## **Culture:**

“Shared motives, values, beliefs, identities, and interpretations or meanings of significant events that result from common experiences of members of collectives that are transmitted across generations” (GLOBE, n. d., paragraph 3).

“The collective programming of the mind which distinguishes the members of one group or category of people from another” (Hofstede, 2011, p. 3).

## **Mentality:**

“A mentality is the huge extent of congruent and similar values, practices and habits of people that are transmitted across generations and cannot be exclusively related to collectives of the same nationality.”

# starting point: stats

## Visegrad-doctors in Austria (MSNÖ, 2016):

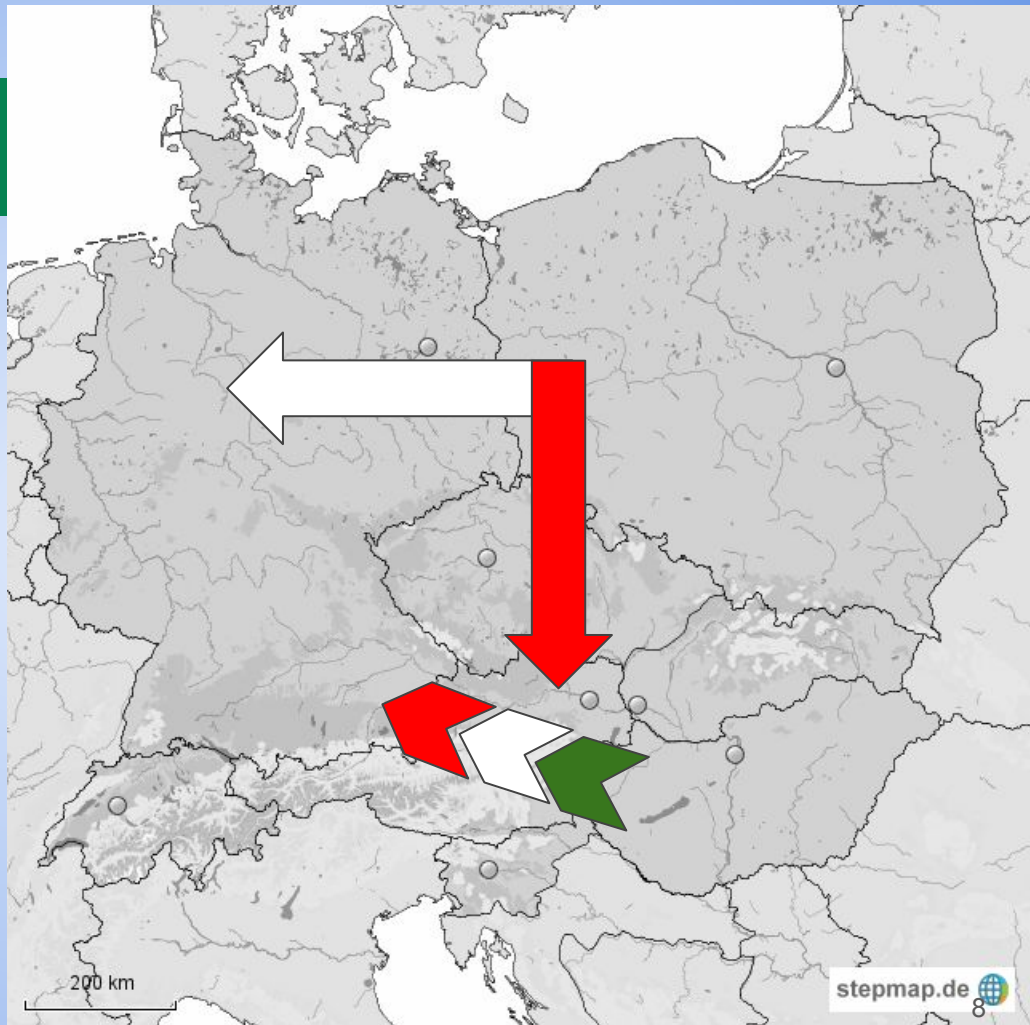
Hungary	366
Slovakia	229
Czech Republic	128
<u>Poland</u>	<u>69</u>

**Amount of all doctors in AUT: 2,13%**

## Visegrad-doctors in Germany (BAEK, 2016):

Poland	2.038
Hungary	1.731
Slovakia	1.215
<u>Czech Republic</u>	<u>1.063</u>

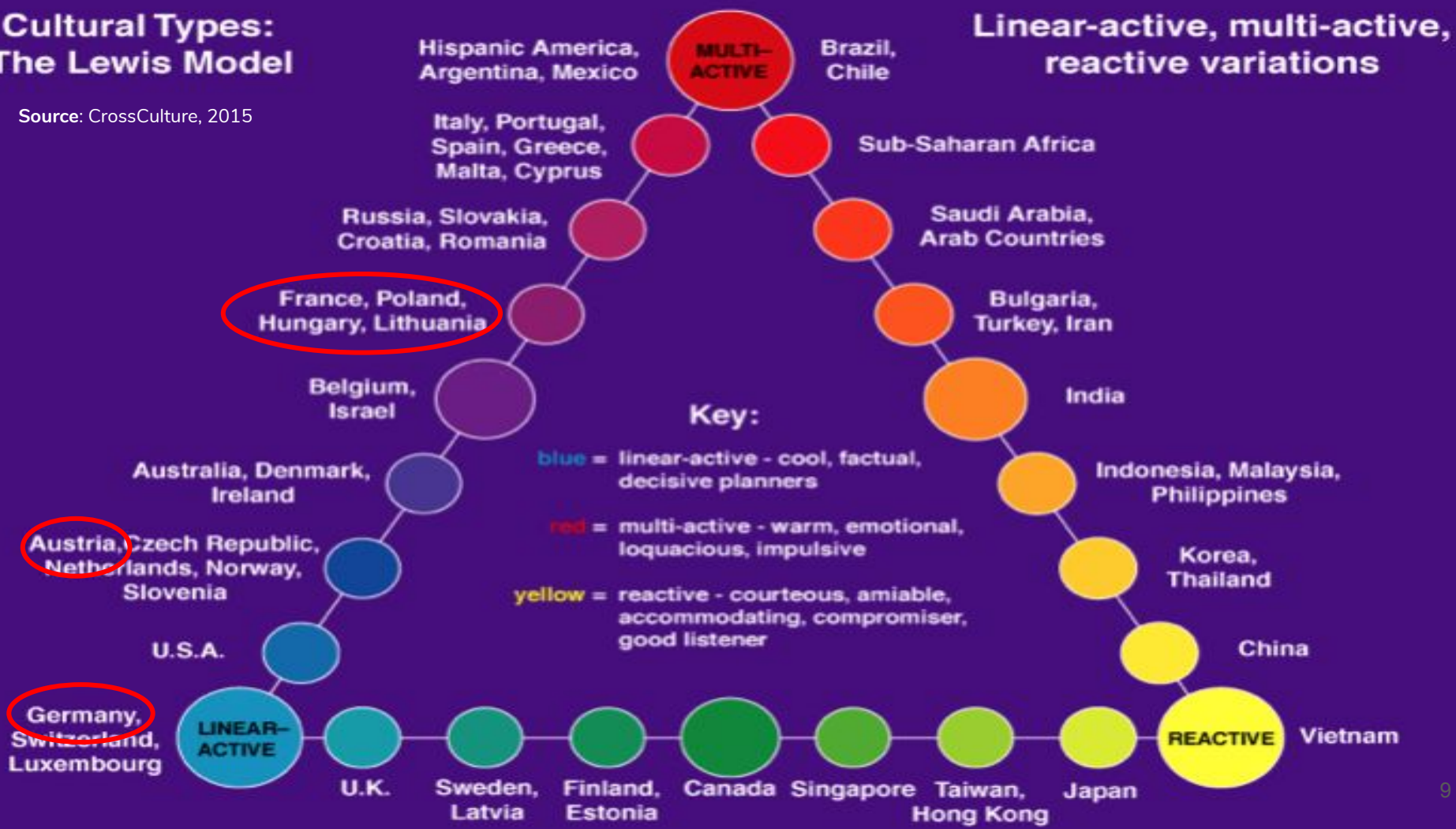
**Amount of all doctors in GER: 1,44%**





# Cultural Types: The Lewis Model

Source: CrossCulture, 2015



GLOBE Dimensions	values <b>AGM</b> vs. <b>MSM</b>				practices <b>AGM</b> vs. <b>MSM</b>			
	AUT	GER	HUN	POL	AUT	GER	HUN	POL
<i>Uncertainty Avoidance</i>	3,66	3,45	4,66	4,71	5,16	5,21	3,12	3,62
<i>Future Orientation</i>	5,11	4,93	5,70	5,20	4,46	4,21	3,21	3,11
<i>Power Distance</i>	2,44	2,57	<b>2,49</b>	<b>3,12</b>	4,95	5,31	5,56	5,10
<i>Institutional Collectivism</i>	4,73	4,80	4,50	4,22	<b>4,30</b>	<b>3,74</b>	<b>3,53</b>	<b>4,53</b>
<i>Humane Orientation</i>	5,76	5,46	5,48	5,30	3,72	3,22	3,35	3,61
<i>Performance Orientation</i>	6,10	6,03	5,96	6,12	4,44	4,22	3,43	3,89
<i>Group &amp; Family Collectivism</i>	5,27	5,18	5,54	5,74	<b>4,85</b>	<b>4,12</b>	5,25	5,52
<i>Gender Egalitarianism</i>	4,83	4,89	4,63	4,52	3,09	3,09	4,08	4,02
<i>Assertiveness</i>	2,81	3,12	<b>4,49</b>	<b>3,74</b>	4,62	4,59	<b>3,23</b>	<b>3,75</b>

# Limitation of topical range

## 1. in-depth review of established models



## 2. comparing models and/or dimensions



### 3. find out overlapping or related aspects



#### 4. check relevance for medical culture



# Interview outline: categories

1. Ice breaker questions
2. Working and communicational habits
3. Interpersonal behaviour
4. Feedback culture
5. Labor mentality in general
6. Leadership and career
7. Gender issues
8. Treatment of foreigners

# field work



# research question

*Which mentality-related differences between immigrated medical doctors originating from Hungary and Poland become obvious when working with native physicians in Austrian and German hospitals?*

## **Sub questions:**

- + How do differences in hierarchy between AGM and MSM doctors look like?
- + How do differences in attitude towards work of AGM and MSM doctors look like?
- + In which way do AGM and MSM doctors differ from each other in terms of interpersonal behaviour and communication?

# Sample for qualitative study

- + **Interviews:** 8 participants
- + **Sex:** 3 males / 5 females
- + **Origin:** 3 Poles / 5 Hungarians
- + **Age:** 32 - 61
- + **Occupation:** different hospitals and specialities
- + **Studies:** home country / host country / partly here, partly there
- + **Period:** Communism / EU expansion / in-between
- + **Work as a doctor:** Austria and/or Germany and/or Switzerland





# Preliminary status

- + interviews just finished
- + no detailed evaluation/interpretation yet
- + some strong first impressions
- + preliminary grouping of findings



# Power Distance

category	AGM	MSM
<i>leadership style (chief physician)</i>	backup or advisor	manager or general
<i>critical feedback (of subordinates)</i>	appreciated or accepted	forbidden or sanctioned
<i>form of address</i>	informal	formal
<i>behavior (nurses)</i>	confrontative	obeying

Specific vs.  
diffuse

Neutral vs.  
emotional

category	AGM	MSM
<i>personal relationship</i>	colleagues are co-workers	colleagues are friends or foes
<i>teambuilding</i>	quite irrelevant	very important
<i>job vs. private life</i>	relationship is likely to change	relationship stays the same

category	AGM	MSM
<i>displaying of emotions</i>	restrained, cool and disciplined	do not tend to hide feelings
<i>providing feedback</i>	little & discreet, non-verbal, behind the back	honest, direct, eruptive, in your face

# Task- (Rule-) vs. People-Oriented

category	AGM	MSM
<i>sticking to plans</i>	checklists and plans come first	new priorities adjust the plan
<i>cooperation vs. collaboration</i>	nurses are more independent	nurses show more support
<i>personal relationships</i>	more anonymity of the doctor	patient knows the doctor
<i>approach towards the job as doctor</i>	doctors see all the single tasks	doctors see the whole picture

# Uncertainty Avoidance

# Masculinity

category	AGM	MSM
<i>traditionality</i>	unconventional (mis-)behaviour	etiquette is very important
<i>seniority</i>	little respect for senior doctors	high respect for senior doctors

category	AGM	MSM
<i>status behavior</i>	more casual, easy-going	importance of appearance
<i>responsibility</i>	chief physician takes the blame	every doctor fights for him-/herself

# Sequential vs. synchronous

category	AGM	MSM
<i>dealing with time</i>	time is money	time is relative
<i>working attitude</i>	working within defined periods	leave earlier or work long hours
<i>related to other dimensions</i>	freetime used for recreation	always-on ment. (evening, holiday)

# First lessons drawn

- + integration courses
- + creation of awareness
- + using foreign doctors' potential
- + learn from each other
- + improve the quality of collaboration
- + contribute to better working environment

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