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The Knowledge and Attitude of Medical students towards values and cultural Competence in Medical education and Health-care services

[1]Chandan Kumar Roy, [2]Shaker Uddin Ahmed, [3]Mohammad Kabir Ahmed, [4]Tahamida Yesmin, [5]Abu Naser Ibne Sattar, [6]Debatosh Paul, [7]Atina Shahida Adnan,
[1]University Kuala Lumpur Royal College of Medicine Perak, Ipoh 30450, Perak, Malaysia. [2]University Kuala Lumpur Royal College of Medicine Perak, Ipoh 30450, Perak, Malaysia.
[3]University Kuala Lumpur Royal College of Medicine Perak, Ipoh 30450, Perak, Malaysia.
[4]University Kuala Lumpur Royal College of Medicine Perak, Ipoh 30450, Perak, Malaysia.
[5]Bangabandhu Sheikh Mujib Medical University, Dhaka 1000, Bangladesh.
[6]Bangabandhu Sheikh Mujib Medical University, Dhaka 1000, Bangladesh.
[7]University Kuala Lumpur Royal College of Medicine Perak, Ipoh 30450, Perak, Malaysia.
[1]E-mail: chandan@unikl.edu.my.

ABSTRACT
There is an increased need for all health professionals to better respond to the population health and health care necessities of racial and ethnic minorities. The present surveillance was conducted among the clinical year students of UniKL-RCMP to assess their knowledge and attitude towards the values and cultural competence that may became integral part of the modern medical education. Total 124 clinical year medical students were participated in the surveillance. The purpose of the study were explained in the detail to the students and those are interested to participate they have supplied a written informed consent form along with a questionnaire form to fill by themselves. Data were compiled and analyzed by using statistical analysis software Graphpad Prism 6.0. Among the total 124 respondent students 71.77% were female, 97.58% were Islam religion follower and most (95.97%) of them were belongs to the Malay ethnic group of origin and their first language is Bahasa Malayu. Significant number of students (106/85.48%) stated that they recognized the value of medical treatment and health education may vary greatly among cultures and (88/70.96%) mentioned that the medical education system imposing values that may reflect cultures or ethnic groups. Most of the students (87/70.16%) stated that the magazine, brochure, picture, poster, artwork and other decor of college and hospital rarely or never contains information about cultural ethnic groups. The result of the present surveillance reflected the knowledge and attitude of medical students towards values and cultural believes and its impact on medical education and medical treatment. Most of the student realized the need of cultural competence should be imposed at medical college and hospitals environment.
Key words: *Values, Cultural competence, Medical education*

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INTRODUCTION

Cultural competence is a set of related behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. "Competence" implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and their communities [1].

Cultural competence in health care and medical education combines the beliefs of patient or family-centered care and understanding of the social and cultural behavior influence the quality of medical education and health-care services. Countries having population of racial and ethnic diversity, it is important for health-care professionals to address issues of such diversity in medical education and practices [2].

The faculty and students should understand the cultural behavior of diverse population and belief perceived in their indigenous health-care practices, critical response to various symptoms of diseases and management. Considering first the health of the patient, medical students should learn to identify such indigenous health-care practices and appropriately address cultural biases in health care delivery. It is important to keep in mind that there may be cross cultural conflict by any patient's belief on health-care practice. Beliefs, values and practices of medical practitioner regarding health and illness may be different from what the patient believe value or practice about his own illness. However, it has become more important in today's society to formally educate medical students about the tools depicting cultural background different from their own. Every physician should leave medical school with the knowledge of socio-cultural influence in health care.

Introduction of cultural competency in program of study is to complement the patient-physician interaction in terms of knowledge, skills and attitudes towards patients of diverse ethnicity that enables them to deliver effective services along with other members of the medical community.[3] There is an increased obligation for all health professionals to provide health services on the basis of cultural and ethnic minorities.

The present survey was performed among the clinical year students of University Kuala Lumpur Royal College of Medicine Perak (UniKL-RCMP) to assess their ideas and attitude towards the cultural competence that may became integral part of the modern medical education.

METHODS

Total 124 clinical year medical students were participated in the surveillance. The study was conducted during the period of January 2016 to March 2016. The purpose of the study were explained in the detail to the students and those are interested to participate they have supplied a written informed consent form along with a questionnaire form to fill by themselves. The questionnaire contained several issues regarding cultural competence and values in medical education in a closed response manner and the respondents instructed to give only one response out of four. Data were compiled and analyzed by using statistical analysis software Graphpad Prism 6.0.

RESULTS

Among the total 124 respondent students 71.77% were female, 97.58% were Islam religion follower and most (95.96%) of them were belongs to the Malay ethnic group of origin and their first language is Bahasa Malaya. Significant number (95.97%) of the respondents stated about the magazine, brochure, picture, poster, artwork and other decor of college and hospital rarely, occasionally or never contains information about cultural ethnic groups.

Table 01: Distribution of the sex and religion of the respondents.

MBBS Year	N (%)	Sex		Religion		
		Male	Female	Islam	Sikh	Christian
3rd	46 (37.1)	6 (13.04)	40 (86.96)	46 (100)	0	0
4th	54 (43.54)	19 (35.18)	35 (64.82)	52 (96.29)	2 (3.71)	0
5th	24 (29.36)	10 (41.66)	14 (58.34)	23 (95.83)	0	1 (4.17)
Total	124 (100)	35 (28.23)	89 (71.77)	121 (97.58)	2 (1.61)	1 (0.8)

(Figures within parenthesis indicate percentage)

Table 02: Language of the respondents.

Languages	1st	2nd	3rd
Malay	119 (95.96)	2 (1.61)	3 (2.41)
English	4 (3.23)	120 (96.77)	0
Chinese	1 (0.81)	0	2 (1.61)
Punjabi	0	2 (1.61)	0
Kiswahili	0	0	2 (1.61)
Arabic	0	0	7 (5.64)
Japanese	0	0	2 (1.61)
Total	124	124	16 (12.9)

(Figures within parenthesis indicate percentage)

When using videos, films or other media resources for medical education, treatment or other interventions, 89.51% occasionally or rarely reflect the cultures and ethnic backgrounds. Most of the students (79.99%) believed that all notices and communications to patients should be written in their language of origin. Significant number (85.48%) of the respondent recognized that the value of medical treatment and health education may vary greatly among cultures. They frequently (64.51%) or

occasionally (33.06%) accepted that, the religious and health care beliefs may influence illness, disease and death. Most (92.57%) of them availed themselves to professional development and training to enhance their knowledge and skills in the provision of services and supports to culturally, ethnically and linguistically diverse groups.

Figure 01: The magazine, brochure, picture, poster, artwork and other decor of college and hospital contains information about cultural ethnic groups.

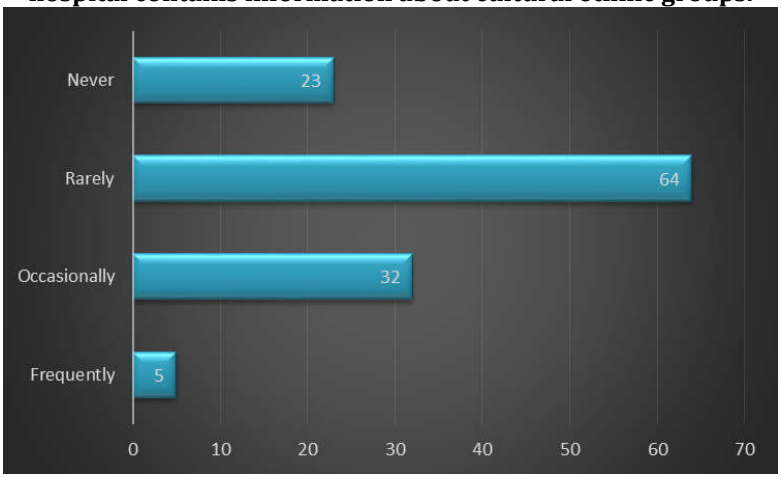


Figure 02: Videos, films or other media resources for medical education, treatment or other interventions, they reflect the cultures and ethnic background.

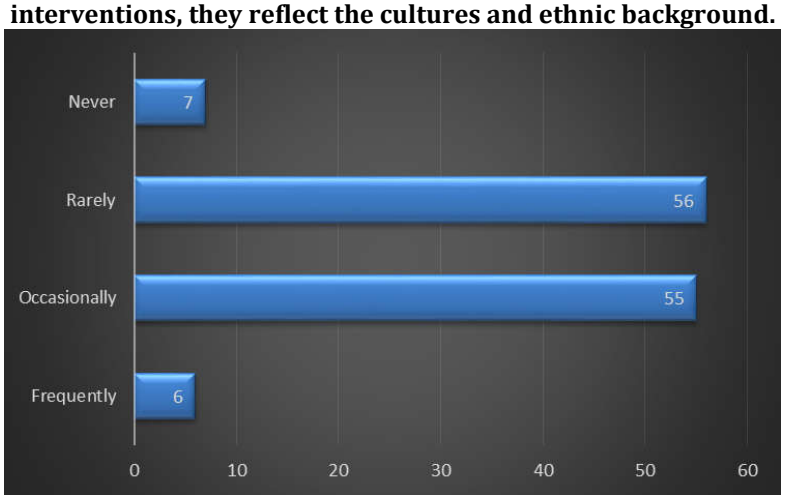


Figure 03: Notices and communications to patients should be written in their language of origin.

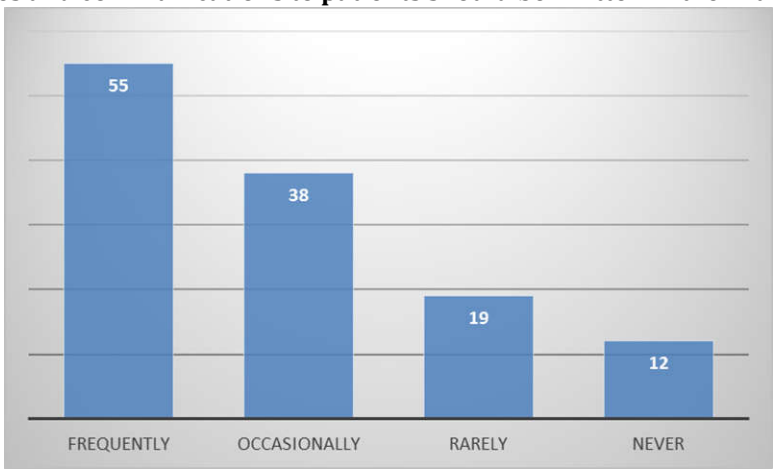


Figure 04: The value of medical treatment and health education may vary greatly among cultures.

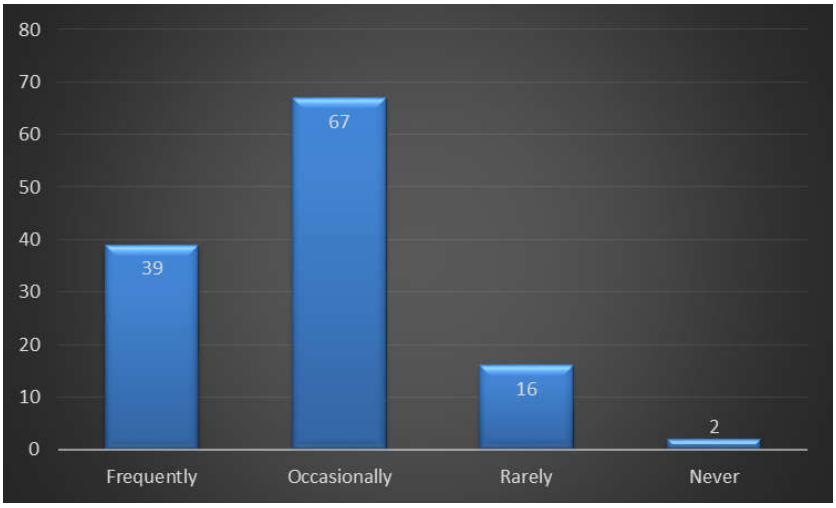


Figure 05: Religion and health care beliefs may influence illness, disease and death.

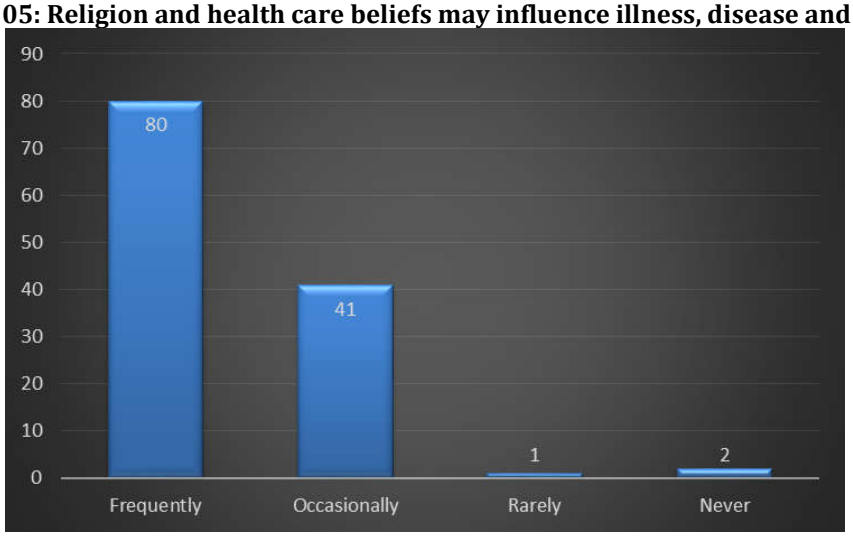
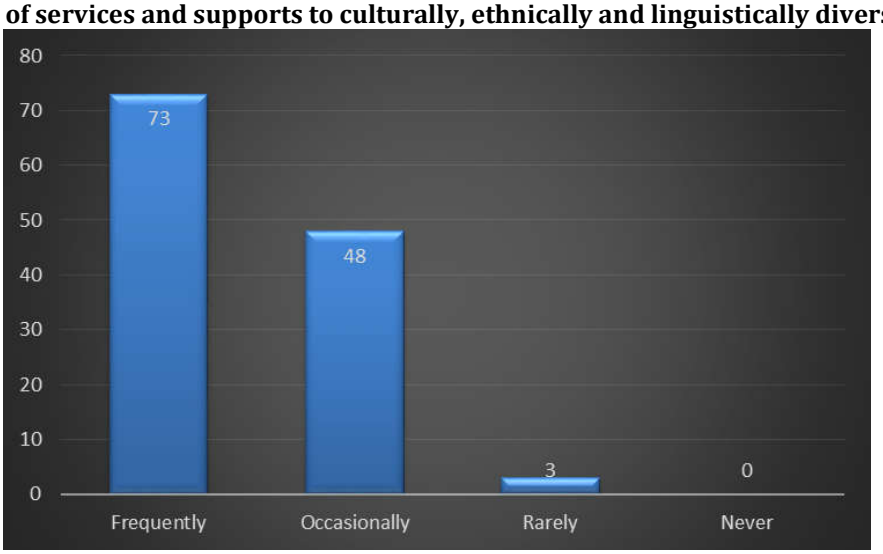


Figure 06: Professional development and training to enhance knowledge and skills in the provision of services and supports to culturally, ethnically and linguistically diverse group.



DISCUSSION

The result of present survey reflected that, UniKL RCMP clinical year medical students realized that the cultural competence should be implemented in the medical institute and hospital environment. They believe, the cultural and racial faiths of the patient should play important role to be get cured from their

illness. The clinical year students realized that the teaching materials and learning methods should be included with the issues related with values and cultural competence. Medical education facilities should demonstrate the ethnic diversity perceived in health and illness and respond to different symptoms, disease and managements. Medical students should learn to correctly recognize the values and cultural biases in healthcare delivery, while first considering the health of their patients. Several studies have systematically identified or explained how these understanding are translated into the healthcare service. Researchers and authors have written that cultural competency can be taught in a course, class or series of classes, taking the form of lectures and interactive sessions; [4] workshops; [5] student clerkships [6]; electives; [7] immersion programs; [8] month-long rotations; [9] cultural teaching OSCEs [10] (objective-structured clinical examinations); and language training [5]. The problem with these approaches is that they have an ending, cultural competency is confined to something that happens within a context, not as an ongoing mode of thinking and acting that pervades all practices in medical institutes. Simply adding content to the medical school curriculum does not fully address the goal of creating culturally competent health service providers.

A look at how medical schools address cultural competency standards found whole pieces of a medical school's makeup—the institutional culture, the people, the processes and practices—were left out of the plan. This short-sighted view might yield students a glimpse of cultural competency in the form of an elective whose lessons are quickly forgotten in the stresses of clinical training, but it won't do much to create what is really required to forge change: culturally competent medical education [10].

Securing the faculty's commitment is one of the initial challenges in implementing a new course or curricular activities. Few faculty members do not see the relationship between culture and what they are teaching in medical students. This is essential to institutionalize cultural competency into the medical educational system, not just the curriculum; but to do this, support from the school administration is crucial. Cultural competency training should be made an integral part of strategic planning at all levels. Sustainable support funding for all involved, including staff training and other activities related to an initiative, should be provided. And collaboration from all aspects of the medical school is necessary to integrate the importance of teaching culture in the curriculum.

A culturally competent medical education could help change all this. This is an approach for transforming medical education based on literature from multicultural education, transcultural nursing and medical anthropology[11, 12, 13, 14] that critiques the shortcomings and failures of current medical education and addresses the importance of culture as a component to the practice of medicine, as well as part of patient care across race, class, gender, age, etc. Culturally competent medical education also addresses potential discriminatory practices of the medical school and makes changes accordingly. The underlying goal of culturally competent medical education is to foster in both faculty and students an understanding of the negative outcomes that can occur when culture and diversity are overlooked in the physician patient relationship. It involves not only a transformation of the schools but a transformation of the self.

Schools are social systems in which all of their major components are closely interrelated. For culturally competent medical education to be a success, formulating and initiating change strategies that reform the entire school is essential, as changing the whole school means changing the environment—which in turn means changing the assumptions of biomedicine. Medical schools must offer opportunities to students, faculty and administrators to question these assumptions of biomedicine by offering alternative views of health and illness. Medical schools must offer learning activities that foster self-awareness of how students view others—and how that view affects the way health care is delivered.

CONCLUSION

The result of the present surveillance reflected the knowledge and attitude of medical students towards values and cultural believes and its impact on medical education and medical treatment. Most of the student realized the need of cultural competence should be imposed at medical college and patient care environment. Medical schools must understand that they are products of culture, where all of the cultural elements are understood as major contributory factors to the teaching and practicing of medicine. An institution must be willing and able to examine and review the cultural knowledge, values, beliefs and practices it is promoting.

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