

# Navigating Complexity: A Cognitive Ethnography of Intercultural Healthcare Training

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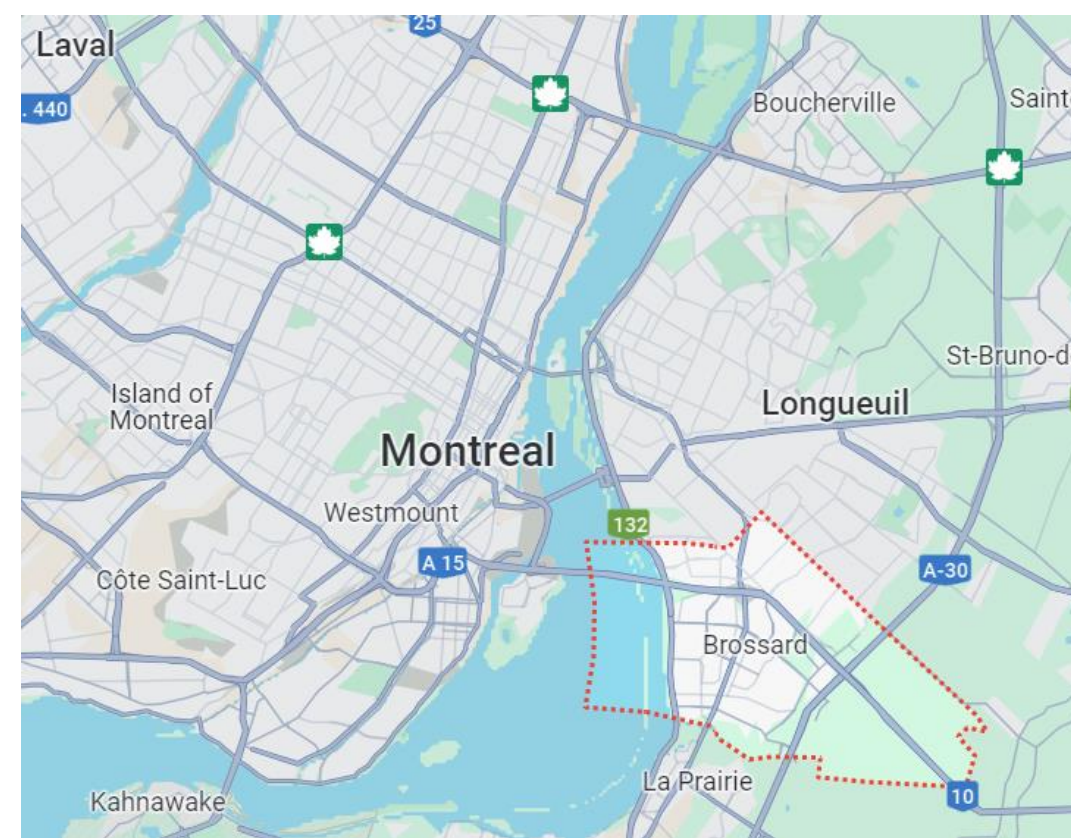


## BACKGROUND

- Cultural competence an essential component of training for healthcare practitioners
- Neglecting cultural elements in healthcare** can lead to lower-quality services: diagnostic errors, incorrect assessment, inappropriate intervention plans, and communication difficulties

### Brossard, Québec

- Québec welcomes ~50k new arrivals annually, with **70% settling in Montréal** and its surrounding regions
- Brossard is a highly diverse municipality in the Greater Montréal
- 2 in 5 people in Brossard** born outside of Canada
- Initiatives in Brossard have aimed at increasing cultural competence of health professionals through **co-development workshops**



## OBJECTIVES

- Explore how decision-making among practitioners unfolds during training workshops, with a focus on the **interplay of cognitive, organizational, and interactive** processes
- Better understand how **cultural affordances** are shaped when conventionalized procedures become constraints for action

## METHODS

### Cognitive Ethnography & Participatory Observation

- Allows for analysis of system dynamics of a group of individuals as they interact

### Survey

- Demographic information, cultural identity, and current practice

### Thematic Analysis (NVivo)

- Two-phase inductive thematic analysis

## CONCLUSIONS

### 1. Constraints of clinical environment shape clinician's expectations

- Training workshops helped reshape perceived actions possible (*affordance shaping*) → enabled through **alternative attributions of attention to shape participants' future actions**

### 2. Attention shifting to see from other perspectives

- Workshops provided a **reflexive capacity for clinician to "see through other's minds"**

### 3. Bolstered toleration of ambiguity & complexity

- While actions were aimed at maximum transparency in the clinic, co-development **bolstered toleration and openness to ambiguity**

## RESULTS

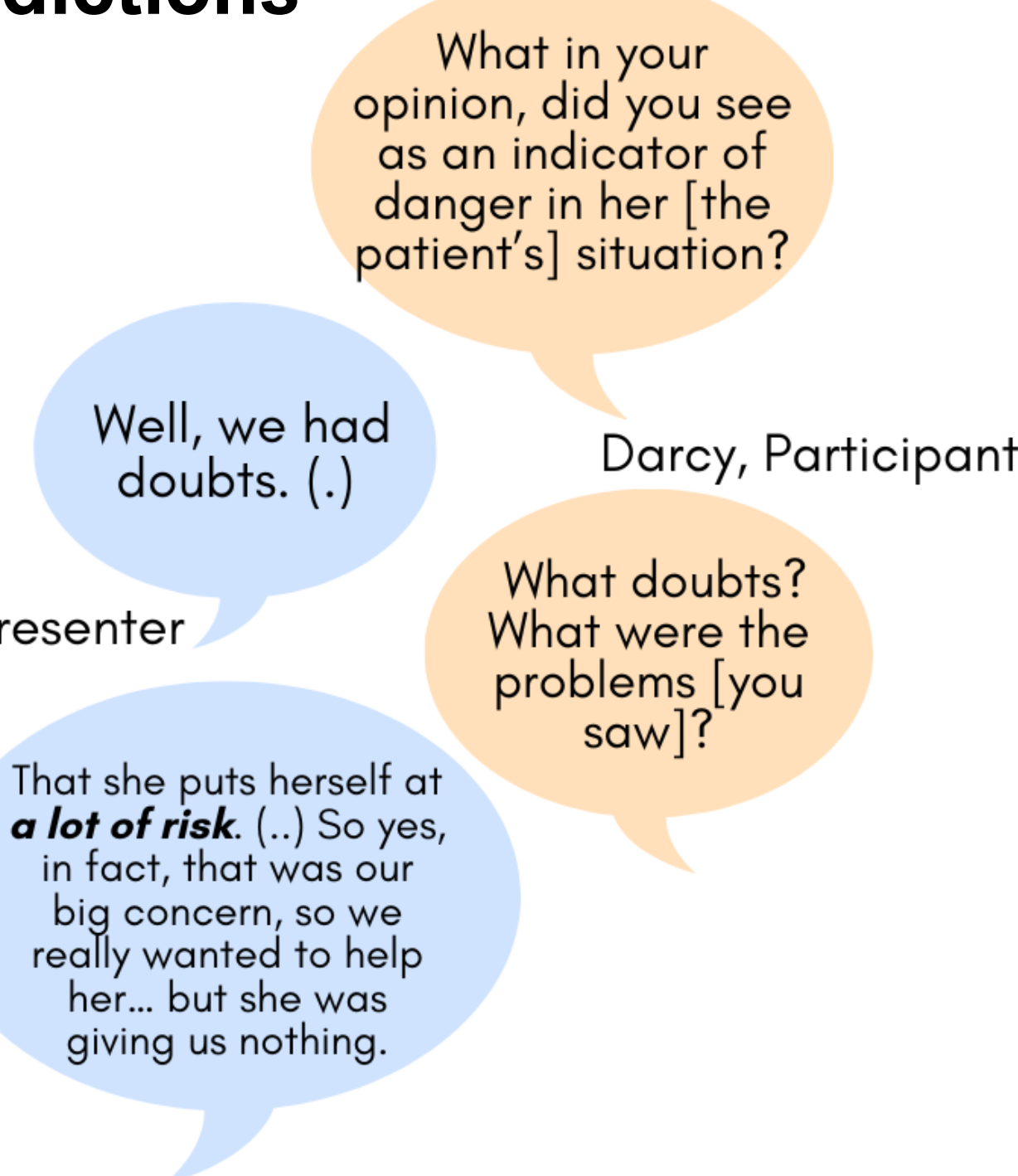
### Demographics of Participants

	N	%
<b>Gender</b>		
Female	16	88,9%
Male	2	11,1%
<b>Age</b>		
20-29	3	16,7%
30-39	5	27,8%
40-49	5	27,8%
50-59	4	22,2%
60 +	1	5,6%
<b>Occupation</b>		
Social worker	8	44,4%
Nurse	4	22,2%
Other	6	33,3%
<b>Work Setting</b>		
CLSCs	12	66,7%
Home care	2	11,1%
Clinic	2	11,1%
Community Org	2	11,1%
<b>Immigration</b>		
First-generation	4	22,2%
Second-generation	3	16,7%
Québec-born	11	61,1%
<b>Mother Tongue</b>		
French	14	77,8%
Other	5	27,8%
<b>Languages Spoken Fluently</b>		
French	18	94,4%
English	12	66,7%
Spanish	2	11,1%
Other	4	22,2%
<b>Intercultural Practice</b>		
Very Often	6	33,3%
Often	4	22,2%
Sometimes	5	27,8%
Rarely	1	5,6%
Never or almost	2	11,1%

### Thematic Results

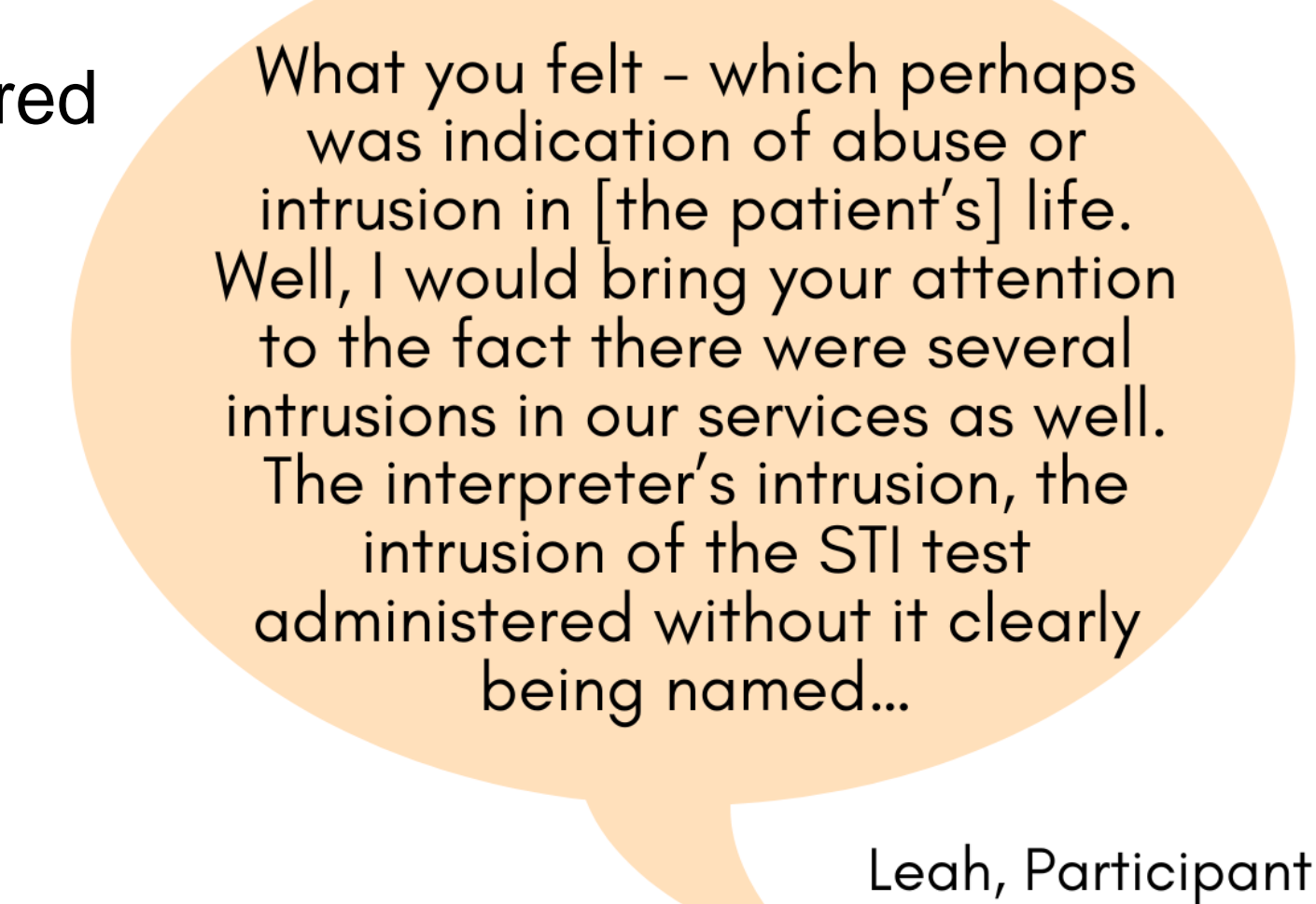
#### 1. Expectations & Predictions

- Expectations of clinicians in clinical encounters (risk, explanatory factors, particular patient presentations) were inconsistent among the group of practitioners



#### 2. Shared & Disparate Attention

- What each participant considered the most important/salient differed



#### 3. Transparency & Ambiguity

- Ambiguity of situations revealed during the co-development, creating tensions in outcome-driven decisions

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