

Mysterious Neighbors

Mentality Differences in the Field of Medicine

A Perceptual Study of Physicians Originated from Hungary and Poland Working in Austrian and 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 (culture-related issues) → Skjeggestad et al. (2017)

in context of norms and values:

- + perceived lack of support → Kolodziej (2016)
- + national differences in hierarchy → Legido-Quigley et al. (2015)
- + national 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.



Research question

Which mentality-related differences to the native health personnel do immigrated physicians originating from Hungary and Poland working in Austria and Germany perceive in the hospital environment?

Sub-questions:

- + How do **differences in hierarchy** between physicians from Austria and Germany and their colleagues from Hungary and Poland look like?
- + How does the **work attitude** of physicians from Austria and Germany differ from the one of their colleagues from Hungary and Poland?
- + In which way do physicians from Austria and Germany and their colleagues from Hungary and Poland differ from each other in terms of **interpersonal behavior and communication?**

Geographical limitations of the study

Concept of mentality

Theoretical background:

- + Influence of different concepts: “we can be part of different cultural groups” (Ranf, 2010, p. 658)
- + “heterogeneity or intracultural variation exists in all cultures” (Fatehi, Kedia & Priestly, 2015, p. 292).
- + “In the case of Brazil and Uruguay, greater cultural similarity was found across national and linguistic boundaries than within Portuguese-speaking Brazil” (Lenartowicz, Johnson & White, 2003, p. 1006).

Definition:

“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.” (Rubenzer, 2018, p. 30)

starting point: stats

Visegrad-doctors in Austria (MSNÖ, 2016):

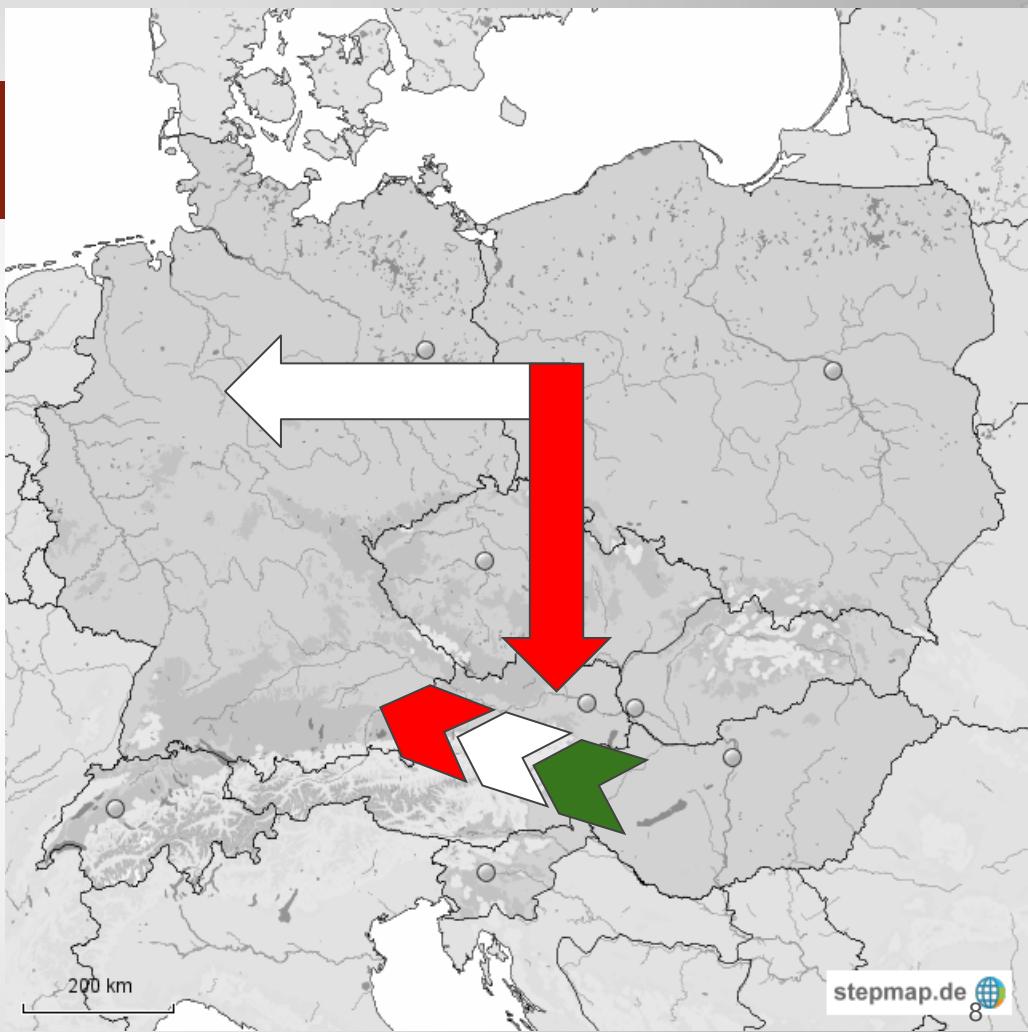
Hungary	366
Slovakia	229
Czech Republic	128
Poland	69

Amount of all doctors in AUT: 2,13%

Visegrad-doctors in Germany (BAEK, 2016):

Poland	2.038
Hungary	1.731
Slovakia	1.215
Czech Republic	1.063

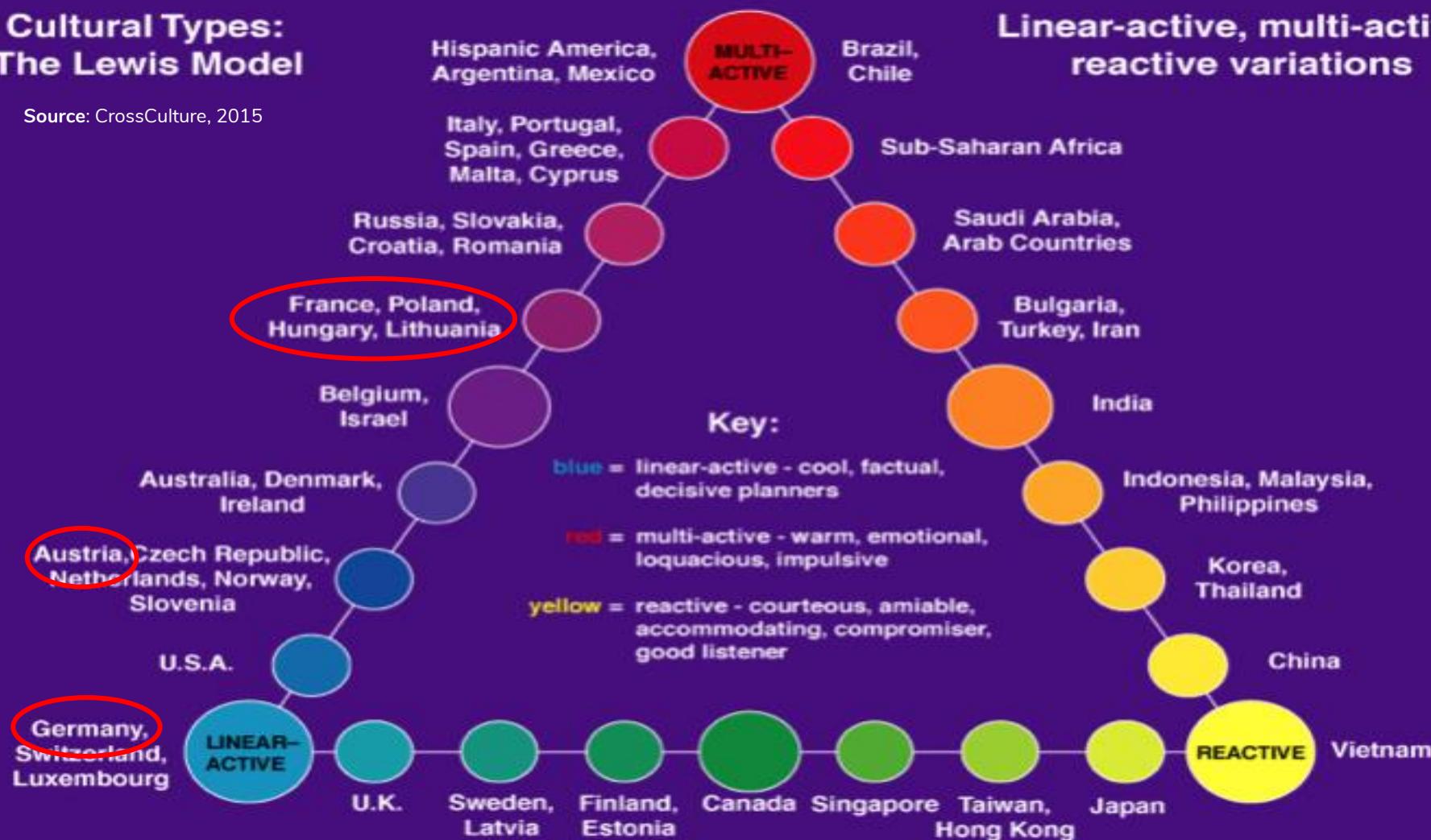
Amount of all doctors in GER: 1,44%



Cultural Types: The Lewis Model

Source: CrossCulture, 2015

Linear-active, multi-active,
reactive variations



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

Table based on the findings of Bakacsi et al. (2002) and Szabo et al. (2002)

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 field of medicine



Interview outline: categories

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

Empirical work

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



Results (overview)

Mentality level (obvious)

- ✚ Power Distance
- ✚ Uncertainty Avoidance
- ✚ Specific vs. Diffuse
- ✚ Neutral vs. Emotional
- ✚ Monochronic vs. Polychronic

Mentality level (ambiguous)

- ✚ Task vs. People Orientation
- ✚ Communitarianism
vs. Individualism
- ✚ **Masculinity vs. Femininity**

Country level (exclusive)

- ✚ Gender Egalitarianism
- ✚ Performance Orientation

Results (1)

Mentality level (obvious)

- ✚ Power Distance
- ✚ Uncertainty Avoidance
- ✚ Specific vs. Diffuse
- ✚ Neutral vs. Emotional
- ✚ Monochronic vs. Polychronic

Mental
(ambitious)

- ✚ Task vs. People
- ✚ Communitarianism
vs. Individualism
- ✚ Masculinity

Culture level
(elusive)

Capitalism
Collectivism
Alitarianism
Peace Orientation

Monochronic vs. Polychronic

aspect	AGM	MSM
Dependence on checklists, rules and plans	high	low
Preference to split work into tasks and time tables	high	low
Adherence to time commitments	high	low

- +[In Germany], it felt like the nursery staff has its nursing goals (...), you as a healer have your healing goals and as a therapist, you have your therapy goals. And these goals (...) run parallel and are never going to meet or cross each other.
- +[In Austria], you always know which tasks you have and how much time is reserved for them.
- +[In Austria, there is this clock card. This means that even if there is nothing left to do, you still have to stay there [at the work place].

Results (2)

Mental
(obv)

- + Power Distance
- + Uncertainty avoidance
- + Specific vs. Diffuse
- + Neutral vs. Emotional
- + Monochronic

Mentality level (ambiguous)

- + Masculinity vs. Femininity**
- + Communit. vs. Individualism**
- + Task vs. People Orientation**

Society level
(diffuse)

Collectivism
Individualism
People Orientation

Task vs. People Orientation

aspect	AGM	MSM
Patient-centered focus	no	yes
Intense social interaction with patients	yes	no
Economical mind set more important than medical one	yes	no

- ✚ *They do not see the patient and the problem anymore. They only see a part of their job: "I was called because of a child that is difficult to sting."*
- ✚ *I think that here [in Austria] there is a closer contact between doctors and patients. They talk about family and what they did last week instead of addressing relevant facts.*
- ✚ *The whole healthcare system is designed by managers. Most of the time, these are people between thirty and forty without a medical background.*

Results (3)

Mental
(obvi)

- + Power Distance
- + Uncertainty Avoidance
- + Specific vs. Diffuse
- + Neutral vs. Emotional
- + Monochronic

Country level (exclusive)

- +
- Gender Egalitarianism
- +
- Performance Orientation

Social level
(ambiguous)

- People Orientation
- vs. Femininity
- vs. Individualism

Performance Orientation

aspect	AT	DE	HU	PL
Talking at the expense of doing productive work	yes	no	no	no
Bad quantitative performance	yes	no	no	no
Resistance to innovation	yes	yes	no	no

- + *The working speed [in Austria] is ridiculous. In Hungary, someone would die if you would work that slowly.*
- + *“Please take a look at the computer. I saw 27 [patients] today. In the same period, you saw five just because of these stupid conversations.”*
- + *You often hear: “That has always been that way.”*

Practical implications

Health personnel (AGM) should...	Doctors (MSM) should...
<ul style="list-style-type: none">+ show courtesy: use a formal form of address, criticize with caution (hierarchy)	<ul style="list-style-type: none">+ respect equality: convince with expertise and social skills, not assert with formal power
<ul style="list-style-type: none">+ provide and ask for more feedback: source for new ideas and improvement	<ul style="list-style-type: none">+ be more diplomatic: adjust tonality and explicitness of feedback (less impulsive)
<ul style="list-style-type: none">+ strengthen cohesiveness: initiate and participate in more team-building events	
	<ul style="list-style-type: none">+ provide mutual support: be encouraged to learn from each other

Limitations

- + Language bias
- + Researcher bias
- + Qualitative study (in-depth, not representative)
- + Eclectic approach (no own dimensions)
- + No triangulation
 - + only one researcher (the author)
 - + only one data source (8 qualitative interviews)
 - + only one method (thematic analysis by Clarke & Braun, 2013)
 - + only one theoretical framework (culture studies)

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