

WIN 2 - The Integration Journey

Culture and the Workplace

Host:

Soon we'll take you through the process of implementing a diversity program within your own organization. But for now, let's focus on the potential impact that various cultural approaches can have on individuals and teams within an organization.

Gurwinder Gill (India):

When a new employee joins the organization - and we do have many - and they are newcomers to Canada; they've been internationally trained, internationally educated, there are some challenges that they will face. As and when it warrants, I will ask questions, but in other parts of the world individuals may have been used to not asking questions because they need to respect, for example, if it's a nurse to a physician, or a nurse to a manager.

Dr. Amardeep Bhullar (India):

So every district has a head, has a Chief Medical Officer. So below it - he is the main administrative officer of the whole district. After that comes the doctors. After that, nurses; the paramedics and all, right. So this is the hierarchy.

Dr. Mai Sherif (Egypt):

So the hierarchy is very much respectable. It is very important that we keep those distances.

Dr. Tushar Malavade (India):

We were ruled by Britishers, so we have that hierarchy also - like we are like culturally Indian, but also having an applied British mentality.

Dr, Umberin Najeeb (Pakistan):

If your person in authority or a boss tells you to do something, you just do it. So that is also important for, I think, the supervisors or managers to know

is if somebody is not questioning authority it's not because they're - they don't have initiative. So I think that's where the manager role would be to give them permission: "You know what? I don't mind if you can be open about it and share some constructive critique around the idea which we are discussing" or whatever the context is.

Dr. Tushar Malavade:

Back home I could easily say that "I want this job to be done." But here it's totally different; "Can I expect the job to be done by today? Is it possible for you to help me out with this?" And I think that's a good way of communicating yourself.

Kenneth Cruz (The Philippines):

Punctuality - it's a little bit of an issue for Filipinos. But we're working on it.

Dr. Umberin Najeeb:

Oh, punctuality is - there's no punctuality.

Dr. Mai Sherif (Egypt):

Now healthcare system in Egypt going to the accreditation more, especially international accreditation, so I think those accreditations make things - the qualities better; punctuality is better. They are tending now to make things more punctual, yeah.

Dr. Umberin Najeeb:

When we get invited somewhere by our family friends or something I will ask, "Okay, so is it like a Canadian kind of a guest, or is it like a *desi* guest or brown guest?" They say, "Yeah, yeah; I know you're punctual; just come an hour late."

Gurwinder Gill:

Managers will turn around and say, "Well, so, does that mean then people, our employees who are coming in late, we put it down to a cultural practice?" I'll say, "No - that's a performance issue, right? And so you need to deal with that individual."

Kenneth Cruz:

In terms of my punctuality, I would say I really got to develop a habit of being punctual, and always arriving to work on time or even earlier.

Gurwinder Gill:

99.9% if not 100% of all our teams at Osler are diverse. And I'm talking race ethnicity - it could be from a LGBT/lesbian/gay perspective - or low-income populations. And most of the time everybody respects each other; some of the time, there can be challenges.

Dr. Tushar Malavade:

In India I was like trained to do all stuff. There I was able to manage everything as a single-man army, but here it's like you have got many people to help you. Hierarchy is - was important way back in my home country, but here hierarchy is not important. Here you might be a doctor, you might be head of the department. So - so be it. But there are other heads as well.

Dr. Umberin Najeeb:

In south Asia, where I come from, the doctor is the decision-maker. Here you're not decision-maker; you're giving information to the patient, and you respect what decisions your patient make, or you may help your patient in making the decisions.

Gurwinder Gill:

Nurses, for example, I asked them in India, "What do you know about the health system in Canada?" let's say. Most of them would quote the clinical aspects all the time. There would be no mention of the non-clinical side of the house, you know, the quality work, the patient relations, patient complaints, patient experience - was unheard of.

Dr. Tushar Malavade:

Quite a bit of cultural differences that I felt when I came here for the first time. Communication is a lot different.

Kenneth Cruz:

I found that I had to adjust to this patient-centred care aspect where it has to be the patient. I did a Bridging Program at George Brown; the emphasis was on patient-centred care. And when I practiced then I really felt how it felt like to have the patient in the centre of the care.

Dr. Tushar Malavade:

I used to hold the hands of my patients in India, but now I have started doing here as well, because now I find it comfortable. I find my comfort easily now.

Host:

When individuals within a healthcare organization embrace cultural competence, they begin a journey of enrichment, both for themselves and for their organizations. In this course, you've heard from internationally-educated health professionals who have embraced the journey, with openness, a thirst for knowledge, flexibility and a concrete strategy. We invite you to embark on this journey as well.

Dr. Amardeep Bhullar:

We have a saying in - in my own language, that when you think that you are full of knowledge you should just turn your tumbler. You should remove everything; make it empty; and learn again.