

# 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

Mario Rubenzer  
S1610631018

# 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) → Skjeggstad 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):

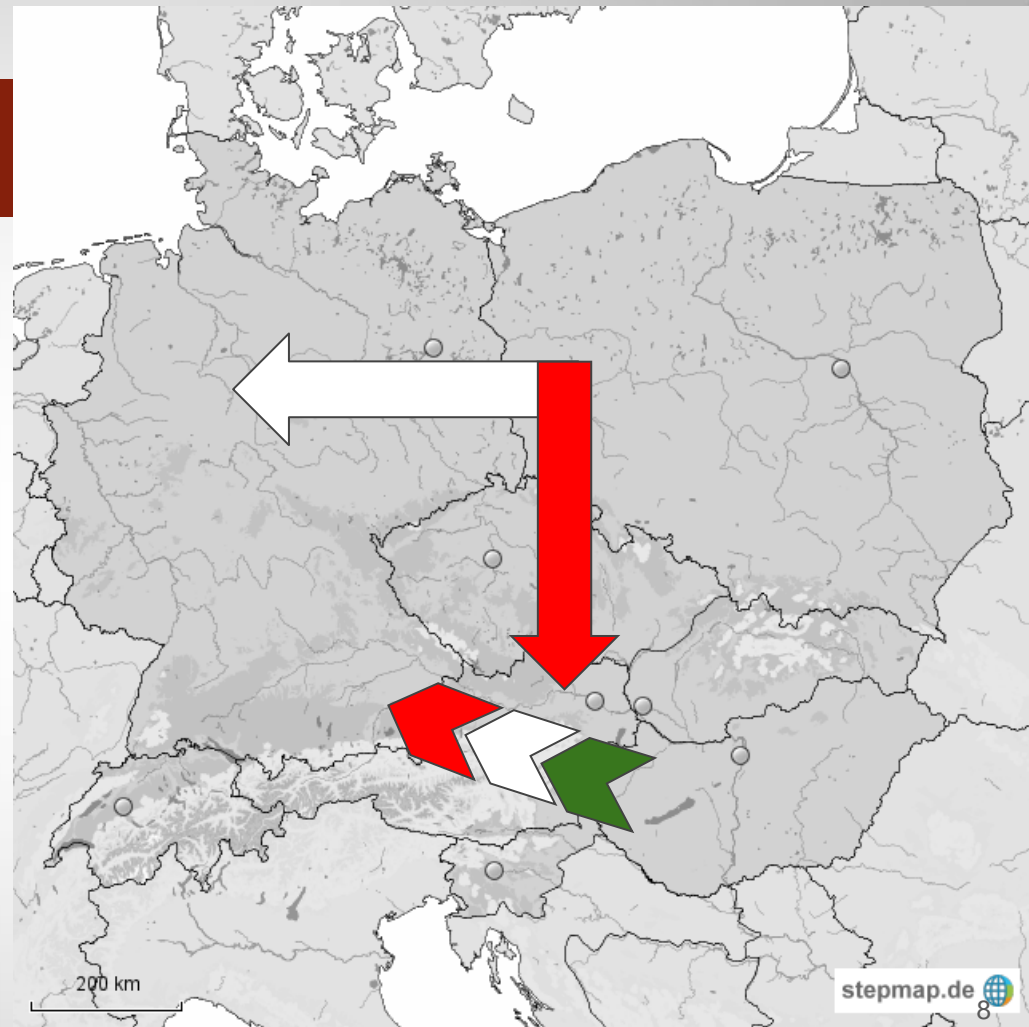
Hungary	366
Slovakia	229
Czech Republic	128
Poland	69

**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%**

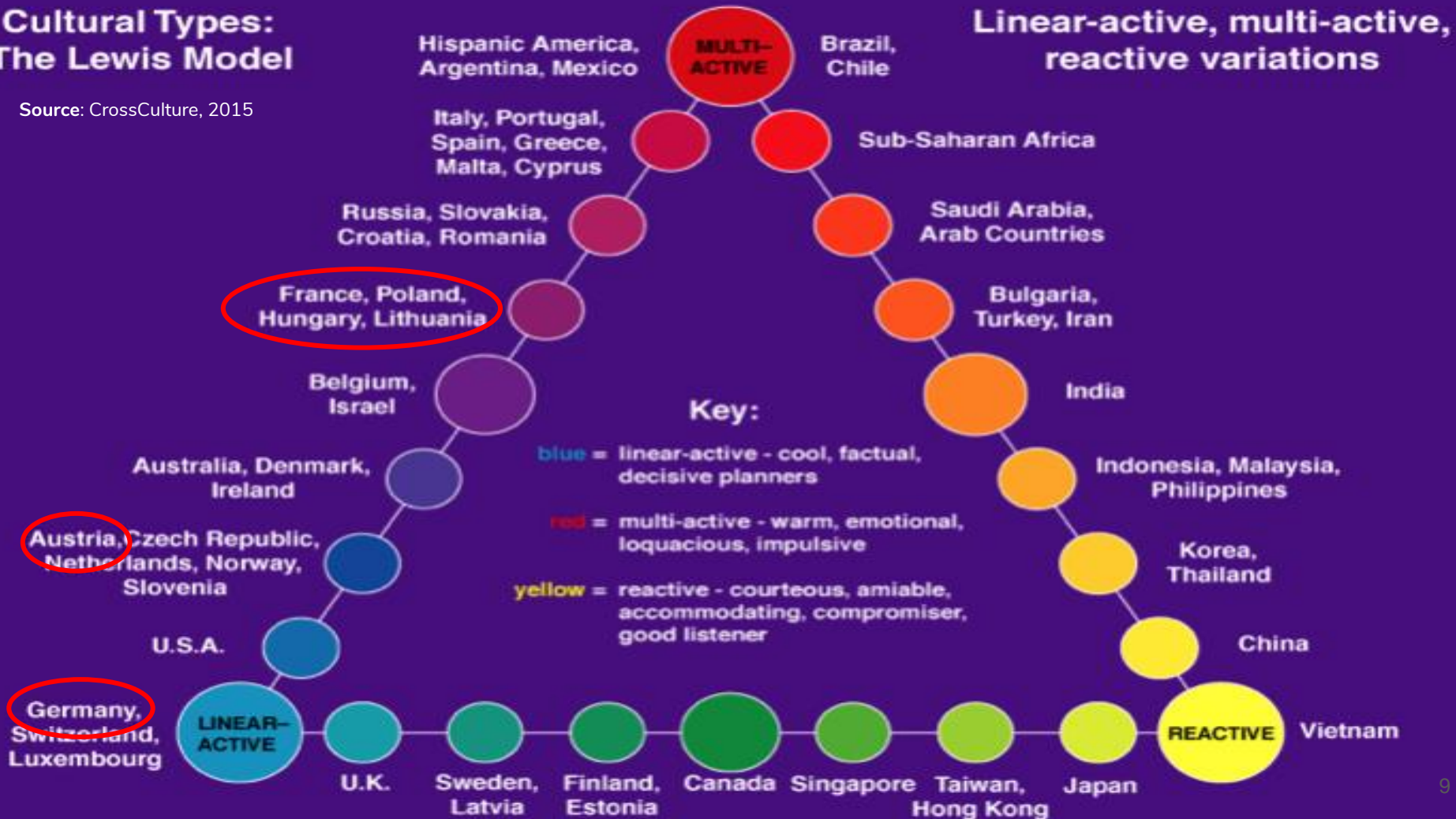




# Cultural Types: The Lewis Model

Source: CrossCulture, 2015

Linear-active, multi-active, reactive variations



GLOBE Dimensions	values <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 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  
(amb

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

try level  
(usive)

alitarianism  
ce 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.*
- + *Here [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 Distar
- + Uncertainty
- + Specific vs. D
- + Neutral vs. E
- + Monochronic

### Mentality level (ambiguous)

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

ty level  
(usive)

itarianism  
e 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)

Mentali  
(obv)

- + Power Distan
- + Uncertainty A
- + Specific vs. Di
- + Neutral vs. Er
- + Monochronic

## Country level (exclusive)

- + Gender Egalitarianism
- + Performance Orientation

ality level  
(ambiguous)

ple Orientation  
vs. Femininity  
vs. Individualism

# Performance Orientation

aspect	AT	DE	HU	PL
Talking at the expense of doing productive work	<b>yes</b>	no	no	no
Bad quantitative performance	<b>yes</b>	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"><li>+ <b>show courtesy:</b> use a formal form of address, criticize with caution (hierarchy)</li></ul>	<ul style="list-style-type: none"><li>+ <b>respect equality:</b> convince with expertise and social skills, not assert with formal power</li></ul>
<ul style="list-style-type: none"><li>+ <b>provide and ask for more feedback:</b> source for new ideas and improvement</li></ul>	<ul style="list-style-type: none"><li>+ <b>be more diplomatic:</b> adjust tonality and explicitness of feedback (less impulsive)</li></ul>
<ul style="list-style-type: none"><li>+ <b>strengthen cohesiveness:</b> initiate and participate in more team-building events</li></ul>	
<ul style="list-style-type: none"><li>+ <b>provide mutual support:</b> be encouraged to learn from each other</li></ul>	

# 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)



# References

- Bakacsi, G., Sandor, T., Andras, K., Viktor, I. (2002). Eastern European Cluster: Tradition and Transition. *Journal of World Business*, 37, 69-80.
- Bundesärztekammer (2016), Ärztstatistik zum 31. Dezember 2016. Bundesgebiet gesamt, Retrieved on 26th February 2018 from [http://www.bundesaerztekammer.de/fileadmin/user\\_upload/downloads/pdf-Ordner/Statistik2016/Stat16AbbTab.pdf](http://www.bundesaerztekammer.de/fileadmin/user_upload/downloads/pdf-Ordner/Statistik2016/Stat16AbbTab.pdf)
- Clarke, V., & Braun, V. (2013). Teaching Thematic Analysis: Overcoming Challenges and Developing Strategies for Effective Learning. *The Psychologist*, 26(2), 120-123.
- CrossCulture. (2015). *The Lewis Model – Dimensions of Behaviour*. Retrieved on 29<sup>th</sup> October 2017 from <https://www.crossculture.com/latest-news/the-lewis-model-dimensions-of-behaviour/>
- Fatehi, K., Kedia, B. L., & Priestley, J. L. (2015). Mindscapes and Individual Heterogeneity Within and Between Cultures. *Journal of Business Research*, 68, 291-298.
- GLOBE Study (n. d.), Understanding the Relationship Between National Culture, Societal Effectiveness and Desirable Leadership Attributes: A Brief Overview of the GLOBE Project 2004. Retrieved on 26th February 2018 from [http://globeproject.com/study\\_2004\\_2007](http://globeproject.com/study_2004_2007)
- Helena Legido-Quigley, H., Saliba, V., McKee, M. (2015). Exploring the Experiences of EU Qualified Doctors Working in the United Kingdom: A Qualitative Study. *Health Policy*, 119, 494-502.
- Kolodziej, Monika (2016), Welchen Beitrag können in Polen ausgebildete Ärzte zur Behebung des Ärztemangels in Deutschland leisten? Vergleich von Medizinstudium und Facharztweiterbildung in Deutschland und Polen unter exemplarischer Darstellung von Innerer Medizin, Allgemeinmedizin und Anästhesie. (Doctoral dissertation). Medizinische Fakultät der Ludwig-Maximilians-Universität zu München, Germany.
- Lenartowicz, T., Johnson, J. P., & White, C. T. (2003). The Neglect of Intracountry Cultural Variation in International Management Research. *Journal of Business Research*, 56, 999-1008.
- Medien-Serviceestelle Neue Österreicher/innen (2016), 63.600 MigrantInnen arbeiten im Gesundheitswesen. Retrieved on 27th February 2018 from [http://medienservicestelle.at/migration\\_bewegt/2016/05/11/63-600-migrantinnen-arbeiten-im-gesundheitswesen/](http://medienservicestelle.at/migration_bewegt/2016/05/11/63-600-migrantinnen-arbeiten-im-gesundheitswesen/)
- Meeuwesen, Ludwien, Atie v. d. Brink-Muinen, and Geert Hofstede (2009), "Can Dimensions of National Culture Predict Cross-National Differences in Medical Communication?" in *Patient Education and Counseling*, Vol. 75, 58-66.
- Ranf, D. E. (2010). Cultural Differences in Project Management. *Annales Universitatis Apulensis Series Oeconomica*, 12(2), 657-662.
- Rubenzler, M. (2018). *Mysterious Neighbors: Mentality Differences in the Field of Medicine* (unpublished Master thesis). University of Applied Sciences Upper Austria, Austria.
- Skjeggstad, E., Gerwing, J., & Gulbrandsen, P. (2017). Language Barriers and Professional Identity: A Qualitative Interview Study of Newly Employed International Medical Doctors and Norwegian Colleagues. *Patient Education and Counseling*, 100, 1466-1472.
- Szabo, E., Brodbeck, F. C., Den Hartog, D. N., Reber, G., Weibler, J., Wunderer, R. (2002). The Germanic Europe Cluster: Where Employees have a Choice. *Journal of World Business*, 37, 55-68.

# Mysterious Neighbours

## **Mentality Differences in the Field of Medicine**

A Perceptual Study of Physicians Originated from Hungary and Poland Working in Austrian and German Hospitals

Mario Rubenzer  
S1610631018