

The South African Academy of Family Practice's Rural Health Initiative (RHI) is proud to be able to bring you the following section of the journal, that will concentrate on issues pertaining to rural health in South Africa. We hope to provoke discussion on these issues and would encourage anyone interested in rural health to offer contributions to future issues.



☀ CULTURE SHOCK AMONG NEW DOCTORS ☀

Orientating new doctors is - or should be - an important task in rural hospitals. Each hospital has its own distinct culture, i.e. a set of behaviours, assumptions, beliefs and values, which determines how its members function. Apart from the practical aspects of work, it is important to try to induce new team members into this culture. This is made difficult by the rapid turnover of staff in rural hospitals, and by the annual influx of new community service doctors.

A few years ago, we did some informal research to try to understand the responses of doctors working in new hospital environments. The context was rural hospitals in KwaZuluNatal province, South Africa.

Qualitative research methodology was used, with both focus groups and individual interviews. In the focus groups, about 25 doctors in 3 groups attending a Medunsa MFamMed seminar were asked to describe their experiences of starting in a new hospital. All were working or had worked in rural hospitals. In terms of individual interviews, 6 doctors who completed one-year terms at Manguzi hospital were questioned regarding their adaptation to the working environment, using an informal semi-structured interview process.

Some quotes from the focus groups illustrate issues that arose:

"Every hospital is different. It's a completely new environment although the work situation is the same."

"The culture in small rural hospitals is different from referral hospitals."

"[I was] shocked, terrified, scared, ready to escape, everything was different from what I knew before."

"All people are the same. It's only their habits that are so different."

Confucius.

"New doctors are usually in a new system; [it is] difficult to be put on call - too much to handle. A few weeks makes him feel comfortable to carry on activities. It takes time, even 2 months."

"To make the doctor really welcome there is a lot to do."

"A new doctor [needs] orientation to the culture of the institution - how they do things practically."

The focus group results were partially analysed by the participants themselves during a subsequent MFamMed seminar. There were a number of themes that emerged, which could be corroborated by data from the informal interviews.

Some of the clear themes are set out below:

- Doctors felt overwhelmed on starting in new hospitals and usually poorly prepared. Initial enthusiasm often gave way to irritation and even depression before the doctor adapted and became a useful member of the team, or decided to move on. This is akin to "culture shock".
- Often the process includes the doctor questioning his or her own competence.
- Supportive colleagues can make the process easier. Conversely, reactions of other team members can exacerbate negative feelings.
- New environments, new protocols, and new supervisors or colleagues with different styles and approaches, contribute to the difficulties experienced.
- The process is exaggerated for a foreign-trained doctor, who may be dealing with a new work culture and also a new social culture.

From the information obtained, it is obvious that preparation of new doctors entering a rural hospital does not receive much attention, beyond the administrative aspects. The process of starting in a new hospital can be understood in terms of the theory of "culture shock". Each practice has a culture, whether it is the culture of a large, impersonal regional hospital or of a small rural district hospital. The same is no doubt true of health centres and private prac-

tices. Those who are part of the "culture" often do not understand those coming into it, and thus do not facilitate the integration.

Aspects of culture shock include: strain due to the psychological adaptations required; sense of loss; rejection by and/or of members of the new culture; confusion in role, role expectations, and self-identity; anxiety; and feelings of impotence.¹ "During settlement in a new cultural environment, we are constantly aware of a dissonance between our inner and our outer existence, a dislocation that can be disorienting to the extent of causing psychological health problems... Ordinary decision making about simple things causes stress, sometimes because of uncertainty of the way the new society works, but also because the new arrival cannot help being in a constant state of anxiety due to the unrelieved strangeness of it all."²

Classically, four phases of culture shock are described:

1. Fascination with the new culture
2. Irritation and frustration with the new culture, especially in comparison with one's original culture.
3. Depression and maladaptive coping, with much negativism.
4. Improvement and adjustment

An understanding of these processes is helpful, both for those experiencing

them and or those assisting others who are experiencing them. For those interested in further reading on the subject, I have found these two books useful:

Alan Hodge. *Communicating across cultures: An ABC of cultural Awareness*. Willoughby, NSW: Janus Resources. 1987.

S Bochner. *Cultures in Contact: Studies in Cross Cultural Interaction*. Oxford: Pergamon Press, 1982.

Some recommendations that come out of these findings, which I challenge colleagues to consider, are the following:

- New doctors should be assisted to adapt to their new work environment, taking into account the process of cultural adaptation.
- Hospitals and clinics should look carefully at how new doctors are prepared for their entry.
- Orientation programmes are essential for all new doctors (and any other staff as well).
- Orientation programmes should look holistically at the needs of the doctors coming in.
- Supervisors should be aware that the adjustment process continues long after the time when familiarity with the physical environment has been achieved.

It would be instructive to hear from different hospitals what orientation programmes are being used, and how adjustment problems are being dealt

with. Useful examples could be shared through this column.

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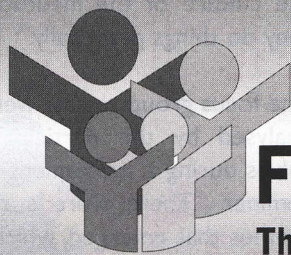
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1. Furnham A, Bochner S. "Social difficulty in a foreign culture: an empirical analysis of culture shock." In Bochner, S. *Cultures in Contact: Studies in Cross Cultural Interaction*. Oxford: Pergamon Press, 1982. p. 168
2. Hodge, Alan. *Communicating across cultures: An ABC of cultural awareness*. Willoughby, NSW: Janus Resources. 1987. p. 95

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