

PROFESSIONAL PRACTICES AND INTERCULTURAL COMPETENCE: CHALLENGES FOR PSYCHOLOGISTS DEALING WITH CULTURAL DIVERSITY IN FRENCH-SPEAKING BELGIUM

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Abstract

The rapid rise in cultural diversity worldwide is a result of extensive migrations. While it is essential for professionals to integrate the cultural specificities of their patients into their clinical practices, a review of the scientific literature reveals a significant training deficit in cultural competencies. Scientific literature indicates that individuals from various cultural backgrounds often receive inadequate care and face barriers in accessing healthcare services. This study aims to provide an overview of the situation in the French-speaking part of Belgium. We investigate how psychologists consider the cultural specificities of patients with different linguistic and cultural backgrounds in their clinical practice to provide adequate care.

Keywords: *Cultural diversity, practices, psychologists, assessment.*

1. Introduction

For several decades, migration has enriched the cultural diversity of the Belgian population. As a result, more than a third of the population is not of Belgian origin (Statbel, 2024). Our country's healthcare professionals increasingly had to work with patients from various linguistic and cultural backgrounds. Research indicates that patients from diverse backgrounds often receive inadequate care and encounter barriers when accessing healthcare services (Licata & Heine, 2012). Moreover, most psychometric tests psychologists use has been designed and standardized for individuals living in a Western, monocultural, and monolingual context. Consequently, employing such tools with patients from different cultures can lead to misdiagnosis or inappropriate treatment (Brunnet, Davanture & Derivois 2022; Sabri, Bosse & Roulin, 2022). To ensure the same healthcare rights for all (Verrept & Coune, 2016), professionals need to adapt their practices to the cultural specificities of their patients, whether working with children or elderly adults.

2. Methodology: research objectives, instrumentation and sample

This study aims to provide an overview of the situation in the French-speaking part of Belgium. We investigate how psychologists consider the cultural specificities of patients with different linguistic and cultural backgrounds in their clinical practice to provide adequate care. To collect our data, we invited the participants to complete an online survey of open-ended and close-ended questions focusing on their experiences with patients (difficulties, challenges, training needs, and experiences). Participation in the survey was voluntary and open from January to May 2024 for all psychologists in French-speaking Belgium who meet, at least occasionally, patients from different cultures. We sent the questionnaire electronically to the professionals or through institutional secretariats (hospitals, nursing homes, medical homes, etc.) and distributed it via social networks (Facebook, LinkedIn). A total of 188 practitioners responded to our questionnaire. We combined statistical analysis of general trends with a more in-depth exploration of individual opinions and experiences.

3. Results

3.1. Descriptive characteristics of the sample

Our sample comprises 188 psychologists working with two distinct groups: children (group A, N = 111, 59%) and elderly adults (group B, N = 77, 41%). On average, they are 37.3 years old and have 11.6 years of professional experience. The data show that 142 respondents (75.5%) work with patients from

different cultures at least once a week. Only 8 (4.3%) meet such patients less than once a month. A large part of the sample (166, 88.3%) experienced almost a consultation with a patient who did not speak French, and 103 (54.8%) assessed their patients using standardized psychological instruments.

3.2. Main results

Professionals in both groups (A and B) overwhelmingly stated (184, or 97.9%) that they were aware that culture influences how individuals perceive healthcare, including illness, treatment, and access to care. Moreover, 164 psychologists (87.2%) ask about their patients' cultural origins during consultations.

As shown in Table 1, professionals' opinions vary widely on using standardized tests with patients from culturally diverse backgrounds. For 60/188 (31.9%), it is possible to use these tools with all the patients who speak the same language of the test (in our case, French), regardless of their culture. Others (50/188, 26.6%) believe that they can use such tools only with patients with the same culture and the same language as the test; 52/188 (27.7%) thought they could work regardless of patients' cultural or linguistic characteristics, and 26/188 (13.8%) did not express an opinion on the subject.

More specifically, we observed divergences between the two groups of professionals. If 42/111 psychologists (37.8%) from Group A considered that the tests can be administered to everyone, regardless of language or culture, 29/77 psychologists (37.7%) from Group B declared that they prefer to use them only with patients from the same cultural and linguistic background than the test.

Table 1. Opinions about using standardized tests with patients from culturally diverse backgrounds.

		All the patients		Same language, regardless of culture		Same language + same culture		No opinion		Total	
		N	%	N	%	N	%	N	%	N	%
Psychologists	Children patients (Group A)	42	37.8	33	29.7	21	18.9	15	13.5	111	100
	Elderly patients (Group B)	10	12.8	27	35.1	29	37.7	11	14.3	77	100
	Total	52	27.7	60	31.9	50	26.6	26	13.8	188	100

In their work habits, 103/188 (54.88%) psychologists use standardized tests. However, only 29 of them (28.2%) are aware that the patient's language and culture are two factors that can lead to interpretation bias. On the other hand, only 26 of the 52 (50%) psychologists who declared that it was correct to use standardized tests with all patients are effectively employing them. This mismatch between opinion and practice shows that psychologists need to receive more sensitization about this issue.

Professionals faced various difficulties in intercultural situations, such as verbal communication with patients and/or families who are nonfluent in French (142/188, 75.5%). More than half (102/188, 54.2%) said they had to deal with difficulties related to representations of mental health, which can differ from one culture to another. Psychologists from Group A report that some parents struggle to understand and accept their children's unhappiness because their culture has more difficulty recognizing depression. They also highlighted that some religious parents are resistant to therapeutic or medical treatment for their children because they believe that prayer could improve their condition. The professionals from Group B explained that the symptoms of neurodegenerative diseases are sometimes confused with normal aging in these families. As a result, the relatives don't always seek to take advantage of access to care.

Professionals expressed three main types of need: they would like to dispose of standardized tools, which they can use with all patients regardless of their language and culture (82/188, or 43.6%). Most also called for more supervision (75/188, 39.9%) and training (70/188 or 37.2%) with professionals well-trained in cultural diversity management.

When we asked psychologists about their initial training in interculturality (see Table 2), only a third of the sample asserted to have received such training (65/188, 34.6%). Of the 123 others, only 83 (67.5%) said they had been a little sensitized to this issue. Furthermore, we found that more professionals claim to have been trained in Group A than in Group B (43/111, 38.7% vs. 22/77, 28.6%), while the latter are more likely than the former to say they are neither trained nor sensitized (21/77, 27.3% vs. 19/111, 17.1%). Finally, many (147/188, 78.2%) would like to complete more in-depth training in intercultural management.

Table 2. Initial training in interculturality.

	Group A		Group B		Total	
	N	%	N	%	N	%
Trained	43	38.7	22	28.6	65	34.6
Only sensitized	49	44.1	34	44.2	83	44.1
Neither trained nor sensitized	19	17.1	21	27.3	40	21.3
Total	111	100	77	100	188	100

4. Discussion and conclusion

Today, culturally-adapted healthcare represents a significant societal challenge. Results indicate that 166/188 psychologists (88.3%) frequently work with patients who do not speak French fluently. Both groups report experiencing difficulties related to cultural perceptions of illness, with 102/188 (54.3%) acknowledging this issue. They also express a need for standardized tools to assess patients from diverse linguistic and cultural backgrounds, even if their opinions on using psychometric tests designed for Western populations vary within the sample. Our findings confirm Nielsen et al. (2011), who highlighted a lack of intercultural information and training for psychologists. Yet, these professionals must exercise caution when interpreting the results obtained from these instruments to avoid diagnostic errors (Sabri, Bosse & Roulin, 2022). In light of this situation, participants have requested more supervision and training to enhance their ability to support and assess patients from different cultures. That indicates an awareness of the risks associated with the importance of considering cultural diversity in their practices.

In conclusion, linguistic and cultural backgrounds significantly influence healthcare and cultural context is a key aspect of the anamnesis process. However, in Belgium, many professionals received inadequate training during their studies, hindering their ability to integrate cultural specificities into their practice. Moreover, our participants also encounter difficulties with the tests used with these patients. They desire to enhance their skills, including those who have received initial guidance in cultural diversity. Consequently, there is an urgent need for improved training opportunities within healthcare institutions.

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