DE GRUYTER OPEN

Scientific Annals of Economics and Business
64 (3), 2017, 379-394
DOI: 10.1515/saeb-2017-0024

ASSESSMENT OF STAFF INTERCULTURAL COMPETENCES IN HEALTH CARE ORGANISATIONS

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Abstract

As a consequence of globalisation, people's mobility has been increasing, which brought cultural diversity to a number of countries of the world, therefore intercultural competences became a particularly important research object in organisation management. Scientific literature is rich in publications on the topic, however, the latter problem and its specificity has been insufficiently studied in health care organisations whose performance is especially important for each patient and the cost of errors, possibly caused also by insufficient intercultural competences, may be very great. The conducted research justifies the meaning and significance of intercultural competences in health care organisations and identifies the principal problems in organisations faced when communicating in an intercultural environment. The development of intercultural competences was not sufficiently promoted in health care organisations, leaving that to the staff's responsibility. Quite a few of health care services providers had a poor knowledge of etiquette and did not know much about the customs and traditions of other countries.

Keywords: health care organizations; intercultural competence; employees.

JEL classification: M140; M520; M540.

1. INTRODUCTION

We live in a global, very dynamic, intercultural and digital world characterised by continuous and rapid social and technological change, the ubiquitous people's mobility and connectivity, therefore intercultural competencies became very important in our daily life. Therefore, not only in business, but also in health care organisations the need for intercultural communication has been increasing. Intercultural communication has become one of the essential components of social life. Quite a number of people in the world have to communicate and collaborate with people from different cultures. Due to demographic, technological, economic, concord, and personal interests, there is an (Lustig and Koester, 2012).

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Culture is undoubtedly one of the most important factors that determines both the level of development of society and human full social life in modern society. Lustig and Koester (2012) state that culture is a learned set of shared interpretations about beliefs, values, norms, and social practices which affects the behaviour of a relatively large group of people. Culture in the society helps to understand the society and groups norms. In the Merriam Webster Dictionary (2017), culture is defined as an integrated pattern of human knowledge, belief, and behaviour that depends upon the capacity for learning and transmitting knowledge to succeeding generations. The many definitions of culture, which vary depending on the analyst's scientific perspective, attest to the complexity of this social concept (Korez-Vide, 2014). The concept of culture reflects qualitative differences in human daily life and activity as compared with other forms of biological life, therefore it combines traditions, rites, religious beliefs, writing, art works, moral standards, philosophical ideas, political power manifestations, scientific achievements, and a number of other human-created and surrounding products. Intercultural competent means that a person from one culture is able to interact effectively with people from different cultures (Korez-Vide, 2014).

For many businesses, effective intercultural communication stands to bring them increased business and profits; however, in the health care industry, effective intercultural communication carries greater importance as it affects patients' physical and mental well-being (Voelker, 1995). Health care organisations are one of the most complex organisations that have ever been tried to manage (Zavackienė and Čiegis, 2014). The complexity arises because of the collaboration of different professions (e.g., doctors, nurses, pharmacists, and administrators) and other interested parties (e.g., patients and the government), insufficient and complex intercultural communication, and the compatibility of different objectives. In search of solutions for those problems, organisations engage in collective education which helps them to form certain common values and provisions that are of great importance for health care organisations. In order to remain competitive at the national and international levels, health care organisations have to observe patient care and regulatory standards and to ensure high-quality health care (Zavackienė and Čiegis, 2014). To achieve the objective, health care organisations have to give high priority to the fostering of intercultural competences. Intercultural competence is increasingly necessary in today's global workplace as collaborative and coordinating demands increasingly stretch leaders' capacities to perceive, interpret, and act in ways that achieve organizational goals (Bird *et al.*, 2010).

Cultural competence is fundamental to get advantages from the existing opportunities. It influences people's openness towards diversity, and consequently their inclination to accept others' ideas, information, and technology (Stier, 2003). Cultural knowledge and cultural competence are key factors of firms' success (Calza *et al.*, 2013)**.** The movement toward cultural competence in health care has gained national attention and is now recognized by health policy makers, managed care administrators, academicians, providers, and consumers as a strategy to eliminate racial/ethnic disparities in health and health care. There is, however, an ongoing debate as to how to better define and operationalize this critical yet broad construct. A number of different terms have been proposed to better articulate and encapsulate its meaning. Cultural sensitivity, responsiveness, effectiveness, and humility each emphasizes certain aspects and together reveal a lack of consensus, as each has a unique definition. Models for operationalizing cultural competence have emphasized particular aspects of the health care delivery system, especially the provider-patient interaction (Betancourt *et al.*, 2003).

The aim of the research is to assess employee's intercultural competences in the health care service organizations and to identify the principal areas of the development of the medical staff intercultural competences in health care organizations.

The research is implemented through a two-stage process of literature review and empirical survey. For the empirical research, a method of questionnaire survey was chosen, and the respondents were the medical staff of health care organisations. For the statistical data analysis, the techniques of variance analysis (ANOVA) and factor analysis were used.

The paper presents the findings of the empirical research which aimed to assess the intercultural competences of the medical staff in health care organisations. The literature review addresses the concept of *cultural differences* and *intercultural competences in organizations*.

2. LITERATURE REVIEW

2.1 The concept of cultural differences

By its very nature, culture is difficult to understand, it is intangible, impossible to express in words, and it is usually just taken for granted. First of all, it is a way of life of people living together in one space, embodied in arts, the social system, habits, customs, and religion. Culture is commonly defined as a system of shared values, attitudes, communication patterns, beliefs, behaviours, norms, material objects, and symbolic resources that distinguish the members of one group of people from others. Culture has tremendous influences on the way people think, perceive, communicate, learn, teach, and use technology. Although culture can be perceived in almost everything humans make, most people are not aware of how cultures affect their social behaviour and attitudes. Therefore, the best way to learn about another culture is to live in that culture since human beings form culture and develop it while they live together (Davis and Cho, 2005).

A national organization becomes multinational, when people of more than one culture are employed in it. This cross – cultural dimension impedes organizational management, as the organization should be managed by laws and methods of global business and principles of cross- cultural management (Grundey, 2008). Davis and Cho (2005) note that in order to survive today's complex world, people need to understand different cultures. Understanding different cultures helps people adjust to unfamiliar environments in which they meet, work and live with other people who have different cultures. Adjustment and positive attitudes toward different cultures prompts people to take active roles in the diverse society. Tomlinson (2002) emphasizes that in the global world national cultural identities remain resistant and important. The author states that the remains of national obstacles for global cosmopolitan identities to arise even because those identities fully occupy people's cultural imagination and broaden outlook. At the same time the author emphasizes that perhaps globalization won't create entire global culture according to a certain, historically unique model of national cultures. However, having accepted this as a distinctive feature, it might turn out that there are means of estimation of global cultural identity. However, it is important to realize, that management is a multi-stage phenomenon and a complicated field of activity, closely related with the development of the society as well as its national culture. The national culture (as well national features) has straight connections with the management of organizations. Increasing cultural complexity of contemporary social and business environments require an understanding of the importance of managing cultural

differences in a way that they become an opportunity (Korez-Vide *et al.*, 2016). A culturally diverse society has to realise that intercultural is a key prerequisite for effective communication to take place. 'Intercultural involves being open to, interested in, curious about and empathetic towards people from other cultures, and using this awareness of otherness to evaluate one's own everyday patterns of perception, thought, feeling and behaviour in order to develop greater self-knowledge and self-understanding' (Korez-Vide *et al.*, 2016).

Intercultural competencies also depend from political system, because it has impact on people mentality. Allen (2003) was writing that problems in inter-cultural management between Westerners and post-soviet countries (like Poland, Czech Republic) clearly exist. Rather than the varying cultural backgrounds of the actors, it is there reaction to the situation they find themselves in that is cause of these challenges. So in part all post-soviet countries have some common features. For example, Roberts (2002) wrote that Russian business culture remains fundamentally antithetical to good corporate governance (since the latter requires trust, consensus, transparency, free exchange of information, demarcating voting procedures, and a highly developed sense of ethics among other things) and it still not change enough.

2.2 Intercultural competences in organizations

Intercultural competence is based on a number of underlying cognitive, affective and behavioural competences, combined and known under the term intercultural competence (Lewis, 1999; House *et al.*, 2004; Korez-Vide *et al.*, 2016). Reviews of literature about intercultural competence in health care show that competence in this context is still mostly defined and measured in terms of knowledge, attitudes and skills (Castiglioni, 2013). This emphasis is consistent with definitions in cross-cultural psychology. Cultural and linguistic competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable effective work in cross-cultural situations. Culture refers to integrated patterns of human behaviour that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviours, and needs presented by consumers and their communities. A culturally competent healthcare setting should include an appropriate mix of the following: a culturally diverse staff that reflects the community(ies) served; providers or translators who speak the clients' language(s); training for providers about the culture and language of the people they serve; signage and instructional literature in the clients' language(s) and consistent with their cultural norms, and culturally specific healthcare settings (Anderson *et al.*, 2003).

According to the Deadorff (2011) the intercultural competence terms used to refer to this concept vary by discipline (for example, those in social work use the term cultural competence, while those in engineering prefer to use global competence) and approach (the diversity field uses such terms as multicultural competence and intercultural maturity). Bednarz (*apud* Navitiene *et al.*, 2015) summarizes, that intercultural competence could be defined as culturally-aware mobilization, managed by individuals, of knowledge, skills, attitudes and values, enabling them to cope with unfamiliar and ever changing problems arising from encounters with people socializing in different culture, in order to find new and shared solutions. The author emphasizes the importance of intercultural awareness as the

tuning of learner's own behaviour according to the comprehension of other cultures, history and economics and the changes within society and culture. Byram (1997) understands intercultural competence as an ability to leave the position of being in the centre, the adoption of new points of view, of being willing to interact with people from other European and non-European cultures (Zylkiewicz-Plonska and Acienė, 2014). The key element in gaining intercultural competences is the willingness to have contact with people from different cultures. Being intercultural competent means that a person from one culture is able to interact effectively with people from different cultures (Korez-Vide *et al.*, 2016). It shows readiness and an open attitude which one has towards others. Without free will, curiosity and open mind it would be hard to start experiencing otherness in the context of being together, communicating and trying to understand each other (Zylkiewicz-Plonska and Acienė, 2014). Sercu (2002) note that intercultural competence' is a concept typical of postmodernist views of society, with their interest in cultural difference and the relationship to 'the Other', no matter whether this 'Other' is different from a national, ethnic, social, regional, professional or institutional point of view.

An intercultural competent person shows affective, behavioural, and cognitive abilities, such as openness, empathy, adaptive motivation, perspective taking, behavioural flexibility, and person-centred communication. Thus, intercultural competency can be defined as transformation of learning into desired attitudes, and a growth process where an individual's existing knowledge about culture is evolving to intercultural knowledge, 5 attitudes, and behaviour. This learning and growth process permits an individual to integrate intercultural perspectives into his/her high level of cognitive schema. An open mind is key to an intercultural learning process, since it allows an individual to accept a new situation in a positive way and to adapt different culture into his/her existing schema. In this way, old attitudes, behaviour, and cognition toward strange culture(s) are gradually transformed into a new perception of intercultural, and the individual becomes more a flexible (Davis and Cho, 2005). Spencer and Spencer (1993), Athey and Orth (1999), Chen and Naquin (2006), Campion *et al.* (2011) and other scientists believe that to understand better the definition of intercultural competences, we should pay more attention to the elements, mainly three: knowledge, skills, attitudes, that constitutes the term. There exist a multitude of different models to conceptualise elements and stages of intercultural competence. Korez-Vide *et al.* (2016) notes that the most renowned are those of Bennett (1993), Byram (1997), Deardorff (2009) and Reisinger (2011). Communication skills mean the process through which an individual develops a set of intervention strategies to adapt to his/her patients. This dimension includes supportive institutional settings to help the therapists develop cultural competence (Cote, 2013).

The human factor and intercultural competences become decisive factors, since it is no longer enough for the staff to speak foreign languages: the cooperation with the staff, suppliers, clients, partners, and competitors who belong to different cultures is based on different experiences, different understandings, values, and views on organisation activities. The development of intercultural competences of human resources gives advantages in organising activities in an increasingly complex environment and prevents management mistakes when working with people or adverse effects in the market (Dabravalskytė and Vveinhardt, 2015). The development of intercultural competence is the primary task of a globalized learning society in which the individuals study or work effectively while communicating cross-culturally. Intercultural competence could be developed over an extended period of time. It should be noted that the learning or working individuals are at different levels in their

intercultural competence development. Special teaching materials could greatly contribute to the development of intercultural competence (Navitiene *et al.*, 2015).

Intercultural competence becomes of ever greater importance as every contemporary person is either studying or working in different cultural environments. Intercultural competence has its definition as an appropriate and effective interaction between people who represent different affective, cognitive and behavioural orientation to the world (Spitzberg and Changon, 2009). When someone has a high degree of intercultural competence, they are able to have successful interactions with people from different groups. People must be curious about other cultures, sensitive to cultural differences, and also willing to modify their behaviour as a sign of respect for other cultures (Zylkiewicz-Plonska and Acienė, 2014).

It is evident that each approach highlights some significant intercultural competences-related differences. It is important to understand intercultural competences as the abilities employed by qualified individuals. Cultural competence predetermines the efficiency of activities and good results in a multicultural environment.

3. RESEARCH METHODOLOGY

In the research on the staff intercultural competencies, a quantitative research method (a questionnaire survey) was used. The format chosen for the responses to the questionnaire statements, intended to assess the staff's intercultural competences (the knowledge, skills, and attitudes) was a five-point Likert scale, otherwise known as summative, when the statements can be evaluated either individually or in combination as forming certain constructs. The questionnaire used for the empirical research was tested in a pilot study (N=115). Table no. 1 presents the structure of the questionnaire. The survey questionnaire consisted of 13 statements. Five statements on the basic respondent characteristics, such as age, educational background, their position in the institution, etc., five closed-ended type questions and three questions on the Likert scale were presented.

Table no. 1 – The structure of the questionnaire

Statement no.	Type of statement
1-5	Demographic statements
6-8	Closed-ended type statements Communication with other nationalities Frequency of trips abroad on business Frequency of trips abroad for personal reasons
9	**Likert scale.** The importance of intercultural competence elements is assessed in the respondents' work environment (1 – completely disagree, 5 – completely agree)
10	**Likert scale.** Respondents' self-assessment by the statements in 5 groups (1 – completely disagree, 5 – completely agree)
11-12	Closed-ended type questions The development of intercultural competences is promoted at work How the development of intercultural competences could contribute to the organisation's success
13	**Likert scale.** Problems in the work environment most frequently arising in communication with other nationalities are assessed (1 – no difficulties arise, 5 – problems arise most frequently)

3.1 The sample and sampling of the survey

The sample of the survey consisted of 115 respondents (N-115) from health care organisations in Lithuania.

In the sampling, a *stochastic selection technique* and *stratified sampling* were applied (stochastic, when the probability of each survey population element to get into the sample was known). The aim of the stochastic selection technique is to select the cases from the population so as to have a characteristic, typical sample, well representing the population. The main principle of stochastic sampling is the same probability of entering the sample. To select health care institutions, stratified sampling was used. The technique is frequently applied, as it guarantees that the sample shall represent certain characteristics of the population. When selecting health care institutions able to participate in the survey, the sample was divided into groups (strata) in accordance with the institution size (large organizations, medium-sized organizations, small organizations). Later from those strata a simple random sample was selected. Stratified sample may be disproportionate. That depends on the correspondence of the structures of the sample and the population. By that technique, several organisations in different strata were selected, and the medical staff of health care organisations was surveyed. Both direct and online surveys were carried out. 115 respondents took part in the survey: 43.5% from large, 31.3%, from medium-size, and 25.2% from small organisations. The respondent distribution was proportionate, given the size of the organisation and the number of the staff in those organisations. Therefore, we argue that the survey was representative and reflected the principal research characteristics typical of health care organisations.

3.2 Data processing

The obtained data were processed by SPSS (*Statistical Package for the Social Sciences*) software package. In the data processing, the percentage, mean, and mode were calculated. The techniques of variance analysis (ANOVA) and factor analysis were used. To test whether the demographic data had an impact on the variants of responses to the statements, ANOVA test was carried out which showed whether the variables were statistically related and affected each other: the significance level $p \leq 0,05$ meant the variables affected each other, and at p>0,05, the variables did not affect each other. In case of ordinal variables, factor analysis was used, which showed how the variables of each group were united by some directly unobservable factor.

The stages of the factor analysis:

a) verification whether the data were suitable for the factor analysis. For the purpose, Bartlett's sphericity criterion (measured by Chi-square (X^2) value was applied which answered the question whether among the observed variables there were statistically significantly correlating ones (they correlate when the Bartlett's test result corresponding p value is less than 0,05). The *KMO* measure evaluated whether the data were suitable for the factor analysis. The following KMO values gradation was used: $0.9<KMO$ – marvellous; $0.8<KMO\leq0.9$ – meritorious; $0.7<KMO\leq0.8$ – middling; $0.6<KMO\leq0.7$ – mediocre; $0.5<KMO\leq0.6$ – miserable; $KMO<0.5$ –the factor analysis was unacceptable;

b) factor identification;

c) factor interpretation.

To assess the internal consistency of the questionnaire scale, Cronbach's alpha coefficient was used, based on the correlation of individual statements comprising the questionnaire which evaluated whether all the scale questions sufficiently reflected the researched item.

4. ANALYSIS OF THE RESEARCH FINDINGS

The majority of the survey respondents were over 50-year-old (33.9%). The work experience of 65.2% respondents was over 5 years. Most of the respondents had higher education (Bachelor's 34.2% and Master's 53.5%). 71.8% of the respondents were specialists/employees, and 14.5% were executives (see Table no. 2).

Table no. 2 – The respondents' demographic characteristics

Respondent's age	**Percentage**	**Respondent's education**	**Percentage**
Under 25	7.0	Secondary	8.8
25 to 35	31.3	Bachelor	34.2
35 to 50	27.8	Master	53.5
Over 50	33.9	PhD	3.5
Respondent's present position	**Percentage**	**Respondent's work experience in the organisation**	**Percentage**
Student	6.1	Under 1 year	10.4
Worker	5.3	1to 5 years	24.3
Specialist/employee	71.8	5 and more years	65.2
Executive	14.5	-	-
Businessman	2.3	-	-

As mentioned above, the respondents came from different size organisations. The majority of the respondents (43.5%) came from large, 31.3% from medium-sized, and 25.2% from small organisations.

Communication with representatives of different cultures is of great importance, as the ability to communicate with representatives of different cultures predetermines the organisation's performance, and in the case of health care organisations, the success of patient treatment. The respondents were asked how often they had to communicate with other nationalities at work. The data revealed that 43.5% of the respondents had to communicate with other nationalities several times per three months on average, 13.9%, once every three months, 26.1%, only once per six months, and over 16.00%, never dealt with other nationalities. The data witnessed that the respondents had some experience of dealing with other nationalities. A comparative analysis revealed that representatives of large organisations more frequently dealt with other nationalities, while the respondents from small organisations had the least experience in the field. 8.7% of the respondents from small organisations and just 1.7% from large organisations stated never having to deal with other nationalities, as well as 6.1 % from middle-sized organisations.

The survey also revealed that the respondents went abroad on business fairly seldom: 71.3% never did that, 20.9% went abroad on business once every several years; only 8.7% of the respondents stated never going abroad for personal reasons, 41.7% did that several times a year, 48.7% less frequently than once a year, and 0.9%, once a month (see Figure no. 1).

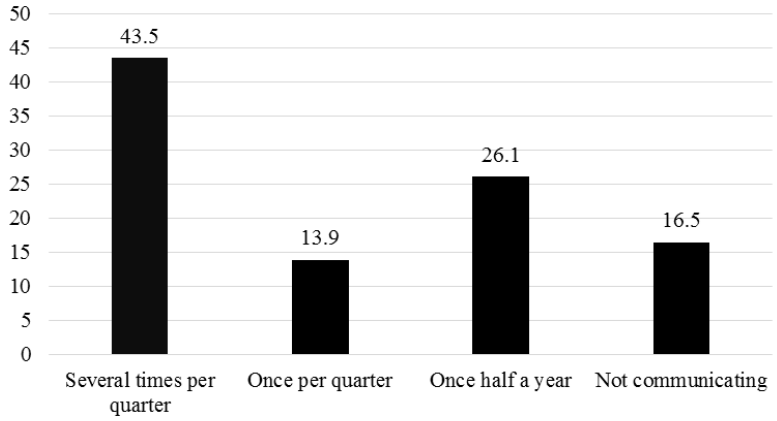

Figure no. 1 – Communication with other nationalities at work

To evaluate the internal consistency of the questionnaire scales, Cronbach's alpha coefficient was used (see Table no. 3). The value of the Cronbach's alpha coefficient for the scale *the relevance of intercultural competences in the work environment* was 0.8368. In evaluating the respondents' knowledge of etiquette, of the traditions and customs of other nationalities, of acceptable and unacceptable subjects for discussion, important events, etc., we used the scale consisting of six groups of statements with different numbers of them. The analysis of the internal consistency of that scale of the questionnaire proved that the value of the Cronbach's alpha coefficient for all the scales was more than 0.9. The analysis of the scale dealing with the most frequent causes of problems in communication with other nationalities resulted in the Cronbach's alpha coefficient of 0.8983. The obtained values of the Cronbach's alpha coefficient suggested that the scales were suitable for analysis and were consistent.

Table no. 3 – Assessment of the internal consistency of the questionnaire scale

Cronbach's alpha coefficient	**Cronbach's alpha coefficient of standardised data**	**The number of the scale statements**
Scale: the relevance of intercultural competences in the work environment		
0.8368	0.8408	9
Scale: knowledge of etiquette		
0.9182	0.9182	15
0.9319	0.9327	4
0.9256	0.9268	3
0.9667	0.9675	7
0.9322	0.9324	5
0.9099	0.9121	7
Scale: most frequent problems in communicating with other nationalities in work environment		
0.8983	0.9016	9

Spearman-Brown's increased reliability coefficient was named standardised Cronbach's alpha as seen in Table no. 4; its values were close to the Cronbach's alpha coefficient values, which meant that the dispersions of responses to individual statements were similar.

The respondents were asked which elements of the intercultural competence were important in their work environment. The average (V), the mode (most frequently recurring value, hereinafter referred to as M), and standard deviation were indicated. In the respondents' opinion, the least important intercultural competences included *the knowledge of the international work protocol (V-2.00; M-1)* and *the knowledge of the most important historical and social phenomena of other countries (V-2.82; M-3).* The most important competences, according to the respondents, were: *the knowledge of the language (V-4.45; M-5); understanding of the courtesy expressions (V-4.18; M-5); the ability to learn from the experienced situations (V-4.19; M-5); tolerance to cultural and racial differences (V-4.24; M-5);* and *respect for the values of other cultures (V-4.15; M-5).*

Table no. 4 – The relevance of the intercultural competence elements in the respondents' work environment

No.	Elements of intercultural competence	Mean	Mode	Std. deviation	Sig. p≤0.05
1.	Knowledge of the international work protocol	2.00	1	1.060	p≤0,05=0.032
2.	Knowledge of the language	4.45	5	1.014	p≤0,05=0.162
3.	Understanding of the courtesy expressions	4.18	5	1.063	p≤0.05=0.182
4.	Knowledge of historical and social phenomena of other countries	2.82	3	0.981	p≤0.05=0.340
5.	Flexibility	3.79	4	0.632	p≤0.05=0.239
6.	Management of new situations	3.85	4	0.792	p≤0.05=0.778
7.	Ability to learn from the experienced situations	4.19	5	1.005	p≤0.05=0.373
8.	Tolerance to cultural and racial differences	4.24	5	0.998	p≤0.05=0.096
9.	Respect for the values of other cultures	4.15	5	1.133	p≤0.05=0.251

Note: 1 – completely unimportant, 5 – very important

An ANOVA test revealed that the size of the organisation affected the respondents' choice: in the case of the knowledge of the international working protocol, the value of the Turkey criterion of the ANOVA test proved that *the international protocol was better known by the respondents from large organisations p≤0.05=0.032, than by those from small ones.* The results witnessed that employees in large organisations more often communicated with other nationalities and therefore had more knowledge about intercultural competences and the international protocol. Other demographic data did not affect the respondents' choice.

The performance of the KMO and Bartlett's tests resulted in the KMO value being 0.762, which meant middling adequacy of the data for the factor analysis. The obtained X^2 – 407.614 value and a respective p>0.000 value indicated the presence of significantly intercorrelating factors.

All the variables could be subdivided into three groups (see Table no. 5). In the first group, the intercorrelation of the intercultural competence elements focusing on *human abilities* was observed, such as flexibility (0.802), management of new situations (0.777), and the ability to learn from experiences (0.876). In the second group, the elements reflecting *ethical intercultural competences* correlated: understanding of the courtesy expressions (0.418), tolerance to cultural and racial differences (0.912), and respect for the values of other cultures (0.867). In the third group, the respondents considered *the knowledge related to a certain specific country* as the most important element of the intercultural competence: the knowledge

of the international work protocol (0.770), the knowledge of the language (0.652), and the knowledge of the most important historical and social phenomena of other countries (0.710).

Table no. 5 – Rotated component matrix(a)

Elements of intercultural competence	Component		
	1	2	3
Knowledge of the international work protocol	0.171	0.087	0.770
Knowledge of the language	-0.003	0.189	0.652
Understanding of the courtesy expressions	0.383	0.418	0.205
Knowledge of historical and social phenomena of other countries	0.420	0.191	0.710
Flexibility	0.802	0.093	0.284
Management of new situations	0.777	0.335	0.177
Ability to learn from the experienced situations	0.876	0.191	0.013
Tolerance to cultural and racial differences	0.132	0.912	0.203
Respect for the values of other cultures	0.280	0.867	0.156

Note: Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. a is Rotation converged in 5 iterations.

The respondents were asked to evaluate themselves in accordance with the six groups of statements (see Table no. 6). They tended to agree that they understood and tolerated cultural differences (V-3.86, M-5); when communicating with other nationalities, they were interested in their country (the customs, culture, etc.) (V3-72; M-4). They only partly agreed that they knew the etiquette of other countries (V-3.28, M-3); they knew the customs of other nationalities they communicated with, as well as unacceptable topics for discussion, etc. (V-2.97; M-3); they could name the most important events for other nationalities in their respective countries (V-2.69; M-3), and they understood the interrelations of other nationalities (the relations between executives and subordinates, men and women, the ways of problem solution, etc.). (V-2.75; M-3).

Table no. 6 – The respondents' self-evaluation in accordance with the statements

No.	Groups of statements	Mean	Mode	Std. deviation
1.	I know the business etiquette of other countries (15 statements evaluated)	3.28	3	0.9299
2.	I know the customs of other nationalities I happen to communicate with, unacceptable topics for discussion, etc. (4 statements evaluated):	2.97	3	0.5847
3.	I can name to other nationalities I happen to communicate with the important events in their countries (festivals, the political situation, etc.) (3 statements evaluated):	2.69	3	0.5903
4.	I understand the relations between other nationalities I happen to communicate with (7 statements evaluated):	2.75	3	0.4158
5.	When communicating with other nationalities, I am interested in the culture of their country, their customs, etc. (5 statements evaluated):	3.72	4	0.9876
6.	I understand and tolerate cultural differences (7 statements evaluated)	3.86	5	1.314

Note: 1 – complete disagreement, 5 – complete agreement and confidence

The respondents were asked how their organisations promoted the development of intercultural competences. 40.0% of them responded that the development of intercultural competences was not promoted and left to the responsibility of the staff. Therefore, it is not surprising that the respondents had only partial knowledge of the etiquette or of the customs and festivals of other countries, etc. 25.2% of the respondents stated that the sharing of best practices was promoted and the staff were learning from their colleagues, while only 11.3% participated in practical trainings, seminars, or were sent abroad on business or to internships (see Figure no. 2).

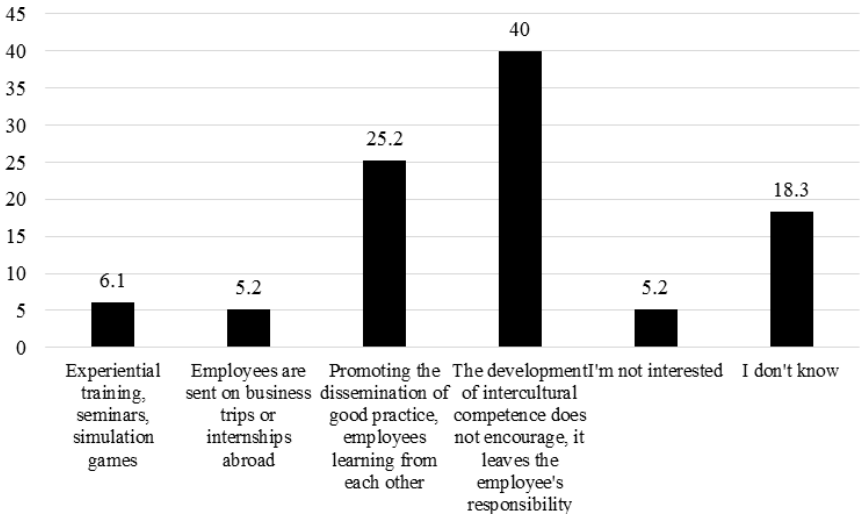

Figure no. 2 – Promotion of the development of intercultural competences in organisations

When the respondents were asked whether the development of intercultural competences could contribute to the success of their organisation, the majority (38.3%) answered that their career did not depend on the level of their intercultural competences, and 2.6% were not interested in them (Figure no. 3). One can believe that was the reason for the poor knowledge of the international protocol, the knowledge of languages, and other aspects related to the elements of intercultural competences. However, part of the respondents saw the benefits of the promotion of the development of intercultural competences; they believed it could contribute to the higher trust in the organisation (17.4%); it would provide better opportunities for partnerships with the organisations in other countries (27.8%), and the achievement of the organisation's objectives would be better ensured (13.9%).

As we tried to establish the causes of problems in the communication with other nationalities at work, the language turned out to be the principal issue. ANOVA test revealed that the size of the organisation affected the versions of the choice. The respondents of large organisations were more inclined to state that, in the communication with other nationalities in the work environment, problems tended to arise due to different understanding of the relations between executives and subordinates *($p \leq 0.05 = 0.040$)*; due to different styles of informal socialising *($p \leq 0.05 = 0.001$),* or due to unacceptable topics of conversations *($p \leq 0.05 = 0.036$)* than those of small or medium-sized organisations (see Table no. 7).

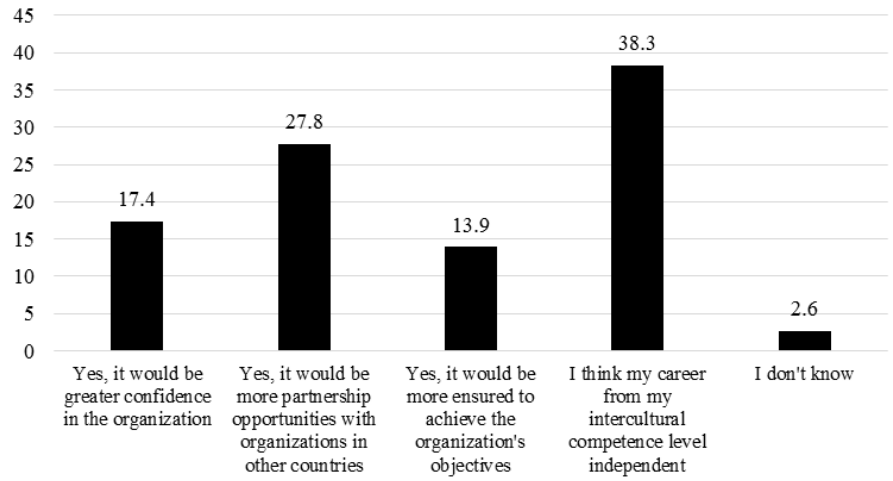

Figure no. 3 – The respondents' opinions on the contribution of intercultural competences to the success of organizations

Table no. 7 – Most frequent reasons of problems in communication with other nationalities in the work environment

No.	The problems most often arising in the communication with other nationalities in the work environment	Mean	Mode	Std. deviation	Sig. p≤0.05
1.	Due to differences in temperament	1.95	1	1.220	p≤0.05=0.303
2.	Due to the language	3.31	4	1.433	p≤0.05=0.792
3.	Due to different understanding of the relations between executives and subordinates	2.27	1	1.334	p≤0.05=0.040
4.	Due to different styles of informal socialising	2.26	1	1.248	p≤0.05=0.001
5.	Due to different religions	1.73	1	1.120	p≤0.05=0.171
6.	Due to unacceptable topics of conversation	1.98	1	1.175	p≤0.05=0.036
7.	Due to differences in decision taking	2.07	1	1.150	p≤0.05=0.122
8.	Due to the ignorance about the culture of other nationalities	2.33	1	1.198	p≤0.05=0.250
9.	Due to the absence of the staff's interest in other nationalities	2.45	1	1.315	p≤0.05=0.254

Note: 1 – the issue causes no difficulties, 5 – the issue causes most frequent difficulties

The performance of the KMO and Bartlett's test resulted in the KMO value being 0.825, which meant meritorious adequacy of the data to factor analysis. The obtained X^2 - 589.439 value and a respective p>0.000 value witnessed the existence of significantly intercorrelating factors.

As demonstrated by Table no. 8, all the variables could be divided into two groups. In the first group, strong interrelation of the problems most frequently arising in the work environment was observed in the fields of differences in temperament (0.846); different understanding of the relations between executives and subordinates (0.732); different styles of informal socialising (0.840); unacceptable conversation topics (0.665), and differences in decision taking (0.856).

In the second group, a strong relationship was seen between the following variables: the language (0.757); different religions (0.767); ignorance about the culture of other nationalities (0.600), and the absence of the staff's interest in other nationalities (0.562).

Table no. 8 – Rotated component matrix(a)

The problems most often arising in the communication with other nationalities in the work environment	Component	
	1	2
Due to differences in temperament	0.846	-0.047
Due to the language	0.003	0.757
Due to different understanding of the relations between executives and subordinates	0.732	0.380
Due to different styles of informal socialising	0.804	0.289
Due to different religions	0.303	0.767
Due to unacceptable topics of conversation	0.665	0.510
Due to differences in decision taking	0.856	0.272
Due to the ignorance about the culture of other nationalities	0.582	0.600
Due to the absence of the staff's interest in other nationalities	0.545	0.562

Note: Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. a is Rotation converged in 3 iterations.

The findings of the research allow us to state that the staff of health care organisations lacks the skills of communication in an intercultural environment. That is basically predetermined by the inability to speak foreign languages and the absence of interest in the protocol of other cultures. We emphasise that, in a contemporary organisation, the successful performance of the staff greatly depends on the employees' ability to adapt to the changing environment with the basic factor being the competences acquired by the individual and the conditions of their development.

5. CONCLUSIONS

Intercultural competence includes cultural awareness, cultural sensitivity, and cultural adroitness. Intercultural competence could be defined as culturally-aware mobilization, managed by individuals, of knowledge, skills, attitudes and values, enabling them to cope with unfamiliar and ever changing problems arising from encounters with people socializing in different culture, in order to find new and shared solutions. Culture refers to integrated patterns of human behaviour that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Cultural awareness is about knowing what effects a person’s behaviour will have on others. Also, it includes the understanding of characteristics of other cultures and accordingly adopting the behaviour. Cultural sensitivity is when someone is open-minded and does not judge, because he or she tries to understand and respect values of other cultures. Intercultural competence is the body of knowledge and skills to successfully interact with people from other ethnic, religious, cultural, national, and geographic groups that lead to visible behaviour and communication that are both effective and appropriate in intercultural interactions.

The research findings revealed that the respondents from health care institutions lacked the understanding of the importance of intercultural competences and the skills of communication in an intercultural environment. That was basically predetermined by the inability to speak foreign languages and the absence of the respondents' interest in other

cultures. Should organisations promote the interest in the cultures of other countries instead of leaving it to the staff's responsibility, the staff would better know the etiquette and know the customs and festivals of other countries, etc. One can believe that, if the staff's career depended on the level of international competences, they would be more interested in the knowledge of the etiquette, learning languages, and the knowledge of other elements of the intercultural competence. That would ensure the opportunities of partnerships with organisations in other countries. Moreover, such problems as different understanding of the relations between executives and subordinates, different styles of informal socialisation, or unacceptable conversation topics could be avoided.

References

Allen, G., 2003. Rethinking Hofstede: Intercultural Management in Poland. *Transformations in Business and Economics, 2*(2 (4)), 123-137.

Anderson, L. M., Scrimshaw, S. C., Fullilove, M. T., Fielding, J. E., Normand, J., and Task Force on Community Preventive, S., 2003. Culturally competent healthcare systems. A systematic review. *American Journal of Preventive Medicine, 24*(3 (s)), 68-79. doi: http://dx.doi.org/10.1016/S0749-3797(02)00657-8

Athey, T. R., and Orth, M. S., 1999. Emerging competency methods for the future. *Human Resource Management, 38*(3), 215-226. doi: http://dx.doi.org/10.1002/(SICI)1099-050X(199923)38:3<215::AID-HRM4>3.0.CO;2-W

Bennett, M. J., 1993. Toward ethnorelativism: A developmental model of intercultural sensitivity. *International Journal of Intercultural Relations*(10), 179-196.

Betancourt, J. R., Green, A. R., Carrillo, J. E., and Ananeh-Firempong, O., 2003. Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports, 118*(4), 293-302. doi: http://dx.doi.org/10.1016/S0033-3549(04)50253-4

Bird, A., Mendenhall, M., Stevens, M., and Oddou, G., 2010. Defining the content domain of intercultural competence for global leaders. *Journal of Managerial Psychology, 25*(8), 810-828. doi: http://dx.doi.org/10.1108/02683941011089107

Byram, M., 1997. *Teaching and assessing intercultural communicative competence*. Clevedon, United Kingdom: Multilingual Matters.

Calza, F., Aliane, N., and Cannavale, C., 2013. Cross-cultural bridges in European firms' internationalization to Islamic Countries: The key role of cultural competence. *EuroMed Journal of Business, 8*(2), 172-187. doi: http://dx.doi.org/10.1108/EMJB-07-2013-0038

Campion, M. A., Fink, A. A., Ruggeberg, B. J., Carr, L., Phillips, G. M., and Odman, R. B., 2011. Doing competencies well: Best practices in competency modelling. *Personnel Psychology, 64*(1), 225-262. doi: http://dx.doi.org/10.1111/j.1744-6570.2010.01207.x

Castiglioni, I., 2013. Constructing intercultural competence in Italian social service and healthcare organizations : pedagogical design, effectiveness research, and alternative visions for promoting ethnorelativism. *Jyväskylä studies in humanities, 213*, 1459-4331.

Chen, H. C., and Naquin, S. S., 2006. An integrative model of competency development, training design, assessment center, and multi-rater assessment. *Advances in Developing Human Resources, 8*(2), 265-282. doi: http://dx.doi.org/10.1177/1523422305286156

Cote, D., 2013. Intercultural communication in health care: challenges and solutions in work rehabilitation practices and training: a comprehensive review. *Disability and Rehabilitation, 35*(2), 153-163. doi: http://dx.doi.org/10.3109/09638288.2012.687034

Dabravalskytė, J., and Vveinhardt, J., 2015. Lietuvos mažų ir vidutinių įmonių internacionalizacijos ir tarpkultūrinės kompetencijos integracija. *Organizacijų vadybas: sisteminiai tyrimai, 73*, 27-47.

Davis, N., and Cho, M. O., 2005. Intercultural competence for future leaders of educational technology and its evaluation. *Interactive Educational Multimedia, 10*(1-22).

Deadorff, D. K., 2011. Assessing Intercultural Competence. *New Directions for Institutional Research, 2011*(149), 65-79. doi: http://dx.doi.org/10.1002/ir.381

Deardorff, D. K., 2009. *The Sage Handbook of Intercultural Competence*. London: Sage.

Grundey, D., 2008. Cross-Cultural Dimensions: Organizational Culture in Philip Morris, Lietuva. *Transformations in Business and Economics, 7*(3 (15)), 47-65.

House, R. J., Hanges, P. J., Javidan, M., Dorfman, P. W., and Gupta, V., 2004. *Culture, leadership, and organizations: The GLOBE study of 62 societies*: Sage publications.

Korez-Vide, R., 2014. Mastering intercultural communication as the key competence in culturally diversified social and business environments. In N. Gajšt, A. Plos and P. Vičič (Eds.), *Proceedings of the seventh International Language Conference on the Importance of Learning Professional Foreign Languages for Communication between Cultures* (pp. 1-8). Slovenia: University of Maribor.

Korez-Vide, R., Tansek, V., and Milfelner, B., 2016. Assessing intercultural competence of front office employees: the case of hotels in Slovenia *Faculty of Tourism and Hospitality Management in Opatija. Biennial International Congress. Tourism & Hospitality Industry* University of Rijeka.

Lewis, R. D., 1999. *Kultūrų sandūra*. Vilnius: Alma littera.

Lustig, M., and Koester, J., 2012. *Intercultural Competence: Interpersonal Communication Across Cultures*. New York: Pearson.

Merriam Webster Dictionary, 2017. Definition of culture. from https://www.merriam-webster.com/dictionary/culture

Navitiene, J., Racelyte, D., and Rimkeviciene, V., 2015. Adaptation of Handbook for Development of Intercultural Competence: The Experiences. *Pedagogy, 119*(3), 33-44. doi: http://dx.doi.org/10.15823/p.2015.021

Reisinger, Y., 2011. *International tourism: cultures and behavior*. New York: Butterworth-Heinemann.

Roberts, G. H., 2002. Fact or Superstition? Russian Business Culture and the New Corporate Governance Code. *Transformations in Business and Economics, 1*(1 (2)), 84-100.

Sercu, L., 2002. Autonomous Learning and the Acquisition of Intercultural Communicative Competence: Some Implications for Course Development. *Language, Culture and Curriculum, 15*(1), 61-74. doi: http://dx.doi.org/10.1080/07908310208666633

Spencer, L. M., and Spencer, S. M., 1993. *Competence at Work: Models for Superior Performance*. New York: John Wiley & Sons, Inc.

Spitzberg, B., and Changon, G., 2009. Conceptualizing intercultural competence. In D. Deardorf (Ed.), *The SAGE handbook of Intercultural Competence* (pp. 2-52). Tousand Ouks, CA: SAGE.

Stier, J., 2003. Internationalization, ethnic diversity and the acquisition of inter-cultural competencies. *Journal for Intercultural Education, 14*(1), 77-91. doi: http://dx.doi.org/10.1080/1467598032000044674

Tomlinson, J., 2002. *Globalizacija ir kultura*. Vilnius: Mintis.

Voelker, R., 1995. Speaking the languages of medicine and culture. *Journal of the American Medical Association, 273*(21), 1639-1641. doi: http://dx.doi.org/10.1001/jama.1995.03520450007003

Zavackienė, A., and Čiegis, R., 2014. Organizacinės kultūros įtaka sveikatos priežiūros įstaigų veiklai. *Visuomenės sveikata, 1*, 75-82.

Zylkiewicz-Plonska, E., and Acienė, E., 2014. The need for creating and developing intercultural competences among international students. *Tiltai, 2*, 89-107.

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