

Short communication

Adapting research to local contexts based on the model of Campinha-Bacote for cultural competence: a case scenario of 3 ethnic groups in the Islamic Republic of Iran

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تؤنيم البحوث مع السياقات المحلية في نموذج كامبينها - باكوت للأهليّة الثقافية: سيناريو لحالة في ثلاث مجموعات إثنية في جمهورية إيران الإسلامية

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الخلاصة: تتناول هذه المقالة قضية الأهليّة الثقافية في البحوث الكيفية عبّر الثقافة في الصحة النفسية والأمراض النفسية، ويتطلب إجراء البحوث الكيفية في الصحة النفسية والأمراض النفسية أن يكتسب الباحثون الإدراك الكافي إزاء مختلف الثقافات، وتطوير مهارات الأهلية الثقافية لديهم. وقد حدد الباحثون الأهداف الرئيسية وخطوات التنفيذ عند تضمين مفاهيم الأهلية الثقافية في دراسة البحوث الكيفية. ويقدم الباحثون مَشهداً (سيناريو) لحالة مستمدة من دراسات أجريت حول الاكتئاب عند النساء في ثلاث مجموعات إثنية (فارسية، كردية، وتركية) في جمهورية إيران الإسلامية. وتقدم المقالة استعراضاً موجزاً لنموذج كامبينها - باكوت، وتتناول المكونات الرئيسية الخمس للأهلية الثقافية على الشكل الذي طُبقت فيه في المراحل الثلاث لعملية البحث.

ABSTRACT This article examines the issue of cultural competence in qualitative cross-cultural mental health research. Conducting qualitative research on mental health and illness requires the researchers to acquire sensitivity to different cultures and develop the skills of cultural competence. We outline the main aims and steps of implementation when incorporating concepts of cultural competence into a qualitative research study. We present a case scenario from studies on women's depression in 3 ethnic groups (Fars, Kurd and Turk) in the Islamic Republic of Iran. The article presents a brief overview of the Campinha-Bacote model and addresses the 5 major constructs of cultural competence as they were applied in the 3 phases of the research process.

Adaptation de la recherche aux contextes locaux à l'aide du modèle de compétence culturelle de Campinha-Bacote : cas de trois groupes ethniques en République islamique d'Iran

RÉSUMÉ Le présent article examine la question de la compétence culturelle dans un travail de recherche qualitative transculturelle en santé mentale. Mener un travail de recherche qualitative sur la santé et les pathologies mentales nécessite que les chercheurs acquièrent une sensibilité à différentes cultures et des aptitudes en compétence culturelle. Nous avons souligné les principaux objectifs et les étapes de la mise en œuvre de l'intégration des concepts de compétence culturelle dans une étude de recherche qualitative. Nous avons présenté un cas extrait d'études sur la dépression chez des femmes appartenant à trois groupes ethniques (Fars, Kurdes et Turcs) en République islamique d'Iran. Le présent article présente brièvement le modèle de Campinha-Bacote et traite des cinq concepts principaux de la compétence culturelle tels qu'ils ont été utilisés dans les trois phases du processus de recherche.

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Introduction

People's perceptions of illness and mental health practices are influenced by cross-cultural factors [1]. Implementing such research in a multicultural context raises many issues, including the risk of insufficient description and inconsistent analysis, factors which may mislead or affect the validity of the findings [2]. Conducting qualitative research on mental health and illness therefore requires the researchers to acquire sensitivity to different cultures and to develop the skills of cultural competence.

Cultural competence describes the ability to interact effectively with people of different cultures. The purpose of this article is to describe the process of incorporating cultural competence into a qualitative research study of Iranian people in 3 major ethnic groups (Fars, Kurd and Turk). Our previously published studies aimed to describe concepts of depression among Iranian people, including women and their relatives, lay people and clinicians in the 3 ethnic groups, using an explanatory model framework [3–6]. This model is a way of looking at the process by which illness is patterned, interpreted and treated [7]. In this paper we will discuss how we adapted the research methods transculturally from a similar study conducted in Uganda [8] by a former doctoral student of the third author, and applied them in the 3 different ethnic contexts of the Islamic Republic of Iran. We will address the 5 major constructs of cultural competence in the 3 phases of the research process: pre-interview, fieldwork and post-interview.

Major constructs of cultural competence and qualitative research

The notion of cultural competence, which is the key to cross-cultural research, is based on the model of

Campinha-Bacote [9,10]. This model contains the following 5 constructs: cultural awareness, cultural knowledge, cultural desire, cultural skills and cultural encounters.

Pre-interview: cultural awareness and cultural knowledge

Of the 5 constructs of cultural competence, the qualitative researcher should first attempt to acquire cultural awareness and cultural knowledge before starting interviews (Table 1). Cultural awareness requires the researcher to be prepared for the historical, geographical, cultural and ethnic backgrounds of the populations under study. It begins with the researcher's self-awareness, which means that as a first step the researcher should be aware of her/his own beliefs and culture to be able to separate them from those of the participants.

To develop competence in culture awareness, we needed to obtain more information about the cultural issues in each ethnic group. We therefore formed a scientific committee of 3 professors in the field of psychiatry and psychology in the 3 universities of medical sciences in the cities of Tehran, Ilam and Tabriz to represent the Fars, Kurd and Turk ethnic groups respectively and to provide advice on cultural issues.

Given a general cultural orientation in the Islamic Republic of Iran that values group customs and collective perspectives, we hypothesized that people would be more prepared to share their ideas if the researcher could speak their language or was accompanied by a member of their ethnic group. In view of this, trained researchers of Kurd, Fars and Turk ethnicities assisted us in recruiting and interviewing the participants. They recommended that one of the observers or interviewers preferably live in the same city of study location to be able speak to same language and also be familiar with participants' culture. In addition, FGDs were conducted separately for men and women in each

ethnic group as it was decided that participants especially women in Turk and Kurd ethnic groups would be more comfortable sharing ideas in a same-sex group.

For interviews, 2 researchers (psychiatrists and psychologists) were selected from the 3 above-mentioned universities in the 3 study locations and invited to conduct the interviews and analyse qualitative data because there were more familiar with the local culture. They were trained in a 3-day workshop which was held by the authors. During the workshop the participants became familiar with the project's objectives and questionnaires, and they learned the required skills for conducting qualitative research to help in conducting the study. In addition to the written questions, the workshop participants were trained to raise follow-up questions about the attitudes and beliefs of the interviewees in order to access the roots of their thoughts and theories.

Similarly, a common factor to the 3 ethnic groups, as in Iranian society generally, and indeed other parts of Asia [2], the group's normative values take precedence over individual ideas and opinions. Thus, the research team was aware that the interviewees may reflect what they think the researcher wants to hear. In order to decrease this problem, the interviewers were trained and got awareness about this issue. So, at the beginning of the FGDs, interviewers clearly explained that they were going to listen to all participants' points of view, whether positive or negative. In addition, they tried to ask each question in a different way using examples of the same ethnic group based on previous interviews or the literature. The observers also took note of participants' verbal and non-verbal communication. After each interview, when we listened to the audiotapes and read the notes, if we found that most of the participants were involved in the discussion and different ideas were shared, we accepted the interview. Audiotapes were transcribed

immediately after each interview and prompt feedback was given to the interviewers by the first author.

Fieldwork: cultural desire

Cultural desire is the researcher's affective recognition of cultural differences by respecting cultural diversity and having a receptive attitude [11]. We hypothesized that minority ethnic groups in the Islamic Republic of Iran were more likely to reveal their opinions if they felt some personal connection with the interviewer. We therefore used a trained interviewer of the same

ethnic group to introduce the research project and the research team to the participants and who would endeavour to become accepted as an insider by the participants (Table 1).

Post-interview: cultural skills and cultural encounters

After the interview, culturally appropriate analytical skills are required in data analysis. Cultural skills denote strategies for capturing respondents' explicit and implicit language expressions [2,10,12] (Table 1). Even if cultural issues are addressed in the first 2 phases, language

comes to the fore in the processing of interviews. Handled inappropriately, translation issues can significantly bias the study findings.

The strategy used in this study included transcription and initial coding in the ethnic language. We translated Kurdish and Turkish texts to Persian before coding. For the coding, the text segments were highlighted and a consistent technique was used to develop categories and subcategories. After coding, Persian texts and codes were translated into English. Independent bilingual researchers from the study

Table 1 Implementing cultural competences in studies of depression among women in 3 ethnic groups in Islamic Republic of Iran

Cultural competences	Definition	Aim of implementation	Steps for implementation
Cultural awareness and cultural knowledge	The researchers being prepared for the historical, geographical, cultural and ethnic backgrounds of the populations under study	To assess the applicability of implementing such research in the 3 ethnic contexts as well as to get more information about the culture of each ethnicity	Forming a scientific committee of academic psychiatrists representing the 3 ethnic groups
		To collect qualitative interview data as well as to get more information about the cultural issues in each ethnic group during the analysis of data	Inviting bilingual researchers in the field of psychiatry and psychology from the 3 ethnic groups
		To familiarize the research team with the study aims and questionnaires, and to teach them the skills required for conducting qualitative research	Holding a 3-day workshop on qualitative research for training the research team to probe the attitudes and beliefs of the interviewees to obtain a deeper understanding
		To adapt the explanatory guiding questions to the local context	Translating all the material into Persian language and back-translating into English by independent bilingual speakers. Using the scientific committee to ensure that the questions and the vignette were culturally acceptable and met the diagnostic criteria according to local culture
Cultural desire	The researchers' affective recognition of cultural differences by having respect for cultural diversity and a receptive attitude	To build trust and facilitate interpersonal communication between interviewers and interviewees	Using a team of co-researchers who shared the same ethnic group as the interviewees
Cultural analytical skills	The researchers having culturally appropriate analytical skills for data analysis	To help the researcher team gain immersion in the project and obtain an overview of the themes emerging	Using the trained researchers in the 3 locations to help code and analyse the data by transcribing audiotapes, checking translations, cross-checking their coding strategies and validating the coding by discussions with the research team

locations also listened to a sample of the tapes and transcribed them into Persian to check the translation. The translation included constant contextual comparisons between the meanings in different languages during the categorization of the codes. This made it possible to capture explicit and implicit meanings from the transcripts, along with culturally specific expressions and concepts. After each phase of the study, a 1-day workshop was

held with all the research teams in the 3 ethnic groups to crosscheck their coding strategies.

In the final stage, the scheme codes were discussed and some parts validated with members of the research team from the Transcultural Psychiatry and Psychology group at the Karolinska Institutet in Sweden, supervised by the main supervisor, to compare and validate the meaning of translated codes and categories in English.

Conclusion

Methods and techniques used in developed country settings need to be developed and modified before research and intervention in mental health services are implemented in another country. In this regard, culture and local psychosocial environments must be taken into account in research on mental health. The Campinha–Bacote model is more applicable in this kind of research.

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