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THE 6 CULTURE CLUSTERS AND HEALTHCARE (*)

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Abstract

The way healthcare is organized is dependent on the value system of the country concerned. In this paper the authors describe the differences in thinking with the help of the 7 Mental Images Huib Wursten defined. It is about the what, how and who is involved in the approach to healthcare.

Special attention is given to the cultural context of the acceptance of the influence of Government in management

Keywords: Culture clusters, mental Image, management across cultures, International healthcare, Hofstede research

Healthcare, culture clusters and the 7 mental images

All cultural groups bring their own perspectives and values to the health care system, and many health care beliefs and health practices differ based on systematic value differences. Unfortunately, the expectation of many health care professionals has been that patients will conform to what they consider to be mainstream values. Such expectations frequently create barriers to understanding between patients and providers from different backgrounds.

In coping with cultural differences and comparing country cultures differences can be found even on a local level in a tiny country like The Netherlands. Sometimes the local differences are causing strong emotions. So strong that some people in Rotterdam don't want to call the city 80 km away, Amsterdam, by name and just address it with the area code: 020.

These differences have an emotional load in spite of the sometimes very superficial differences. Freud already referred to this as the Narcissistic syndrome. If people are to similar they create identity by "blowing up small differences

It is the genius of Geert Hofstede (Hofstede, Hofstede & Minkov, 2010) that he could define what is essential and basic in defining differences between people from different nation states. He found in an empirical way that below the superficial levels of culture like symbols, heroes and rituals the fundamental core is in value preferences. He found in an empirical way 4 of these value preferences making up for the existentially different ways people look at society and organizations. In more than 50 repeat projects scholars tried to challenge the Hofstede findings. A meta-analysis shows that the 4 values are kept upright. In the meantime a 5th and 6th dimension are proposed. These two are still to be confirmed by repeats. (**, ***)

The confirmed value preferences Hofstede found empirically are in shorthand:

Power distance: the way hierarchy is accepted as something existential or as something created for convenience.

Individualism versus collectivism: describing the emphasis of loyalty. To the Individual or to the In-group.

Masculinity versus Femininity: motivation by competition and challenges or by cooperation and consensus seeking.

Uncertainty Avoidance: the extent of the need for predictability. Is dealing with unknown risks uncertainty experienced as positive drive or a negative one.

In terms of research methodology it is important to emphasize that the 4 value dimensions are independent.

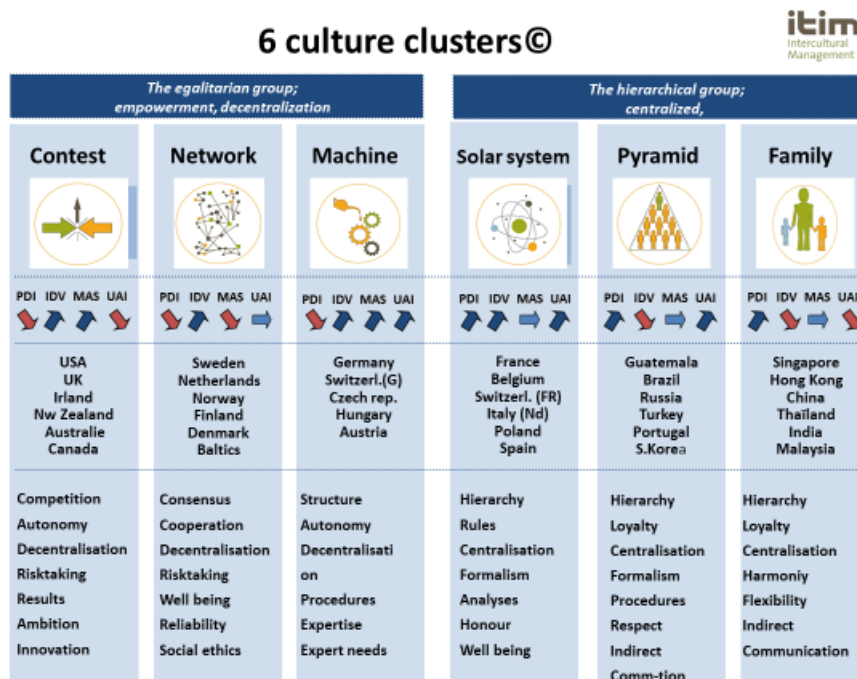
However: In applying the value dimensions for analysis in real life it is rare that explanations can be given by one single dimension. In most cases it is the combination that gives the full picture.

Case:

Confronted with the 4 value dimensions employees of highly complex organizations like the IMF, The Worldbank, IBM and JP Morgan Chase, frequently reacted saying: “Am I supposed to memorize the scores on the 4 dimensions of 160 plus countries? That is over 600 different bits of information...”

They added to this feedback by saying: and in practice we see and hear you all the time analyzing situations with combinations of the 4 basic dimensions

As a response to that Wursten (1999, 2017) decided to formalize this approach and to developed a tool describing the effects of combining the four first single dimensions and reducing the complexity. This led to 6 culture clusters which can be more easily referred to in order to understand culture differences in practical terms. ITIM International decided to use this model to describe how in real life the combined values of the culture clusters affect human behavior on about 30 different important issues for international, leadership and policy making.



The key issue is that the combination of the fundamental value dimensions is leading to a “Gestalt”. In other words: the sum of the 4 dimensions is more than the added

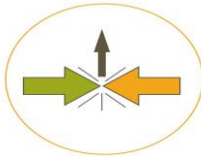
consequences of the single ones. It creates something new. An important outcome is that the combinations lead to 7 different “pictures” in the mind of people of what society and organizations look like. Hence the name of this picture: “mental images”.

7 mental images of society[®]

Each mental image represents a cluster of countries which have certain characteristics (scores) in common.

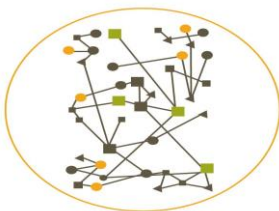
- **The contest model** (‘winner takes all’)

Competitive Anglo-Saxon cultures with low power distance, high individualism and masculinity, and fairly low scores on uncertainty avoidance. Examples: Australia, New Zealand, UK and USA.



Keywords:

- **Competition**
 - **“level playing field”**
 - **“Risk taking”**
 - **“Accountability”**
 - **Winning/losing**
 - **“Success breeds success”**
 - **Sympathy for winners**
 - **„The best“**
 - **Inductive thinking, „pragmatism“**
 - **„best practices“**
 - **Focus on practice and action “Just do it”**
 - **Truth is truth when it works**
- **The network model** (consensus)
- Highly individualistic, ‘feminine’ societies with low power distance and low to middle scores for Uncertainty Avoidance. Scandinavia and the Netherlands. Everyone is involved in decision-making.



Keywords:

- **Strong emphasis on equality**
- **Autonomy**
- **4C’s: consensus, cooperation, collegial administration and co-optation**
- **Sympathy for underdog**
- **Suspicious about winners and heroes**
- **”Emerging insight”**
- **“Truth is found in the middle”**
- **Decisions based on “shared interest”**

- **“Reflect before you act”**
- **”Good wine does not need a crown”**
- **Reluctance to enforce rules.**

- **The well-oiled machine** (order)

Found in Individualistic societies with small power distance and high uncertainty avoidance, carefully balanced procedures and rules, not much hierarchy. Examples: Austria, Germany, Czech Republic, Hungary, German speaking Switzerland.



Keywords:

- **Autonomy**
 - **Deductive thinking**
 - **“The principles behind”**
 - **High need for structures, process, standardisation, planmaessig handeln (structural consistent approach)**
 - **Experts get highest esteem. In marketing: Formula’s, white coat, „Laboratories**
 - **“Reflect before you act”**
 - **Die Wahrheit triumphiert nie, ihre Gegner sterben aus. (Truth never triumphs. Her adversaries fade away)**
- **The solar system** (hierarchy and an impersonal bureaucracy)
Large power distance, high Individualism and strong Uncertainty Avoidance. Examples: Belgium, France, Northern Italy, Spain and French speaking Switzerland



Keywords:

- **Top down**
 - **Impersonal bureaucracy**
 - **Empowerment within limits of mandate**
 - **”System D”**
 - **People respect what you inspect**
 - **Deductive thinking. The philosophy of...., -Cogito ergo sum**
 - **Legalistic thinking**
 - **Expert approach**
 - **Intellectualism**
 - **Du choc des opinions jaillit la verité! (Ttruth emerges from the clash of opinions)**
- **The organization as a family** (loyalty and hierarchy)

Found in societies that score high on power distance, low on Individualism and weak on Uncertainty Avoidance. Powerful in-groups and paternalistic leaders. Examples: China, Hong Kong, India, Indonesia, Malaysia, Philippines and Singapore.



Keywords:

- **Top down, Hierarchy important, all relationships are unequal**
 - **High context = civilized**
 - **Old = wisdom**
 - **Loyalty**
 - **Simple structure, more flexibility**
 - **In Polytheistic cultures: “truth is dependent on time context and situation**
- **The pyramidal organization** (loyalty, hierarchy and implicit order)

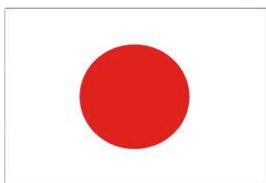
Found in collective societies with large power distance and strong Uncertainty avoidance. Examples: much of Latin America (especially Brazil), Greece, Portugal, Russia and Thailand.



Keywords:

- **Hierarchy**
 - **Formality, Procedures**
 - **Expert approach,**
 - **Top down,**
 - **People respect what you inspect**
 - **Impression behaviour by white coat, scientific evidence from laboratories**
 - **Old = wisdom**
 - **High context = civilized**
 - **Mas/Fem can make a small difference**
 - **In Polytheistic cultures: “truth is dependent on time context and situation**
- **Japan** (equilibrium)

Japan is standing alone. This is the case due to a surprising middle score on PDI and IDV



Keywords:

- **KY:** this Japanese term refers to someone that cannot read the air KY. Kūki (air) Yomenai (can't read). So don't be KY!
- **Omotenashi** –hospitality to the max. It's a completely selfless approach to receiving guests.
- **Keiretsu:** is a Japanese word which means 'headless combine'. It is the name given to a form of corporate structure in which a number of organizations link together,
- **Ringi system** Multi-layered decision-making is reflected in the ringi system, where each person needs to give their approval through the hanko (personal stamp).
- **Nemawashi (consensus building):** building a consensus using one-on-one discussion with each member of a group
- **Ho-ren-so** Related is the concept of Ho-ren-so: report, contact, consult. A back-and-forth way of working
- **Jchiban =number one** – failure is not tolerated. Striving for perfection.
- **Monozukuri** – a skilled craftsman pouring their heart and soul into their work,
- **Kaizen:** relentless pursuit of improvement
- **Bushido** (code of the Samurai)_

Mental Images and healthcare

We will explore some issues of healthcare in the light of the mental Images

1. Professionalism and Quality control in a cultural perspective

“The need for inspection”

In a recent special of The Economist (2018) it was concluded that in many developing countries people get their health care mostly from informal private providers such as drug shops or unqualified practitioners. The observation was that in “India, informal providers account for three-quarters of all visits. The figures in other countries are similar, if mostly less extreme: 65-77% in Bangladesh, 36-49% in Nigeria and 33% in Kenya.

Formal care is less available. The main question is of course in both groups about the quality of the treatment. The Economist is writing:

“The findings show widespread woefulness. In one Chinese study the average consultation time was a minute and a half. In India the average length was double that, but one-third of the visits lasted just one minute and featured a single question: “What is wrong with you?” Only 30% of consultations in India and 26% in China resulted in correct diagnoses, and patients were more likely to receive unnecessary or harmful treatment than the correct sort. Studies in Paraguay, Senegal and Tanzania have produced similar results.

This is not only because of a lack of training.

“Health workers who had undergone more training provided more accurate diagnoses, but that alone is not enough. Sending mystery “patients” to the healthcare workers and presenting them with clear symptoms, just 31% treated them correctly.”

According to the Economist one explanation for the obvious lack of quality is connected to the power position of the expert”. “Patients generally know far less about the best course of action than clinicians, who can get away with under- or over-treatment when they are not held *accountable* for their work.”

The cultural keyword is accountability. A word that is strongly connected to the Contest model. In this setting people can be held accountable and sanctions can follow if the person at hand is not matching a certain objective account (like a target)

In large power distance cultures (Pyramid, Family and Solar System) the way people are held accountable is by frequent inspection by a higher formal level. It is a serious mistake made by people of small power distance cultures by not recognizing this.

Two cases to illustrate this

- I was asked to do research to find out why outsourcing from Contest, Network and Machine cultures to Family and Pyramid cultures is frequently ending with disappointing results.

Outcome: in a massive way the failure was connected to misunderstandings of the need for inspection and control between the weak power-distance, Individualistic cultures and strong Power-distance, Collectivist cultures.

Bosses and subordinates In small Power distance cultures view each other as "people like you and me." Because of this emphasis, there is basic trust between the levels. As a result superiors can expect subordinates to volunteer direct feedback if things are developing in an unexpected direction. Within limits, if there is no such feedback, a superior can rely on the expectation that things are developing as foreseen. The saying is: no news is good news!

In large Power Distance countries, the approach to this issue is completely different. In these countries, people are raised to respect inequality. They do not see their superiors as "people like you and me". Hierarchy is an existential fact of life and superiors are viewed as from a different stratum of society. There is a tendency for mistrust between the levels, and people will not volunteer to give negative feedback to their superiors. You never know what they will do with you! Instead, they will try to hide problems, often to the extent of embellishing the facts.

This tendency is even stronger in high Power Distance. Countries that are also Collectivistic, like in Pyramid- and Family cultures (China, India, Mexico, and Brazil) where it is combined by a concern about loss of face.

Superiors in these countries, of course, know how to deal with these issues. They know that a very important element in their management duties is to find out what is really happening. They do this by inspecting frequently every day. The saying in these cultures is, "People only respect what you inspect". Reviews of the work take place on a continuous basis, not at intervals as in low Power Distance, Individualistic countries. In such an environment, the reviews need to be done by somebody physically on location.. The control cannot be effectively done from a distance....

- Setting: Mexican HQ of a large American Multinational

Assignment: trying to align management approaches of Mexicans and Americans..

Subject: discussion about "empowerment"

Surprising finding for Americans.

After the above description of the need for inspection the Mexicans explained to the American bosses that the American reluctance to inspect frequently was demotivating for the Mexican employees. The Americans believed in "empowerment" and they expected the Mexicans to speak up freely if problems were happening. So: no news is good news". The Mexicans had a different interpretation. The lack of inspection by American bosses was seen as "not showing an interest in what they were doing!" They felt neglected

Conclusion: the way to improve the quality of Healthcare, professionals is to install top down inspection. Probably by the top of the formal pyramid. In the large power distance cultures this is the Ministry for Health or somebody formally mandated by the Ministry

Of course not everything is negative. Examples:

Costa Rica provides good care at low cost. The relevant cultural background is that Costa Rica is scoring low on Power distance. The Economist observes: "The doctors have a lot of scope to run the teams the way they think best, but the health ministry holds them accountable for their patients' outcomes."

Singapore

Basic care in Government -run hospitals is cheap, or free, with more deluxe care in private rooms for extra pay

Singapore workers contribute around 37 % of their wages to mandated savings accounts that may be spent on health care, housing, insurance, investments or education, with part of that being an employer contribution Government heavily involved in purchasing and controls no of students and helps in deciding how much they can earn. As a note: The Singaporean administration is very reluctant to share information

2. The second issue is the recent discussion about *Universal health care in the USA*

Germany was the first country that started with “Universal health care” in 1883. Most rich countries in Europe and Asia followed. The big exception is the USA.

The discussion around Universal healthcare in the USA focuses on a ”single payer health care system” It is about a single public agency which takes the responsibility for health care financing for all the residents. This means that all residents are all covered under healthcare under one insurance company. Through the single payer healthcare, people can get the access to necessary services such as prescription medicine, doctors, long-term care, hospitals, vision care, and dentist. Also, individuals are also able to choose the place to receive care.

Complexity of Culture in the Contest system

We started by saying that culture is a complex issue. To illustrate this a comparison between two cultures with an identical set of values: The U.S and the U.K.

Both cultures belong to the same culture cluster: **the contest.**

In this value system people share a very specific perception of the essence of democracy It is driven by the rule that “ *the winner takes all*”. in their political system, “ the Westminster model” mostly there are two political parties polarizing with contrasting ideas. Elections decide about in what direction society is steered. In healthcare this means that countries with similar value systems can end up with 180 degrees different solutions.

This explains how it is possible that ” the UK after a labor party majority ended up with the NHS healthcare system. A system that is seen as the “hell” by Americans, especially, by Republicans

In the UK the big change dates back 75 years ago. The “labor” government at that time accepted all recommendations made by Sir William Beveridge, aiming at fighting what he called the five “giant evils”: want, disease, ignorance, squalor and idleness. Beveridge recommendations fitted the policies of the labor Government. His idea was that it would be good for everybody if the Government could take away the costs of healthcare and pensions from corporations and individuals. The expectation was that this would make industry more competitive and would produce more motivated and productive workers

For a lot of Americans this is “Socialism” The word only can make that they can react utterly shocked at the suggestion that they can learn from this. Take for instance the reactions to the ideas of the Democratic politician Bernie Sanders. He admitted that his universal health care plan would require an increase of taxes to every citizen. The violent reaction from the republican majority was indeed that this would turn the USA into a country where government controls the distribution of goods and services. This is completely against the majority values of the United States believing in a system where market forces determine the availability and cost of health care services and not the federal government. The discussion showed real fear that introduction of universal health care be a first step towards a government also controlling other aspects of the economy. Some critics said that Sanders is promoting an old “European” idea: accepting heavy government involvement in the delivery

of and payment for healthcare services in exchange for universal coverage. They emphasize: this is socialism!

This is funny because several European countries are moving away from this approach and instead are giving the private sector a more robust role.

The Netherlands is an example of Europe's move toward market-oriented reform. The Dutch tried in recent years to improve their health care system by reducing the government's role in it.

We will come back to this in a next chapter

The horror of increased Governmental influence is illustrated by email replies in the correspondence we had in preparing for this paper

A successful female entrepreneur wrote in reply to a positive description of the NHS:

"I know of a lot of people who left the U.K. and Canada for the US because of their health systems. *One is alive only because he did-* the wait for another doctor to look at "probably flu effects" in his lung was a few months. It was a metastasis. Five years since, he is still alive even with one lung- If he waited for that. He would have been dead. Canada and UK systems work for "Business As Usual. A lottery for anything serious."

With a similar mindset she strongly criticized attempts to reform healthcare by Obama:

"We object" she said, "because it is resulting in:

- 1) Driving ongoing costs up for working people- the only ones who benefit are not working ones
- 2) Reduction of number of jobs
- 3) Creating entitlements in the budget
- 4) Reducing quality of care for many working people who now have to factor in unnecessary costs going to the Doctor decision

It will end up, she wrote: "In Bankruptcy of hospitals, merger of offices resulting in less options for healthcare and less GEO coverage."

Also, as is predictable because of the dominant "mental Image", in the U.K. a lot of people share these feelings concerning their NHS. A good colleague of ours from the U.K. reacted to the question: '*Do you trust your local hospital more than the one you have to go on business trip?*' saying:

"No – not if the business trip were to Northern Europe, Australia, North America, Japan or Singapore. I'd trust all those more – as I would 'Western' style private clinics in Thailand, China, India, Korea etc.

But then - we are burned by a National health 'Service'!

3. Mental images and the organization of healthcare.

The 7 different outlooks on life have a defining role in all aspects of society.

Three cautious remarks:

- The mental images are reflecting the values of the dominant culture. In every country one can find minorities with a different outlook. These minorities however, have a tendency to still behave according to the majority preferences. Also because of a practical reason: the dominant culture is setting the criteria for assessing success or failure. If minorities want to succeed they learn quickly to take the criteria of the dominant culture into account.
- All professional groups have their own "rules of the game". Also the medical profession. The rules of this professional group are defined by having to deal with matters of life and death. The cultural mental images are however influencing the professional attitudes. German doctors behave differently compared to French, Indian or Zambian doctors. This is seen clearly if there is an international setting where they

have to cooperate. In other words: the mental images have a “gravitational” influence on professional cultures.

- People working in a certain culture see the mental image of that culture as self-evident and normal. Deviation from the standard is attracting attention and can be experienced as an emotional breach in expected behavior. For the people concerned it can be seen as an argument that “culture is changing”.

Example: the observation of a friend and colleague who after a brain infarct is in a care center:

“In everything you see that the staff is trained to think in terms of aiming at self-reliance and independence of the patients. Involving the patients in decisions that are taken.

Of the 20 professionals helping the patients, sixteen are defined by this attitude. Four are more directive. Their behavior is standing out and as a result are getting more attention and (negative) feedback from the patients.

It would be a mistake though to define their behavior as the norm. They are standing out because they are not behaving according to the norm.”

With these words of caution in mind we will discuss some of the key elements playing with an influence on healthcare, without claiming to be complete.

a. Who is paying? Government (taxes), individual patients, or mix?

In almost all countries in the world people pay taxes in order to allow the Government to manage all kind of services for the “common good”

As a rule one can say that all culture clusters the Government is having a decisive role in the financing of healthcare. This is of course certainly true for the 4 clusters with a high score for Power distance. In these centralized societies it is self-evident that the Government is the main stakeholder in of life and death

Again, it is an interesting phenomenon that people in the US are highly conscious of being a taxpayer and that this is an argument to hold the authorities personal accountable for the use of tax money. Hence the negative tone in the discussions about a “single payer healthcare.

Looking into the practices of other cultures in how they finance the healthcare it is clear that some highly recommended systems, like The Netherlands developed a mix of tax money and private insurance. The Netherlands is part of the **Network**, a value system that is emphasizing consensus seeking and a sympathy for the “have nots”. In this culture cluster the Government is seen as a key player in the redistribution of tax money to promote “not only equality and a level playing field, but also “fairness”

The Netherlands is seen as one of the best examples of Europe's move toward market-oriented reform. In international rankings about the quality of healthcare the Netherlands is again and again at the 5 top highest ranking countries. It is worthwhile to see how the Dutch tried to improve their health care system the last years by reducing the government's role in it. Foundations of Dutch Health Care:

- 100% of people in the Netherlands have a regular family doctor.
- Everyone pays a flat-rate annual deductible of approximately €170 euros
- The Dutch government introduced mandatory health insurance for middle and low-income residents back in 1941, and people with higher incomes bought private insurance.
- Passage of the Health Care Prices Act in 1982 authorized the Dutch government to control physicians' fees and total revenues. “This legislation allowed the government, for example, to replace fee-for-service payments to hospital-based specialists with lump-sum payments to hospitals,”

- The Health Insurance Act passed in 2006, after years of legislation for universal health coverage, requiring all who legally live or work in the Netherlands to buy health insurance from a private insurance company.
- Insurers are required by Dutch law to accept applicants at a community-rated premium.
- Plans are financed with individuals' annual income-based contributions, and employers are required to compensate employees for the contributions.
- Dutch citizens and residents are fined if they do not sign up for mandatory health insurance.
- Premiums are not required for children under age 18.
- The income-based contributions are transferred to a Risk Equalization Fund, which compensates insurers for taking on high-risk enrollees. In addition, insurers can use tools to protect their interests. These include managed-care techniques, such as disease management.

What Health Insurance Companies Cover As Mandated By Dutch Government:

- Medical care, including care provided by general practitioners, medical specialists and obstetricians.
- Hospital treatment.
- Most medications (individual insurance companies determine what medications are covered).
- Dental care up to the age of 18.
- Postnatal care.
- Limited physiotherapy, exercise therapy, speech therapy, occupational therapy and dietary advice.
Help to stop smoking.
- Additional premiums through supplementary private insurance plans cover dental care for adults; additional physiotherapy; and other treatment not covered under basic health-care plans

b Who is doing it? Government, private sector or mix?

Government

A defining cultural element in world is the faith people have in Central Government. In countries with a large power distance, people accept that power is distributed unequally and for them it is self-evident that central government is at the top of society and should define what is "common interest". In especially the Contest countries people distrust public agencies in general the central government in being able to act efficiently and effectively.

In these business and market driven societies the dominant political ideas are that:

- Governments are inefficient per definition
- The markets are per definition efficient
- Private companies are doing better than public organizations
- People are only motivated if they have financial incentives
- Markets are always in balance

The idea is that Governments aren't that great at managing large systems and the idea that the government should health care is seen as a nightmare.

The Trump administration shows an (perhaps extreme) example of this perception.

27 March 2017 Bloomberg reported that son in law Jared Kushner will: "oversee a new "SWAT team". Its goal is to reinvent the entire federal government. "We should have excellence in government," Kushner said. "The government should be run like a great American company."(O'Brien, 2017)

He continued: “Together, we have set ambitious goals and empowered inter-agency teams to tackle our objectives. It’s working and it’s very exciting.”

On 30-01-2017 Jabin Botsford / and Alyssa Rosenberg of The Washington Post commented (Botsford & Rosenberg, 2018):

“With all due respect to the genuinely good intention behind the idea that the federal government could do more to better serve its constituents, and with all due skepticism for the idea that the Trump administration has any unique insight into business or government, all I can say is: Good luck. Genuinely making government work better isn't going to be easy. Part of the reason it's difficult to conduct the many, many functions of the federal government in accordance with business principles is that the federal government is not a business, at least not in the profit-driven sense that Trump has typically touted his own success.

Measuring the performance of federal agencies is complicated in the best of circumstances, because, "Government's pursuing the public good," rather than a simpler metric such as profit. Scholars in the field of management of public administration showed already for a long time the higher complexity that is making Public Administration much more difficult:

Summarizing:

In the private sector only one focus is important: profit. As a result one can concentrate on only 4 issues:

- Profitability
- Effectiveness
- Efficiency
- Flexibility

Because of the political sensitivity of distributing justice in public administration the same 4 elements are important, plus 5 extra:

- Fairness
- Equal treatment
- Compliance to political primacy
- Coherence
- Consistency

This is highly underestimated in societies that have a business driven ideology.

c. Who is covered? Society and accountability: “*there is no such thing as society*”

Individual accountability is a defining element in the Contest system.

Look at the words of Prime minister Margaret Thatcher, talking to Women's Own magazine, October 31 1987

"I think we've been through a period where too many people have been given to understand that if they have a problem, it's the government's job to cope with it. 'I have a problem, I'll get a grant.' 'I'm homeless, the government must house me.' They're casting their problem on society. And, you know, there is no such thing as society. There are individual men and women, and there are families. And no government can do anything except through people, and people must look to themselves first. It's our duty to look after ourselves and then, also to look after our neighbor. People have got the entitlements too much in mind, without the obligations. There's no such thing as entitlement, unless someone has first met an obligation."

Economist Paul Krugman (Krugman, 2017) according to many in the USA accused of being a “socialist”, reacted in his New York Times column as follows:

“A key part of the Senate tax bill is repeal of the individual health insurance mandate. The budget scoring relies on this repeal reducing Federal deficits by \$318 billion — and the bulk of these spending cuts would hit lower-income families. Republicans argue, however,

that these families won't really be hurt, because they'll be making a voluntary choice not to be covered and collect government subsidies.

This argument might make sense in a world of hyper-rational individuals. In the world we actually live in, however, it's a very bad argument. In fact, the very budget savings Republicans are counting on depend on people making bad choices."

4. Solidarity as a national culture trait

In comparing the culture clusters we already discussed the value conflict with respect to the criteria for the distribution of wealth. In terms of the 'Hofstede dimensions' it is the difference between "Masculine countries and "Feminine" countries. In the Masculine *Contest* countries the sympathy goes to the competent and self-reliant achiever. The willingness to help the weak is limited. Why should we pay taxes to pay for clean needles for addicts? In the clearly feminine countries belonging to the network, solidarity is highly valued. Society is responsible for all its members, especially those who are weak and unable to help themselves"

It is important in this context to mention the role of individualism in this context. Of course a lot of solidarity is found in the Collectivist culture clusters. For instance in taking care of the elderly and in helping young people of the extended family in coping with the costs of continued studies. The difference is that in individualistic cultures the solidarity is not limited to the in-group, but applies in principle to everybody in society.

5. Role of insurance as a cultural issue. Fear for unknown risks as a driver.

In many countries providing Universal healthcare involves also Insurance companies.

The need for predictability as a national culture trait

National cultures differ demonstrably in their need for predictability. Hofstede labels this dimension UAI "uncertainty avoidance Index". This dimension of culture is playing a big role in the "*Well Oiled Machine*" cluster. It is an interesting finding that in a country like Germany the national elections are mostly won by parties with the slogan "Keine experimenten" (no experiments)

In cultures with a high score for UAI where as a result the need for predictability is strong, the state is important as a guarantee for stability and safety. Citizens feel relatively incompetent with respect to the state. The state is required to supervise the social insurances. Social security is a prerequisite for an orderly society (*12). In the Contest countries the need for predictability is weaker, the state as a consequence, interferes less.

In the Network countries a mix is preferred as they traditionally have settled affairs in tripartite talks (state, employers and employees). It is important to differentiate between the predictability norm, the solidarity norm and the independence norm. Whatever happens in a country is influenced by these three norms together.

6. Privatization

Privatization of tasks that formerly were handled by the state has more appeal in the PDI minus cultures, in combination with a high Individualism

This applies to the Contest, Network and Machine cultures. These were the cultures that most strongly believed in the "End of History" claim of the American writer Fukuyama. Fukuyama believed strongly that by the fall of the Soviet empire communism was defeated and that the liberal market economy won forever. The invisible hand of the market would settle forever the steering principle for progress. The principle underlying the free market is that parties are guided by what they expect to be their own interests. Theories about good management followed for a time this leading principle. In the chapter on management in the contest model we already described the consequences.

7. Equality as a divisive factor. The “waiting lists”

In the Network cultures the execution of Healthcare operates from a normative point of view. Equal treatment is a very important norm in the relationship between the Government and the citizens. Not status or money is reason for a faster access. As a result one of the consequences is that procedures and protocols should be in place describing rules for access and treatment. Necessarily this leads to the problem of waiting lists.

8. Culture and patient expectations.

Doctors as actors and their patients are driven by the culture they are coming from. As a result the interaction between Doctors, Patients and paramedical professionals is highly sensitive to culture. The interaction is influenced by the dimensions found by Geert Hofstede. We will discuss this in another paper.

9. The causes of illness.

All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it.

Western societies see disease mainly as a result of natural causes. They tend to treat illness by “evidence based” approaches. In some other societies people tend to believe that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces.

Notes:

(*)The views expressed in this article are of the authors and do not necessarily represent those of Hofstede insights. Copyrights: © 2018/ Huib Wursten. User rights: HofstedeInsights. The 7 mental images are developed by Huib Wursten, based on Chapter 9 of Geert Hofstede, Gert Jan Hofstede, Michael Minkov, "Cultures and Organizations, Software of the Mind", Third Revised Edition, McGrawHill 2010, ISBN 0-07-166418-1. ©Geert Hofstede B.V. quoted with permission

(**) Description of the five “Hofstede” dimensions.

Power distance is the extent to which less powerful members of a society accept that power is distributed unequally. In large power-distance cultures everybody has his/her rightful place in society, there is respect for old age, and status is important to show power. In small power-distance cultures people try to look younger and powerful people try to look less powerful.

It’s the opinion of the author of this article that this dimension creates about 80 percent of the problems in international organizations that are trying to operate with multicultural teams.”

People in countries like the US, Canada and the UK score low on the power-distance index and are more likely to accept ideas like empowerment, matrix management and flat organizations. Business schools around the world tend to base their teachings on low power-distance values. Yet, most countries in the world have a high power-distance index.

In individualistic cultures people look after themselves and their immediate family only; in collectivist cultures people belong to in-groups who look after them in exchange for loyalty. In individualist cultures, values are in the person, in collectivist cultures, identity is based on the social network to which one belongs. In individualist cultures there is more explicit, verbal communication; in collectivist cultures communication is more implicit.

In masculine cultures the dominant values are achievement and success. The dominant values in feminine cultures are caring for others and quality of life. In masculine cultures performance and achievement are important. Status is important to show success. Feminine cultures have a people orientation, small is beautiful and status is not so important.

Uncertainty avoidance is the extent to which people feel threatened by uncertainty and ambiguity and try to avoid these situations. In cultures of strong uncertainty avoidance, there is a need for rules and formality to structure life. Competence is a strong value resulting in belief in experts, as opposed to weak uncertainty-avoidance cultures with belief in practitioners. In weak uncertainty-avoidance cultures people tend to be more innovative and entrepreneurial.

The last element of culture is the Long Term Orientation which is the extent to which a society exhibits a pragmatic future-orientated perspective rather than a near term point of view. Low scoring countries are usually those under the influence of monotheistic religions, such as the Christian, Islamic or Jewish faith. People in these countries believe there is an absolute truth. In high scoring countries, for example those practicing Buddhism, Shintoism or Hinduism, people believe truth depends on time and context.

Repeated research is showing that the “Hofstede” dimensions the scores of countries on these dimensions are not, or very slowly, changing over time.

A Danish scholar, M. Søndergaard (5), found 60 (sometimes small scale) replications of Hofstede’s research. A Meta analyses confirmed the five dimensions and the scores of countries. Recent replications, showing the same result was carried out by including Hofstede's questions in the EMS, the European Media & Marketing Survey and a replication by Beugelsdijk, S., Maseland, R. and van Hoorn, A. (2015), Are Scores on Hofstede's Dimensions of National Culture Stable over Time? A Cohort Analysis. *Global Strategy Journal*, 5: 223–240. doi: 10.1002/gsj.1098

(***) The research of Geert Hofstede is still the point of reference in the world of evidence-based approaches in cultural comparisons

Book	Author	Date*	Discipline	Citations
The Structure of Scientific Revolutions	Thomas Kuhn	1962	Philosophy	81,311
Diffusion of Innovations	Everett Rogers	1962	Sociology	72,780
Pedagogy of the Oppressed	Paulo Freire	1968/1970	Education	72,359
Competitive Strategy	Michael E Porter	1980	Economics	65,406
Imagined Communities	Benedict Anderson	1983	Political Science	64,167
Mind in Society	LS Vygotsky	1978	Psychology	63,809
Discipline and Punish	Michel Foucault	1976/1977	Philosophy	60,700
A Theory of Justice	John Rawls	1971	Political Science	58,594
Social Foundations of Thought and Action	Albert Bandura	1986	Psychology	55,324
The Interpretation of Cultures	Clifford Geertz	1973	Anthropology	48,984
The History of Sexuality (3 Volumes)	Michel Foucault	1978-1986	Philosophy	47,955
Situated Learning: Legitimate Peripheral Participation	Jean Lave and Etienne Wenger	1991	Education	47,627
The Fifth Discipline	Peter M Senge	1992	Management	43,876
Institutions, Institutional Change and Economic Performance	Douglass North	1990	Economics	43,411
Culture's Consequences	Geert Hofstede	1980	Management	42,144
The Presentation of the Self in Everyday Life	Erving Goffman	1959	Sociology	40,573
Das Kapital	Karl Marx	1867-1894	Economics	40,237
Distinction: A Social Critique of the Judgement of Taste	Pierre Bourdieu	1984	Sociology	39,729
The Social Construction of Reality	Peter Berger and Thomas Luckmann	1966	Sociology	38,845
Metaphors We Live By	George Lakoff and Mark Johnson	1980	Linguistics	38,723
Stress, Appraisal and Coping	Richard Lazarus and Susan Folkman	1984	Psychology	38,665
Communities of Practice	Etienne Wenger	1999	Psychology	37,775
The Economic Institutions of Capitalism	Oliver Williamson	1985	Economics	37,651
Motivation and Personality	Abraham Maslow	1954	Psychology	37,614
Attachment	John Bowlby	1969	Psychology	37,318

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