Cultural Intelligence (CQ): Flex Your CQ Muscle Through a Human-Centered Leadership Workout!

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The world of healthcare reflects the beauty and global diversity of humans across the planet. Cultural intelligence (CQ) is no longer a nice-to-have skillset. Strengthening CQ is central to the global village nurse leaders and team members experience every day with patients, families, colleagues, and communities. When CQ is strengthened in individuals and in teams, the downstream effect is apparent in outcomes related to quality, safety, patient experience, and job satisfaction. Using Human-Centered Leadership in Healthcare as a lens, leaders and teams can take the first step in moving from knowledge to action by completing the health care CQ Self-Assessment.

THE SHARED HUMAN EXPERIENCE

Have you ever cared for a patient or worked with a colleague with whom you did not share culture or language, yet you knew when they were in pain, angry, sad, or happy? The shared human experience reflects the universality of how people from any corner of the world share common meaning in facial expressions, voice, posture, movements, and experience. In fact, there are 9 emotional expressions that look similar and are interpreted the same in nearly every society in the world: anger, fear, disgust, happiness, sadness, surprise, contempt, shame, and pride.[1] In contrast, the beauty of being human means each person and their culture, ethnicity, language, and life practices are also diverse and unique. The concepts of universality and diversity are central to health care leadership because of the nature of the work. Nurses and nurse leaders navigate people-centered situations every day whether it's engaging with colleagues, patients, families, or communities. Pair this with the more recent focus in the past decade or so, in all industries, on justice, equity, diversity, and inclusion/belonging (JEDI). The result has been an onslaught of policies, practices, and programs to make people of various backgrounds feel welcome, heard, supported to perform to the best of their abilities, and to feel safe and have a sense of belonging. So, with all these efforts, why are health care organizations and their employees still struggling with the shift from knowledge to action? From intention to meaningful behavioral change? The answers are as complex as the problem itself. While organizations can meet the requirements and check the JEDI box with specific training, perhaps there is a different approach that starts with each individual from a shared human perspective. An approach that harnesses the power of self-assessment, reflective practice, and modeling the way through enculturation of a shared language and way of being known as cultural intelligence (CQ).

CQ reflects an individual's capability to assess, interpret, adapt, and actively engage with people from unfamiliar backgrounds.[2] Culture itself is an expansive term defined here to include the cultural background

KEY POINTS

- **Cultural intelligence is a practice nurse leaders can intentionally improve, model, and mentor by appreciating the shared human experience.**
- **The cultural intelligence of the nurse leader and team members influences outcomes related to innovation, relationships, quality, safety, patient experience, and job satisfaction.**
- **Nurse leaders can take the first step in moving from knowledge to action by taking a Cultural Intelligence Self-Assessment to reflect, learn, and grow as a human-centered leader in healthcare.**

of a person, as well as other diversities such as gender, sexual orientation, religious practices, socioeconomic status, disability status, and mental status. CQ picks up where emotional and social intelligence leave off by building on the leader's ability to model the way with a repertoire of cognitive, metacognitive, motivational, and behavioral abilities. Putting CQ into action is a Human-Centered Leadership approach to actively address JEDI goals. By using Human-Centered Leadership in Healthcare (HCL-HC) as a lens, leaders can influence change in self and others. HCL-HC, a contemporary and evidence-based leadership framework, is a model based in complexity and caring science that focuses on developing a culture of excellence, trust, and caring through practicing care for self and embracing a relational leadership style.[3] What follows is a leadership workout in strengthening your CQ muscle. Nurse leaders will be able to share the self-assessment with their colleagues and teams to begin the intentional growth process of moving from knowing to action.

BACKGROUND

Wherever We Are, We Live and Lead in a Global Village

Human-Centered Leaders are global leaders. The global village of today's health care environment is not just an attribute of big cities. The ability to travel and live in diverse places along with the digital nature of our world has diminished the gap in cultural experiences. Today's nurses live, care for, and work alongside beautiful humans of different cultures in small towns as well as large urban metropolises. In light of this,

Table 1. Show Me the Evidence: Leader and Team Member Cultural Intelligence and the Influence on Outcomes

Innovation, creativity, and voice	■ High CQ enables leaders to be considerate, caring, and open to team members' unique cultural needs.[4,5] The downstream effect results in being able to meet individual and collective goals while enhancing team performance. ■ High Metacognitive CQ in middle-level leaders has a positive influence on psychological safety related to sharing ideas.[6] The downstream effect results in improved innovation performance. ■ High CQ in leaders models the way for improved team member CQ and psychological safety.[7] The downstream effect results in team members feeling safe to voice ideas or feedback around task-oriented work. ■ High CQ enhances leader communication with team members, collaborative partners, and other stakeholders.[4] The downstream effect results in emergence of ideas, innovation, and improved outcomes.
Relationships	■ Low CQ in leaders creates relationship tensions that deter employees from engaging in a meaningful leader-team member exchange. The downstream effect may result in employees not speaking up or sharing thoughts about professional development, resources, or innovation.[4,8-10] ■ Higher CQ in leaders reduces employee anxiety, increases effectiveness of communication, and improves job satisfaction.[11] The downstream effect is a healthier leader-employee relationship and a healthier work environment. ■ Higher CQ in leaders and employees (common shared way of being) opens a forum for addressing diversity in individuals as well as departments or units. The downstream effect results in stronger relationships between the leader and employee as well as between the organizational departments and units.[4] ■ High CQ in leaders creates an expectation that misunderstandings will occur when working within diverse cultures. Leaders with this mindset pause and seek information and understanding before acting.[2] The downstream effect is a relationship rooted in trust.
General outcomes	■ Higher CQ in leaders and team members creates an environment more likely to have positive outcomes related to quality, safety, customer experience, and job satisfaction.[2,12]

CQ, Cultural Intelligence.

consider how human actions, gestures, and speech patterns in the healthcare setting are subject to a wide range of interpretations including ones that can result in misunderstandings or unsafe conditions. The harmony between relational care and quality metrics brings to the forefront the idea that CQ is vitally important as an aptitude, an attitude, and a skill. Table 1 provides a summary of evidence supporting how CQ, through a lens of human-centeredness, can influence outcomes.

A Lens to Translate CQ into Practice: HCL-HC

Viewing the work environment as a global village and moving from CQ knowledge to action are best accomplished using the theoretical lens of HCL-HC. HCL-HC honors complexity science by placing the leader at the center with the recognition that sustainable change begins from inside the organization and radiates outward.[3] This approach harnesses the interprofessional shared mission that spans the organization to leverage the power of the influencers and innovators who, again, are at the center or point of service. The leader acts as an *Awakener*, a *Connector*, and an *Upholder* to develop individuals, unite the team, and recognize the humanity in others. Through this relational leadership approach, the leader and their team cocreate a culture and shared language which produce sustainable outcomes related to quality, patient safety, engagement, staff satisfaction, and a positive patient experience.[13] More specifically, the Human-Centered Leader embraces CQ through the dimension of the *Upholder* to ensure there is a culture of caring that recognizes the unique humanity in self and others. This way of leading embraces mindfulness, others-orientedness, social awareness, and organizational awareness. Refer to Figure 1 for the HCL-HC model.

Cultural Intelligence 101

In leadership, CQ provides a framework to strengthen relationships with colleagues, team members, patients, families, and communities. CQ has 4 fundamental concepts.[7,14,15] Figure 2 provides a process map to connect CQ concepts with how nurse leaders can move from knowledge to action.

Cognitive CQ is an individual's understanding and ***knowledge*** about how cultures are similar and different. This area of focus includes knowledge of structure and content such as norms, practices, and conventions, that is, education, hierarchy.

Metacognitive CQ is an individual's awareness and ability to plan for cultural interactions. This area of focus includes ***strategy*** to plan for, control, and adjust mental models before, during, and after interactions.

Motivational CQ is an individual's level of interest, persistence, and confidence before and during cultural interactions. This area of focus is on the ***drive*** or curiosity that one must have to engage with unfamiliar cultures.

Behavioral CQ is an individual's ability to adapt during cultural interactions. This area of focus is on ***action*** which includes verbal and nonverbal expressions such as body language, tone, gestures, and use of culturally appropriate words.

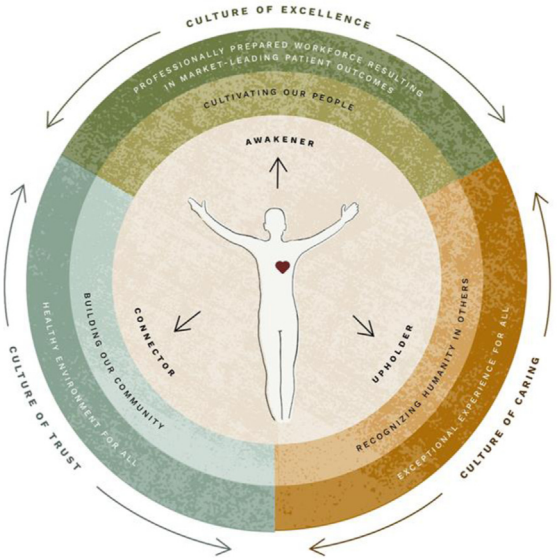

Figure 1. Human-Centered Leadership in Healthcare: The visual framework reflects an innovative approach to leadership in healthcare that starts with the leader's mind, body, and spirit as the locus of influence within local and larger complex systems. The Human-Centered Leader realizes success in connecting leadership dimensions of the Awakener, Connector, and Upholder to a Culture of Excellence, Caring, and Trust which reflects industry-leading metrics.[13]

Figure 2. Cultural Intelligence (CQ) Process Map: This process map aligns the 4 foundational concepts of CQ in a way that allows nurse leaders to move from knowledge to action.

DEVELOPING YOUR CULTURAL INTELLIGENCE: KNOWLEDGE TO ACTION

It Starts With You!

Growth in any part of professional or personal paradigms starts by looking inward.[13] Self-assessment of current strengths and weaknesses in CQ is the first step. Through self-assessment of cognitive, metacognitive, motivational, and behavioral CQ, nurse leaders learn about ways they are already flexing their CQ muscle, allowing them to validate best practices and model the way for team members. The self-assessment also provides valuable perspectives on blind spots and "muscle groups" that need additional work. Earley and Mosakowski [15] shared some of the earliest work around CQ and provided a publicly available basic self-assessment. Inspired by the work of Earley and Mosakowski, the assessment was modified and tailored to health care leaders and team members. In Table 2, this health care specific CQ Self-Assessment will guide you through each domain of CQ and provide suggestions for how to strengthen areas that are weaker. Keep in mind this assessment is a reflective process and should be used to guide individual growth and development rather than a formal evaluative process.

Meaningful Education

Organizations in the United States spend approximately $8 billion on diversity training yet there are no studies to illustrate that diversity training leads to more diversity or belonging.[16] In addition, the training has been primarily online computer-based learning (CBL) with the intention to provide a high-tech way to reach the masses of an organization. The primary shortcoming of this type of training lies in validating behavioral change related to intended learning outcomes to shift attitudes of leaders and cultivate sustainable change.[16,17] Finally, an additional shortcoming of JEDI training in the United States is the tendency to focus on differences between social groups and the resultant potential to promote bias.[18] Taking all of that into consideration, nurse leaders would be well-served to work with their organizational learning partners to develop meaningful training related to CQ and JEDI principles that are based in the shared human experience. Some key factors to consider include.

- *Design:* Instead of siloed learning through individual CBL, a more engaged approach is achieved through a hybrid program of CBL and face-to-face experiential learning using case studies, problem-based learning, and role play. Consider a community of learners with a series of onsite learning labs to allow psychologically safe spaces for interprofessional team members to complete the CQ health care self-assessment, share their results, and then move from knowledge to action by practicing.
- *Group Composition:* When creating cohorts for CQ training, be sure the cohorts are diverse. Diversity means including different hierarchical roles, social groups, departments, and team members across the span of health care in both inpatient and outpatient.
- *Content:* Instead of a heavy focus on differences, shift to threading the concept of the shared human experience into the content, activities, and practice exercises. Using HCL-HC as a theoretical foundation equips the cohort with a common language starting with self-awareness and extending outward by recognizing humanity in others.[18] Also, consider integrating concepts and activities related to how CQ influences team dynamics, functionality, and outcomes.[4]
- *Evaluation:* To test the effectiveness of the training, consider a framework that combines objective and subjective evaluations addressing cognitive, behavioral, and attitudinal change.[19] Fujimoto and Härtel[18] suggest using a combination of self-report and third-party questionnaires for each area of proposed change.

YOUR TURN!

The CQ Self-Assessment for health care leaders and teams (Refer to *Table 2*) is designed to spark reflection and awareness on where you are today in regard to cultural thinking and practices. Leaders are encouraged to use this self-assessment to guide their own individual development of CQ. The assessment can also be used as a team exercise to build collective CQ. Once an individual or team has taken the assessment, tools and tips included in Table 2 and content highlighted in the previous section, "Developing Your Cultural Intelligence: Knowledge to Action," can be used to guide short- and long-term goals.

CONCLUSION AND CALL TO ACTION

CQ builds on a human-centered culture led by Human-Centered Leaders. If organizations, departments, units, teams, and individuals want to honor the diversity of those they serve and work alongside, harnessing the power of the shared human experience is the first step. It requires a courageous leader to model the way through honest self-appraisal of how they are or are not practicing CQ. It requires an equally engaged team to do the same assessment and consider how unconscious or conscious bias is affecting team dynamics, patient outcomes, and workforce engagement. The final part of the workout is for leaders at all levels to create a psychologically safe space in which strengthening CQ in an affirmative

Table 2. CQ Self-Assessment and CQ "In Action" for Health Care Leaders and Teams

Cognitive and metacognitive CQ
Goal: *Knowledge* is power! Identify your level of understanding and awareness about how cultures are similar and different.
Self-assessment questions and instructions:
Add your responses for each group of questions and divide by the number of questions (5) to determine your average in each fundamental CQ concept.
Rate the extent to which you agree with each statement, using the scale:
1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree
___ If I know I'm going to be interacting with patients or colleagues of different cultures, I do some research to find out at least the basics about the culture.
___ I take what I learn from cultural interactions with patients and colleagues and integrate it into how I'll approach people of other cultures in the future.
___ I put intentional thought into what I want to achieve from interactions with patients and colleagues of other cultures.
___ I mindfully pause before interacting with patients or colleagues of other cultures to check my own assumptions and biases.
___ If I'm encountering patients and colleagues of other cultures without time to prepare or pause, I lead with curiosity to learn cultural similarities and differences from the person or family.
Total ___/5 = cognitive and metacognitive CQ
Actions to strengthen cognitive and metacognitive CQ:
✔Seek training opportunities for cultural intelligence or justice, equity, diversity, and inclusion/belonging.
✔Ask your organizational learning or human resources team for a schedule of classes.
✔Use cultural case studies to work on logical thinking and inductive reasoning to strengthen your knowledge, understanding, strategy, and awareness around other cultures and people.
✔Using reflective practice, have an honest conversation with yourself about potential unconscious or conscious biases you may have.

Motivational CQ
Goal: Lead with *Curiosity*! Explore how your level of interest, persistence, and confidence drive cultural interactions.
Self-assessment Questions and Instructions:
Add your responses for each group of questions and divide by the number of questions (5) to determine your average in each fundamental CQ concept.
Rate the extent to which you agree with each statement, using the scale:
1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.
___ I am naturally curious and interested in learning about unfamiliar cultures of colleagues and patients.
___ I feel confident when interacting with patients and colleagues from a culture new to me.
___ I actively seek experiences in which I can immerse myself in interactions and dialogue with patients and colleagues who have different cultures.
___ I am persistent in interacting with patients and colleagues of different cultures even if I'm struggling to communicate.
___ I seek resources to facilitate successful and positive interactions with patients and colleagues of cultures new to me.
Total ___/5 = motivational CQ
Actions to strengthen motivational CQ:
✔Plan simple exercises to challenge yourself, such as practicing how to greet someone from another culture. Practice with willing colleagues or friends.
✔With intention to learn and lead with curiosity, schedule a coffee break with a colleague from a different culture. Let them know you want to learn more about their culture and practices.
✔When you know you'll be interacting with colleagues, patients, or families of different cultures, work with intention to access resources to strengthen your motivation to engage rather than escape the situation. e.g., become aware of organizational language resources, language applications, or being open to ask colleagues more familiar with the culture for help.

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Table 2. (continued)

Behavioral CQ
Goal: *Actions* may speak as loud as your words! Reflect on your ability to adapt when relating and working with different cultures.
Self-assessment questions and instructions:
Add your responses for each group of questions and divide by the number of questions (5) to determine your average in each fundamental CQ concept.
Rate the extent to which you agree with each statement, using the scale:
1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree
___ I easily adapt my body language to align with expected norms of patients' and colleagues' cultures, i.e., eye contact, physical distance.
___ I easily modify my speech style to align with expected norms of patients' and colleagues' cultures, i.e., tone, speed of speech.
___ I readily negotiate with patients or colleagues to honor cultural practices within the health care setting, i.e., prayer times, artifacts for cultural practices.
___ I am self-aware in harmonizing and honoring the cultural practices of patients and colleagues while doing the same for my own cultural practices.
Total ___/5 = behavioral CQ
Actions to strengthen behavioral CQ:
✔Using reflective practice, do a self-scan on how your body language plays out with people of different cultures. e.g., do you talk louder or faster? Do you avoid spending time or limit time with others from different cultures?
✔Ask your colleagues to give you some feedback on behavioral blind spots related to body language.
✔If you engage more frequently with patients or colleagues of particular cultures, challenge yourself to do some research on how to honor their cultural practices, i.e., prayer times, food preferences.

CQ, Cultural intelligence.
Inspired by Earley and Mosakowski.[15]

shared human experience way becomes the norm. Cultural intelligence begets cultural intelligence. Model the way.

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