Research Paper

The Components of Intercultural Competencies of Iraqi Senior Managers in Health Organizations[*]

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Abstract

The current research was conducted to analyze the components of intercultural competencies of senior managers in Iraqi health organizations with a qualitative method of thematic analysis using Sterling's (2001) approach. The research community was the senior managers of the Ministry of Interior, hospitals, and health service institutions of Iraq, among whom 20 people were reached through purposeful sampling based on specific criteria, and data saturation was reached. Data validity was confirmed by two coders and external auditors. Results indicated that the 83 codes extracted in the interviews can be categorized into five dimensions: knowledge, attitude, insight, action, and intercultural ability. The results of the content analysis of participants' interviews showed that intercultural competency can be divided into five levels of knowledge, insight, ability, activism, and intercultural attitude, with ten components of intercultural awareness, intercultural education, understanding of cultural context, cultural self-efficacy, intercultural adaptation, intercultural sensitivity, intercultural experience, intercultural communication, intercultural positivity, and empathic attitude. To achieve effective intercultural communication, Iraqi senior managers need to learn intercultural competencies to achieve a high level of communication and development in health organizations.

Keywords: Culture, Health Organizations, Intercultural Competencies, Iraq, Senior Managers

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1. Introduction

The increasing ethnic-cultural heterogeneity of urban environments, the cause of interpersonal gaps and other manifestations of inequality has led to widespread acceptance of the need for cultural competencies (Dervin et al., 2020). Since cultural diversity is characteristic of today's pluralistic societies (Mappaenre et al., 2023), the recognition of culture as a differentiating factor in behavior has turned attention to the category of cultural competencies, especially in professional jobs, into one of the most challenging and important issues in organizational behavior (Bentley & Ellison, 2007). In the field of literature, competence is the type of capabilities that enable a person to successfully perform the tasks he undertakes; these competencies differ based on environmental requirements, culture, and organizational missions. In diverse environments as well as facing minorities, the issue of cultural competence becomes more apparent (Shonfeld et al., 2021).

By ensuring that managers have managerial competencies that can help motivate and increase the productivity and performance of employees to achieve a competitive advantage, the outcome of executive competencies and employees' performance and mental skills can have a competitive advantage for them. In the meantime, due to the continuous environmental changes and the continuous complexity of the organization's environment in terms of the culture of people and employees, intercultural competence is a serious and significant issue, especially for organizations such as health centers that provide public services.

In today's culturally diverse world, healthcare providers who do not have the necessary confidence to work in multicultural environments, face various challenges. It is predicted that by 2050,

more than 50% of the population will be minorities in large cities that are open to immigration (Bernstein & Edwards, 2008). Therefore, healthcare workers must be ready to respond to such phenomenon because the needs and expectations of the patient population will be different (Benkert et al., 2005).

One of the important topics categorized in the form of intercultural competencies is the concept of cultural self-efficacy. Based on this, many service institutions try to provide intercultural training that increases the awareness and intercultural competence of employees in multiple service industries to increase intercultural interaction (DeJaeghere & Zhang, 2008). These educational efforts stem from civil rights legislation in the United States in the early 1960s (Anand & Winters, 2008). These efforts have also been carried out in many ways in the field of healthcare services (Betancourt et al., 2016), especially for medical students (Beagan, 2003) and nurses (McElroy et al., 2016). It is believed that cultural differences between providers of health care services and their recipients will be challenging, especially when the recipients of services are minorities or immigrant groups (Marcus, 2018).

The unwanted health needs of minority groups, especially the poor, affect health care (Shepherd et al., 2018). The meta-analysis conducted on research related to cultural differences and their effect on the quality of health services has shown the non-receipt of health care and the non-acceptance of treatment for minority patients (Benn et al. , 2017). As a result, public health managers tried to consider the mechanisms that have been reported as the basis of intercultural health differences (Jongen et al., 2018); they used cultural knowledge to reduce the challenges of healthcare services. Learning about the worldview norms, and understanding cultural minority clients (patients) not only helps healthcare

professionals' better understand and serve their patients. but can also reduce widespread healthcare disparities in the process (Taskiran et al., 2018).

Understanding cultural differences in hospital environments, in addition to increasing the feeling of closeness and interaction of employees, especially when they have several different cultures, has a positive effect on patients' health and behavioral beliefs, their perception of their health, and their acceptance of illness, as well as their acceptance of care recommendations and communication with employees. The inevitable necessity of developing cultural competencies in service jobs has led to the creation of a wide range of tools to evaluate this concept in different fields, including the cultural competencies of senior managers. In fact, in addition to general knowledge and attitude, intercultural competencies are also defined as key elements in increasing the adaptability of people from two different cultures. Regardless of the level of intercultural competence in a society, it shows that society has extra cultural knowledge and awareness, the desire to communicate and its context, and if it is exposed to intercultural communication, it controls its cultural prejudices and emphasizes adaptive aspects. To reach such a position, every society must necessarily cultivate factors within itself. These factors strengthen the various dimensions of knowledge, attitude, and the ability of people in society to achieve cultural competencies.

To date, no studies have been conducted in the field of the intercultural competencies of senior managers in Iraq. Those conducted outside of Iraq in the field of cultural competencies are focused on the fields of medical and nursing services (Bastami et al., (1395 [2016 A. D.]); Mahmoudi et al., 2015) as well as educational managers and teachers (Lebadi & Agha Ali Khani,

1391 [2012 A.D.]). Moreover, efforts to improve military cultural competence have recently attracted much attention at the national level in some countries. However, no assessment of the intercultural competencies of senior managers has been conducted in Iraq. Based on the research findings of Groen et al. (2018), recommendations have been made to improve the cultural competence of Iraqi mental health workers. Meanwhile, the cultural and ethnic diversity in the country has made it necessary to pay attention to cultural competencies in medical services.

Necessarily, paying attention to the quantitative aspects of providing health services cannot be enough, and addressing the qualitative aspects, such as cultural competencies, is considered a fundamental issue. Many service recipients, especially families of different ethnic and religious strata in Iraq, expect to be treated differently from others because of their different perceptions of their position, the costs they have paid for the country, and the services they have provided to the society in the past. However, such a perception may also bother them, and they may even be harmed when facing people who have a negative attitude towards war, financial problems, ethnic and religious attitudes, and employment status and its norms due to cultural differences (beliefs, values, and norms). Since the understanding of culture is not conscious, the behaviors caused by different cultures are understood in different ways (Lumliengphon, 2022) and this will cause misunderstandings or cultural conflicts.

Defining the intercultural competencies of senior managers by using the generality, depth, and the accuracy of their selection criteria, as well as their realism regarding this matter, is beyond the limits of theory and opinion. Therefore, there is a need to correctly explain the perspective of cultural competencies of senior managers

in health organizations in line with the changes in society, and know the future and make efficient policies in health organizations; forward-thinking in such circumstances plays a necessary and undeniable role. Therefore, the study of the cultural competencies of senior managers in today's health organizations is inevitable for field studies. Considering the scientific and practical deficiencies of research and experimental studies, it is believed that a comprehensive and integrated model is needed to create theoretical and experimental improvements in the conceptual literature on the intercultural competencies of senior managers in health organizations in Iraq about the future needs of society.

2. Theoretical Framework

The concept of competence has always been subject to change in terms of environmental requirements and different opinions that have been expressed about it. However, all concepts and ideas about competence reflect developments and changes in the demand for competence. Competence refers to the types of knowledge, skills, abilities, internal motivations and proven characteristics of an individual that are performed according to a special standard under specific conditions.

The general definition of intercultural competence as "the ability to interact effectively and appropriately in an intercultural situation or context" (Perry & Southwell, 2011, p. 453) is still widely used. In fact, intercultural competence is a set of continuous behaviors, attitudes and policies that enable a person to work effectively in an environment with a multicultural situation. Accordingly, intercultural competence refers to a set of knowledge, skills and abilities that enable a person to work in culturally different environments. People, such as rescue forces, ambassadors, military

forces, merchants, businessmen, teachers, doctors and hospital staff are especially among the people who experience these environments more than others. Intercultural competencies necessarily refer to the difference between two or more cultures. This concept was synonymous with cultural competence, which indicates the knowledge and skill abilities of a person in his own culture (Culhane, 2011).

There have been numerous studies on intercultural competencies. Previous studies in the field of culture shock, personal adjustment and intercultural effectiveness somehow tried to show how expatriates teach (Bücker & Poutsma, 2010); In fact, their exposure to a different culture could indicate their adaptation and acceptance through learning. This type of studies can be considered among the first intercultural studies that study intercultural competencies in a way. Various definitions and many indicators have been listed for intercultural competence in such a way that in most of these competencies, people are given the motivation to adapt effectively in intercultural environments.

As emphasized by Johnson et al. (2006), intercultural competencies can be considered as a set of knowledge, skills and personal characteristics that work in order to succeed in working with people from different national cultures in domestic environments or abroad. These characteristics and competencies lead to the development of knowledge and skills through experience and training, and cause individual skills to be flexible or adaptive through continuous self-monitoring (Rose & Thornson, 2008). These competencies are actually a form of acceptance of others and de-emphasis of self through culture-based self-awareness. As Watson (2010) states, these competencies include self-awareness and the ability to apply cultural analysis in different cultural situations, which will lead to the acceptance of cultural

diversity. Researchers want to empirically identify the beliefs that are truly relevant to effective diversity-enhancing education.

Intercultural competencies can be seen in two levels of knowledge and ability to work in multicultural environments. Self-efficacy or self-confidence was first defined as a perceptual concept by Bandura (1977), a person's understanding of the ability to perform certain tasks (Bandura, 2006). However, later it was developed and in diverse cultural environments, this concept of individual capabilities and capabilities was created under the influence of cultural contract and self-efficacy as a process of acquiring knowledge and skills in order to improve self-confidence to work with culturally diverse people.

Many researchers have considered intercultural competencies to include knowledge, insight, attitude, and the ability to do work in intercultural situations (Papadopoulou et al., 2022; Tecedor & Vasseur, 2020). Intercultural Knowledge, as Bennett (2008) suggests, is a set of cognitive characteristics that support effective and appropriate interaction in a variety of cultural contexts. Attitudes, which are a dimension of psychology, refer to people's evaluation of intercultural situations (Leung et al., 2014). Insight has a strategic nature and provides a deep understanding of intercultural realities (Papadopoulou et al., 2022). However, intercultural competencies include cognition, emotion, and behavior, showing that a wide range of qualifications should be considered. Nameni (2020), in a research entitled Ethnocentrism and intercultural desire for communication between Iraqi and Iranian medical students in Iran, showed that Iraqi medical students are more ethnocentric than their Iranian counterparts and have less desire to establish intercultural communication. Iraqi female and male students were significantly more ethnocentric than male and female Iranian medical students. Iraqi male students were less

willing to establish intercultural communication than their female compatriots and Iranian male and female peers. These findings were explained according to the context of Iraq and Iran, the level of religious practices of the participants, and the level of their foreign language skills.

3. Research Methodology

The current research is applied from the point of view of research objectives, and in terms of research method, it is a qualitative research, which mainly focuses on thematic analysis based on an inductive approach (data-based). This method emphasizes the identification, analysis, and interpretation of patterns of meaning ("themes") in qualitative data (Braun & Clarke, 2021). Thematic analysis is used as an umbrella term for a variety of different approaches, rather than as a single method. Different versions of thematic analysis are based on different philosophical and conceptual assumptions and differ in terms of procedure. This method is a process for analyzing textual data and turns scattered and diverse data into rich and detailed data. Content analysis is also a method that is often used in research to express reality and explain a phenomenon (Braun & Clarke, 2006, pp. 77-101). This method can emphasize the organization and rich description of the data set and the informed theoretical interpretation of the meaning. Thematic analysis can be used to examine questions about lived experiences, the construction of meaning and the representation of social objects in specific texts and contexts, perspectives, the behavior and performance of participants, social factors and processes that influence and shape specific phenomena, as well as explicit and implicit norms and "rules" governing specific and social practices (Braun & Clarke, 2021).

The process of analyzing the content of data can occur in two ways, inductive or deductive. This research is based on the inductive approach. Tiger's inductive approaches do not rely much on theories and theoretical perspectives (Kiger & Varpio, 2020). This form of analysis is more interpretive. To measure the reliability of coding, they consider the measurement of inter-rater reliability or agreement between coders (Cox & Forbes, 2022). To evaluate the reliability of thematic analysis in this research, the method of "using independent coders and expert groups" was used. The use of independent coding is a common process for assessing and controlling the quality of thematic analyses. Attride-Stirling (2001) suggests three types of "Comprehensive", "Organizing" and "Basic" themes based on the theme's position in the theme network. The basic theme shows an important point in the text, and by combining them, organizing themes are created. The organizing theme is the middle of the basic and comprehensive theme in the theme network. The overarching themes are the theme or themes that are at the center of the theme network.

Since this research seeks to examine the components of intercultural competencies in the research literature, the field of research is domestic and foreign literature, and interviews with subject experts in this field. As in qualitative research, the sample size does not already exist and depends on the scope of the study, the research question and topic, the method or methods of data collection, the analytical approach, and the richness of the people (Malterud et al., 2016). Therefore, the current research was continued based on the theoretical saturation of research data. Research efforts to "operationalize" saturation show that code saturation can be achieved in 12 or even 6 interviews in some situations (Hennink et al., 2017). Nevertheless, in the current research, 20 subject experts in various fields of cultural and

management studies who have experience working in the hospital's management environment were interviewed as described in Table (1).

Table 1. Demographic Characteristics of the Research Sample

No.	Job	Education	Work experience	Age	Specialization
1.	Masters	Cultural studies	7	38	Professor
2.	Ph.D.	Governmental Management	9	41	University manager and lecturer
3.	Ph.D.	Business management	12	40	Professor
4.	Ph.D.	Governmental Management	6	39	University manager and lecturer
5.	Ph.D.	cultural studies	5	40	Professor
6.	Masters	Business management	5	38	Professor
7.	Ph.D.	Governmental Management	7	42	Professor
8.	Ph.D.	Business management	7	46	Professor
9.	Masters	Organizational behavior	9	39	Professor
10.	Masters	Marketing	11	39	University manager and professor
11.	Masters	Organizational behavior	11	36	University professor
12.	Ph.D.	Policy	5	45	University manager and lecturer
13.	Ph.D.	Governmental Management	10	44	Professor
14.	Masters	organizational behavior	8	39	University manager and professor
15.	Masters	Cultural studies	6	39	Professor
16.	Ph.D.	Governmental Management	6	41	Professor
17.	Ph.D.	Organizational behavior	10	42	University manager and lecturer
18.	Masters	Social Sciences	10	39	Professor
19.	Masters	Governmental Management	13	38	University manager and lecturer
20.	Ph.D.	Governmental Management	11	45	Professor

Source: Research Data

The purposeful sample selection method was dependent on the criteria. The sampling approach was heterogeneous in order to show the greatest degree of differentiation in the findings. In addition to these samples, there were people who had sufficient managerial experience in the field of intercultural issues at senior levels, as well as teaching experience in Iraqi universities. The interview process started with the first person and continued until data saturation, i.e., repeating the findings without obtaining new data, and ended with 20 people. The data collection tool was a semi-structured interview lasting about 60 to 90 minutes based on an interview guide, and the data were categorized and analyzed based on the coding protocol.

4. Findings

In response to the research questions about the components of the intercourse of senior health managers of Iraqi health organizations, the results of the content of the interviews of the participants showed that intercourse can be found at five levels: knowledge, insights, empowerment, interdisciplinary culture, intercultural culture, intercultural cultural awareness, intercourse education, and intercourse. In the following section, a detailed description of the findings will be presented.

4. 1. Intercultural Knowledge

Intercultural knowledge oversees the development of the cognitive and mental dimensions of intercultural issues and topics. This dimension includes two components, intercultural awareness and intercultural education, under which 17 primary themes are placed.

Table 2 displays the components extracted from the interviews of the participants in the field of intercultural knowledge.

Table 2. Extracted Components in the Dimension of Intercultural Knowledge

Overarching themes	Main Theme	Basic themes
Intercultural knowledge	Intercultural awareness	Understanding the cultural commonalities of patients
		Increasing the level of intercultural studies
		Awareness of ethnic and cultural beliefs of patients
		Awareness of clients' cultural sensitivities
		Quantitative and qualitative development of extra cultural awareness
		Awareness of lifestyle and food consumption
		The level of cultural literacy
		Understanding ethnic and cultural values of patients
		Education related to cultural issues
		Knowing the weak and strong aspects of patients' culture
	Intercultural education	Teaching language skills and customs
		Willingness to learn about intercultural relations
		Active participation in learning foreign languages
		Sharing cultural knowledge with patients
		Cultural content of nursing education
		Learning aspects of personal compatibility with clients
		Learning cultural self-monitoring

Source: Research Findings

The meaning of intercultural awareness is to try to develop one's cognitive dimension in the context of intercultural differences and to indicate the level of one's studies in intercultural issues such as the sharing of ideas, beliefs, customs and values of other cultures. This issue is especially significant considering the recognition of

cultural commonalities among patients. One of the participants in this field suggests, "We had a good manager a few years ago who was a doctor and had a very high level of studies in the field of cultural issues. He mostly talked to the patients in terms of their own culture; he spoke with them about local foods and even customs and common topics and common linguistic roots, and when he saw the patients, they all warmed to him. He also gave food prescriptions according to their own food".

In addition, the awareness of the ethnic and cultural beliefs of patients always needs specific attention. Ethnic beliefs are multiplicative because they are differentiated in the ethnic field. Lack of attention to this issue can cause serious damage in interpersonal relationships, since each of the ethnic groups and minorities behaves according to his/her own cultural frameworks; being aware of the clients' cultural sensitivities can greatly reduce harmful behaviors. In this regard, one of the participants suggests, "It is true that all our tribes speak Arabic, but many of our words and expressions are not the same; they behave differently in offices; people who come from villages have special accents, and even some of their words are difficult for us to understand".

Another important and significant issue is the level of cultural literacy of managers in relation to their own culture. Perhaps paying attention to the internal capacities of culture is not so important due to the fact that it is the external manifestation of cultural knowledge and awareness. However, it cannot be denied that knowing the ethnic and cultural values of patients requires a proper understanding of the values of the internal culture. In this sense, the main challenges ahead in the field of cultural knowledge are caused by the depth of understanding of fundamental assumptions and internal values.

The development of intercultural knowledge requires attention to education, and this is important through attention to teaching language skills, learning foreign languages, sharing knowledge, and self-monitoring. In this sense, intercultural education can increase people's cognitive abilities regarding the understanding of cultural differences and the necessity of accepting them from a perspective of awareness. One of the participants in this field suggests, "although the desire to learn is low among managers, most managers try to strengthen their level of English language, especially for senior managers, which is considered a requirement".

4. 2. Intercultural Insight

Intercultural insight is a metacognitive concept that indicates the power of self-understanding and the cultural background from which the behavior arose. In this context, the term "intercultural insight" refers to the two dimensions of comprehending the context and cultural self-efficacy, which encompass 18 primary themes.

People who have the ability to understand expectations, respect cultural values, recognize conflicts, and learn from the useful aspects of other cultures, usually have the ability to understand the cultural context in which behavior is formed. In addition, this insight requires cultural self-efficacy. In this sense, it is significant to have evaluation capacities, the ability to adapt and adjust, self-confidence and skills that a person evaluates as capable and efficient. Table 3 presents the components extracted from the participants' interviews in the field of intercultural insight.

Table 3. Extracted Components in the Dimension of Intercultural Insight

Overarching themes	Main Theme	Basic themes
intercultural insight	Understanding the cultural context	Sharing international experiences
		Respecting the cultural values of patients
		Understanding the expectations of service recipients
		Recognizing cultural conflicts
		Acceptance of cultural diversity
		Cultural intelligence in network activity
		Learning from useful intercultural aspects
		Awareness of the mental functions of interaction between oneself and others
	Cultural self-efficacy	Ability to apply cultural analysis
		Having the capacity for cultural self-evaluation
		Feeling able to face foreign cultures
		Trying to acclimatize
		Having confidence when speaking with speakers of other languages
		Understanding the identity of other cultures
		Developing intercultural communication
		Placing a high level of trust in people with foreign culture(s)
		Reducing intercultural anxiety in unexpected interactions
		Motivating effective compliance

Source: Research Findings

Knowledge and awareness that people's expectations cannot necessarily create meaningful competence for them. Self-motivated people not only have high self-confidence in talking with people of different cultures, but also have the necessary ability to face a multicultural environment. One of the contributors in this context believes that the most important skill for senior managers is the capacity to change directions. Managers with high adaptability can be successful in different environments. In office environments,

people with different cultures are highly respected; especially managers who have been educated in different countries try to show themselves as adaptable and communicative people". In this regard, another participant suggests, "I think that in order to be able to communicate well with others, a manager must first be able to increase self-confidence in communication".

4. 3. Intercultural Ability

Intercultural ability refers to the extent of people's skills and capacities in multicultural environments. The word "abilities" refers to the capacity to adapt and the level of sensitivity in people, under which 17 primary themes are placed. A high sensitivity threshold can indicate a person with higher tolerance and fewer impulsive reactions in multicultural situations. Intercultural adaptation is one of the components of intercultural ability, which indicates the ability of a person to adapt in intercultural environments, his desire to expand communication, and the abilities that monitor evaluation, acceptance of differences, and adaptation to changes. This is despite the fact that, in the matter of intercultural sensitivity, a person is mainly placed in situations that entail him/her to show his/her ability to react to different situations. Therefore, issues such as tolerating ambiguity when experiencing interaction with others, or controlling cultural shock, understanding biased aspects and paying attention to stereotypes, are raised in this dimension. Table (4) presents the components extracted from the participants' interviews in the field of intercultural ability.

Table 4. Extracted Components in the Dimension of Intercultural Ability

Overarching themes	Main Theme	Basic themes
Intercultural Ability	Intercultural compatibility	Adaptation in intercultural environments
		Assessment of intercultural competence
		Strengthening common cultural beliefs
		Ability to accept cultural differences
		Desire to expand communication
		Support for joint activities
		Willingness to adapt to constant environmental changes
		Having control of cultural gaps
	Intercultural sensitivity	Ambiguity tolerance and multicultural experience
		Ability to interact effectively with people from different cultures
		Ability to control culture shock in the face of conflicts
		Ability to understand the cultural realities of native languages
		Ability to communicate with others in terms of demographic characteristics
		Development of communication talent with global standards
		Understanding aspects of prejudice in different cultures
		Attention to cultural stereotypes
		Experience and successful communication skills

Source: Research Findings

As indicated in Table (4), intercultural compatibility shows the tendency to understand differences, create points of commonality, and try to adapt to differences. One of the participants in this field suggests that "senior managers should have the capacity to understand the cultural differences of others; people from different ethnicities and religions work together here; even the patients are the same; there are many Kurds, Sunnis and Shiites here; even the youth subculture has created a generational difference; they are not even more patient and mature like the previous generation, and they have a significant amount of prejudice based on their own cultural perceptions". Another participant suggests that when

making decisions, senior managers base their cultural prejudices on evaluating cultural values. This factor causes misunderstandings between individuals and groups. For example, in relation to hiring or promotion, it comes to mind that people with ethnic and ideological similarities are promoted in relation to managers.

4. 4. Intercultural Attitude

Intercultural attitudes show how people evaluate multicultural situations, which mainly refers to the cultural and historical background and perceived information and contexts of that situation in advance. Attitudinal dimensions mainly include the emotional aspects of intercultural relations; in this sense, evaluative judgment and empathic understanding indicate emotional relationships and orientation in evaluating intercultural phenomena, under which 14 primary themes are placed. Table (5) presents the components extracted from the participants' interviews in the field of intercultural attitude.

Table 5. Extracted Components in the Dimension of Intercultural Attitude

Overarching themes	Main Theme	Basic themes
Intercultural attitude	Evaluative judgment	Participation in the emotions of others
		Emotional ability to experience the emotions of others
		Controlling one's own cultural biases
		Positive self-image towards others
		Intercultural judgments
		Unconscious negative perceptions of different races
		Accepting others as a friends
		Use of intercultural symbols and patterns
	Empathic understanding	Understanding the emotions of others
		Expression of intercultural signs and symbols
		Understanding cultural signs of communication
		Not resisting the positive aspects of other people's culture
		Strengthening clients' social trust in national culture
		Generating social capital between people of other cultures

Source: Research Findings

As depicted in table (5), the attitudinal competencies of managers at the level of empathic understanding of individual capabilities in understanding the emotions of others and cultural power are caused by the understanding of cultural signs, which will lead to the creation of social capital among individuals and cultural groups. Understanding the cultural cues of communication requires recognizing different perceptions of behaviors that may cause misunderstandings. One of the participants in this field suggests, "One of the aspects of culture in the Iraqi administrative space is attention to time. Understanding the importance of time is especially important for senior managers, but they often warn others of the time by looking at the clock or getting up from the chair, a behavior that may not be very pleasant for others." Empathetic behaviors can be a tool for creating national harmony and solidarity. In this regard, one of the participants suggests, "Senior managers sympathize with people in many unfortunate issues such as death or happiness; in many cases, their conversation in public while traveling in the office environment and respecting their religious signs, for example, during the Muharram days, or paying attention to people's emotional sensitivities, such as paying attention and respecting the clients' companions, can strengthen communication between people.

Intercultural attitudes play a decisive role in evaluating and judging others. To what extent people have a positive self-image in intercultural communication, control their cultural prejudices, participate in the emotions of others, and use intercultural symbols and patterns is important in evaluation. In this regard, another participant suggests that "people's preconceptions about ethnic groups and cultures can be the basis for evaluating their performance; here, there is a lot of social laziness in

work groups, although the managers attribute this to the ethnicity of the people.

4. 5. Intercultural Activity

Activism comes from real experience in intercultural environments. Having real-life experience of living in multicultural environments and developing intercultural communication skills can be an important part of developing intercultural competencies. This dimension monitors the intercultural experience and intercultural communication of senior managers and has 17 primary themes. Under the component of intercultural communication, issues such as studying abroad, knowing a second language, developing a communication network with others in the virtual space, experiencing communication with native people, and similar issues are raised. Intercultural activists who maintain connections with people from other cultures have higher competencies. In addition, under the intercultural experience component, issues such as openness to changes, active listening in multicultural environments, self-confidence in patient care, and similar issues are raised. Table (6) presents the components extracted from the interviews of the participants in the field of intercultural activism.

Reda Mahmoud Alkenany, Saeid Sharifi, Amer Allamy, Mehrdad Sadeghi

Table 6. Extracted Components in the Dimension of Intercultural Active

Overarching themes	Main Theme	Basic themes
Intercultural activism	Intercultural experience	Elimination of ethnic inequalities
		High-quality care from people of other cultures
		Openness to changes
		Active listening in multicultural environments
		Creating a platform to strengthen cultural dialogue
		Feeling confident in caring for patients
		Professional experience working in different cultural situations
	Intercultural communication	study abroad
		Experience communicating with native people
		Developing a communication network with others in cyber space
		The skill of transferring cultural concepts
		Creating a psychologically safe environment for service recipients
		Knowing a second language
		Frequent interaction with people from other countries
		Communication with people from cultural backgrounds
		Working in multicultural environments
		Flexibility in behavior

Source: Research Findings

The experience of intercultural communication will lead to the development of individual capabilities in the field of intercultural experiential skills; beyond the understanding and attitudes and even the perceived capabilities of people, communication through a second language, education experience and continuous communication with foreign friends play an important role in this dimension. The new generation of managers in Iraq experience a higher level of transnational communication, which helps to develop their intercultural communication. In this regard, one of the participants suggests that "the current managers, who are mostly young, have experienced foreign education, and most of

them have non-Iraqi friends; this factor helps a lot to understand other cultures."

5. Discussion

In terms of application, this research analyzed the components of intercultural competence among senior managers in health organizations using a qualitative approach, which will be the basis for developing a conceptual model of cultural competence and providing appropriate solutions for the crisis of cultural issues in health organizations.

The findings revealed that the 83 codes extracted in the interviews can be categorized into 5 dimensions: knowledge, attitude, insight, action and ability. Since it is important to pay attention to cultural competencies in Iraqi organizations due to cultural diversity, paying attention to the identified components can prepare the space in health organizations to reach a more precise framework of competencies.

The strategic position of Iraq, especially after the political crises in the country, doubles the attention of senior managers in terms of intercultural communication. An issue that goes back to their professional and managerial qualifications and requires recognition and development through training and professional skills.

Iraq is in a significant intercultural situation and requires senior managers to develop an efficient level of competence. It should be noted that Iraq is not a multicultural country like Australia, America, or Canada; rather, due to the ethnic and religious diversity on the one hand, as well as the very strong religious tourism in this country, a significant amount of intercultural encounters can be observed.

Intercultural competencies provide a possibility for individual development in cultural situations in the hospital environment, while the country of Iraq contains a high number of ethnic and religious minorities. Iraq, with more than 70% of Arabic-speaking people from different ethnic groups and nearly 25% Kurds, has a high proportion of a culturally diverse population, which means that the type and quality of services provided by hospitals can provide organizational productivity in the field of services and the satisfaction of stakeholders with a mixture of intercultural competencies of senior managers.

Every year, during the days of mourning (Muharram and Safar), people from around the world travel to Iraq. Especially Shia Muslims from East Asia, Pakistan, Afghanistan, Iran and even the western and northern neighbors of Iraq go to Karbala and Najaf and places of pilgrimage. In addition, some foreigners have permanent residence in cities which host the religion's sacred shrines and places of pilgrimage. Accordingly, even religious tourism has grown significantly in this country (Al-Ramah & Al-Share, 2023), which could raise the need for these people to use health services. This issue will lead to intercultural management challenges in hospitals because the clients are unfamiliar with Iraqi culture and their environment for at least two months of the lunar year.

In the dimension of activism, in order to increase healthcare providers' experience and intercultural communication competencies, it is encouraged to develop their multilingual competencies through the recruitment of skilled forces, by offering training courses, or increasing the amount of intercultural interactions in human resources development planning. In the discussion regarding intercultural attitude, through evaluative judgment and empathic understanding, it is suggested that the

signs, symbols and aspects that will lead to the development of intercultural intelligence be strengthened through in-service training. Furthermore, regarding intercultural ability, and in order to increase intercultural capabilities and skills, it is suggested to conduct special tourism trainings to develop individual capacities and familiarize clients with the cultures and social and administrative aspects of clients who mostly use Iraqi hospitals and medical service centers. It can also be effective to create platforms and incentives for the development of knowledge and individual insight in senior managers through the creation of professional profiles of managers for specialized cultural courses and the creation of material and non-material incentives for senior managers to increase their level of study.

The diversity of intercultural competence among senior hospital managers from different cultures can serve as a clue for designing a focused and, at the same time, multifaceted training program to guide them towards sensitivity, cultural adaptation and cultural motivation. The findings of this research have implications for human resource management with an international approach in two ways. First, Iraqi health organizations should evaluate and develop intercultural competencies to select roles that require understanding the cultural context, especially at the level of managers. Second, health organizations should offer international experiences as part of a global leadership or global talent development program. The results of this research can be used by other private, governmental and cooperative companies and organizations.

6. Conclusion

Cultural difference is an inevitable part of any society in which the

level of cultural diversity is high; overlooking this issue could promote a significant amount of pain and suffering for managers in the organization. It is important to realize that a conflict situation, although it may seem political or emotional, is often simply an unconscious bias about different cultural values between the parties involved. Cultural differences are not always about race or nationality; both parties must recognize this and work towards a solution to avoid misunderstandings, false impressions or even arguments.

Paying attention to the competencies of senior managers through the development of their intercultural competencies, including the study of cultural differences and similarities, emerges from the social and organizational structures underlying each cultural group; such an understanding of cultural values, beliefs and practices is the basis for culturally sensitive care in the field of healthcare, care that meets each patient's needs, is meaningful to him/her, and supports his/her lifestyle, values and beliefs.

The benefits of a meticulous consideration of intercultural competencies are more significant than any other issue for Iraqi health organizations; Implementing patient education programs to increase patients' knowledge about how to access care and participate in treatment decisions, integrating intercultural education into the education of all current and future health professionals, collecting and reporting data on health care access and utilization by race, ethnicity, socioeconomic status, and, where possible, primary language, and monitoring progress toward eliminating health care disparities that could lead to the reduction of inequalities requires attention as the basic components of fair, patient-centered and quality care.

The results of this research can be useful for senior managers of

hospitals and healthcare centers in Iraq, as well as planning and policymaking institutions in the field of human resources development, and provide a new window of professional qualifications for managers to enter the fields between now and the international front.

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