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REVIEW PAPER

Cultural humility and global engagement: a mentoring pathway in student development

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ABSTRACT

The evolving healthcare landscape of the past three decades highlights the need for clinicians who are not only scientifically skilled but also compassionate and culturally aware. The traditional concept of "cultural competence" aimed to equip healthcare professionals with cultural knowledge; however, its limitations, including the promotion of stereotypes and a superficial understanding, have become apparent. This led to the adoption of cultural humility, a more comprehensive framework that emphasises ongoing self-evaluation, self-critique, and continuous learning from patient and colleague interactions. Cultural humility addresses power imbalances in the physician-patient dynamic by positioning patients as experts of their own experiences, thereby strengthening community relationships, illuminating injustices, and contributing to equitable care. Cultural humility is a continuous, lifelong commitment to provide equitable, compassionate, and effective care in an increasingly diverse world. Cultural humility transcends a checklist approach in global health education, acknowledging the limitations of one's cultural knowledge, which is particularly crucial in international contexts. Mentoring programmes are vital for nurturing cultural humility, promoting both intrapersonal (self-assessment of limitations) and interpersonal (understanding others' perspectives) humility. The medical field's historical mistreatment of LGBTQ+ individuals underscores the need for cultural humility, which compels clinicians to examine their biases and prioritise patient perspectives, recognising the intersectional nature of identity and health. Engaging students in cultural humility requires creating safe learning environments, contextualising it within clinical topics, leveraging the humanities, and incorporating collaborative experiential learning with community health workers, as well as using reflective journaling. This review paper examines various aspects of cultural humility, including its role in global health education, its transformative potential through mentorship, its relevance to the LGBTQ+ community, its connection to health equity, and innovative strategies for enhancing student engagement.

Keywords: Cultural humility; cultural competence; global engagement; student development; mentor; LGBTQ.

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INTRODUCTION

Over the last three decades, the landscape of healthcare has undergone significant evolution, focusing on the pressing need for clinicians who are not only scientifically adept but also deeply compassionate and culturally attuned. The concept of “cultural competence” dominated the discussions, aiming to equip healthcare professionals with a comprehensive understanding of various cultures. However, the inherent limitations of this approach quickly became apparent. It is at risk of a superficial understanding, promoting stereotypes, and implying an achievable endpoint to learning that is not realistic in our increasingly diverse world.

This realisation has led many of us to embrace and champion the framework of cultural humility, a concept identified over 20 years ago as a more profound way to address implicit bias in healthcare and, ultimately, reduce persistent health disparities. Cultural humility emphasises an ongoing, lifelong commitment to self-evaluation and self-critique. It necessitates a continuous process of learning from every interaction with patients and professional colleagues, nurturing a deep sense of curiosity and self-reflection rather than accumulating definitive knowledge. Fundamentally, cultural humility encourages physicians to recognise their patients as the real experts of their own experiences, thereby addressing the power disparities that exist in the doctor-patient relationship. This method immediately supports the delivery of equitable treatment, improves bonds among communities, and sheds light on historical and racial injustices.¹

This article aims to discuss and highlight various facets of cultural humility, exploring its vital role in global health education, the transformative potential of mentorship, its specific relevance to the LGBTQ+ community, its critical link to health equity, and innovative strategies for student engagement.

THE IMPERATIVE OF CULTURAL HUMILITY IN GLOBAL HEALTH EDUCATION

Global health education has undergone a significant transformation in recent decades, driven by advancements in technology and the introduction of competency-based strategies. It is intrinsically linked to addressing health disparities, which are not solely the product of biological factors but are significantly influenced by implicit biases among healthcare providers and systematic attempts to exclude various groups from social structures and processes, such as health education. Medical educators face the challenge of preparing future health professionals to navigate these complex global and local health scenarios effectively and ethically due to significant issues related to cultural competence and cultural humility.²⁻⁵

The outlook of cultural humility

Cultural humility offers a robust framework for global health education precisely because it moves beyond a checklist approach, which instils a mindset that acknowledges the limitations of one’s cultural knowledge and encourages an open approach to learning from others. This is crucial in international contexts, where there is a significant risk of overpowering less prominent cultures, thereby inadvertently reinforcing colonial power dynamics. Global health experiences, while invaluable, must be grounded in ethical practice, equity, safety, and fair-trade learning, with a deliberate effort to teach the history of global health and its colonial roots. Without a foundation in cultural humility, the medical fraternity is tough to stand alone in its glory.^{1,6}

For students, cultivating cultural humility means developing the capacity for critical self-reflection on their own biases, privilege, internalised oppression, and the structural barriers that contribute to health inequities. This deep self-understanding is a prerequisite for authentic understanding and empathy towards other cultures, which in turn is the building block of AETCOM (Attitude, Ethics, Communication). Cultural humility directly

undermines power imbalances, strengthening relationships within communities and contributing to equitable care. This approach has been reported to help student physicians increase their understanding of the social determinants of health (SDOH) and reduce health disparities.^{1,7}

Global health curricula, particularly at the postgraduate level, should prioritise competencies that challenge students to formulate innovative, evidence-based solutions that are culturally responsive and feasible within limited resources. This necessitates interdisciplinary approaches, allowing students to learn from peers in various health professions and broaden their perspectives. We must ensure an academic environment that fosters cultural humility to its fullest extent.

MENTORSHIP PROGRAMMES TO CULTIVATE CULTURAL HUMILITY

Mentoring in higher education is proving to be an invaluable mechanism for nurturing humility alongside other crucial socio-emotional competencies in students. Research indicates that effective mentoring can significantly contribute to reducing biases, enhancing cultural humility, and promoting skill development among students. This holds true regardless of shared characteristics between mentors and mentees, emphasising that all mentoring partnerships require cultural humility. It necessitates constant critical introspection and empathy as fundamental abilities.⁸⁻¹⁰

One of the significant strengths of mentoring programmes is their ability to promote both interpersonal and intrapersonal humility. Intra-personal humility involves a mentor's honest self-assessment, acknowledging their intellectual limitations, and recognising how their views guide their thoughts and actions. As one mentor reflected, "Honestly, it made me realise that it is not easy... because even when we know the concept, it does not mean we can answer all of them in a way they can

understand." This self-awareness is crucial for personal growth and effective interaction.¹¹

Interpersonal humility is demonstrated through understanding others' perspectives, motivating them towards shared goals, supporting their development, and genuine connections. This includes cultural humility, where mentors recognise their cultural differences and allow these experiences to promote personal growth. For example, a mentor acknowledging the limited access and opportunities of their mentee due to socio-cultural disparities highlights this crucial aspect of humility in practice. This shift from a position of entitlement to a humble perspective deepens social awareness and enhances generativity. It also plays a vital role in conflict resolution and relationship management within the mentoring dynamic.¹²

The framework of Emotionally Intelligent Leadership Theory (EILT) further illuminates how cultural humility operates within the context of mentoring. EILT's facets—consciousness of self, consciousness of others, and consciousness of context—are reflected in the display of humility by mentors. By recognising their strengths and limitations, understanding the diverse backgrounds and drives of their mentees, and acknowledging their privileged position, mentors exemplify emotionally intelligent leadership. Unlike traditional transactional or transformational leadership, this approach uses humility to promote socially responsible leadership. Academic institutions provide crucial support through mentorship programmes that broaden students' perspectives and enhance their ability to make meaningful contributions to societal progress.¹³⁻¹⁵

CULTURAL HUMILITY AND THE LGBTQ+ COMMUNITY

The medical field has a dark history with LGBTQ+ individuals, often pathologising their identities within healthcare settings. This historical context has profoundly shaped health disparities experienced by the LGBTQ+

community. Medical science historically legitimised the construction of homosexuality as deviant and attempted to “cure” it. Even today, conditions like breast cancer can reinforce harmful narratives, pushing patients into narrow understandings of gender and sexual orientation and isolating them from adequate care. The traditional approach to cultural competency training has proven insufficient in addressing these deeply rooted issues. Cultural competency, with its focus on acquiring fixed knowledge about cultural identities, often overlooks clinicians’ cultural standpoints and the power dynamics inherent in patient-provider relationships. Such an approach can inadvertently embed cultural stereotypes and perpetuate a “culture of no culture”, where the clinician’s biases remain unexamined.¹⁶⁻¹⁸

Contrastingly, cultural humility offers a transformative alternative. It compels clinicians to critically examine their own biases and assumptions, recognising that their views are not objective. This shift fundamentally privileges the patient’s perspective, actively working to dismantle the power hierarchy in the patient-provider relationship. Instead of simply acquiring knowledge, cultural humility encourages reflective skills and communication strategies that seriously consider patients’ narratives of their health and illness, valuing their unique ways of knowing and knowledge production.¹⁹

The framework of cultural humility also inherently identifies the intersectional nature of a patient’s identity and health. It understands that racism, sexism, homophobia, ageism, and ableism operate as mutually reinforcing systems of inequality that intersect with health risks, healthcare delivery, and access to care. Therefore, cultural humility and intersectionality are crucial frameworks for understanding the social determinants of LGBTQ+ healthcare. For clinicians, this means embracing the ethical duty and responsibility to engage with cultural humility, acknowledging

that the marginalisation of LGBTQ+ populations constitutes a moral wrong.²⁰

Ultimately, embracing cultural humility enables a “queering of healthcare”. This involves fundamentally reshaping the structure of how we understand LGBTQ+ individuals’ health by centring and privileging their voices and thoroughly looking at how socio-cultural contexts, including homophobia, sexism, racism, and transphobia, shape the healthcare provider-patient interaction. It shifts bioethical discourse to include the perspectives, histories, and feelings of LGBTQ+ persons, moving beyond normative approaches to healthcare. This is not merely an educational advancement but an imperative for improving LGBTQ+ healthcare and alleviating health disparities.^{20,21}

CULTURAL HUMILITY AND THE PURSUIT OF HEALTH EQUITY

The persistence of health disparities within the medical community serves as a reminder that equitable care is essential. These disparities are not merely the result of genetic predispositions but are deeply embedded in conscious and systemic efforts not to include diverse populations from social institutions and systems, manifesting as implicit bias and discriminatory behaviours from healthcare professionals. Even with growing educational and scientific advances, minoritized populations continue to face limited access to health professional schools, experience disrespect, and encounter biases and stereotypes in learning, teaching, and working environments.^{1,22}

The integration of cultural humility, alongside other forms of cross-cultural education, is paramount for reducing biases and increasing health equity. This involves inclusive learning and working environments within health professional schools and developing curricula that prepare culturally and linguistically responsive professionals. Without this foundational training, healthcare professionals, often raised within dominant cultural perspectives, may inadvertently

perpetuate disparities through differential treatments. The pervasive lack of commitment to equity among healthcare professionals with insufficient training can lead to increased health disparities, as dominant historical views often guide their knowledge, and they lack an understanding of diverse cultural groups.^{1,22}

This principle extends to prejudice reduction, which can be achieved by demonstrating genuine caring for diverse cultural groups, critically reviewing institutional structures and practices that perpetuate discrimination, and ensuring that leadership is supportive of diversity, equity, and inclusion, with diverse representation in leadership positions. Furthermore, using inclusive teaching strategies that respond to the learning needs of diverse cultural groups and ensuring that healthcare practices are congruent with the preferred cultural values, beliefs, and worldviews of patients and stakeholders.^{1,22}

STUDENT ENGAGEMENT WITH CULTURAL HUMILITY

Engaging students effectively in cultivating cultural humility presents unique pedagogical challenges. Topics such as cultural differences and implicit bias are inherently sensitive, and asking medical students to examine their own cultural identity and embrace the role of “non-expert” can be uncomfortable. It demands a particular commitment to creating a safe learning environment where students feel secure enough to explore and discuss sensitive issues without fear of judgement or resentment.

Our experience has shown that traditional didactic approaches often fall short of expectations. Instead, online modules can be highly effective in providing students with a safe, reflective space to ask difficult questions, explore sensitive issues in small groups, and process their reactions at their own pace. These digital conversations can then be thoughtfully continued in the classroom, guided by skilful instructors.^{23,24}

Beyond safety, contextualising cultural humility within clinical curricular topics is

crucial for meaningful engagement. Simply presenting “cultural characteristics of ethnic minority subcultures” can reinforce stereotypes. Instead, framing cultural humility within clinical simulations, where students can explore the dynamic relationship between culture and clinical care through individual patient experiences (e.g., taking dietary histories from role-playing patients), has proven advantageous. The humanities, particularly the history of medicine, provide a powerful medium for incorporating cultural humility. Courses in the history of medicine, fiction writing, and social and cultural studies can help a greater understanding of humility principles, increase empathy, and remind students that medicine is a “profoundly social enterprise”.^{25,26}

Collaborating with other health experts provides invaluable longitudinal experiential learning. Social workers and community health workers (CHWs) are exemplary resources, as their disciplines inherently focus on meeting clients at their level, becoming students of the client, and using critical self-reflection to identify viewpoints that hinder learning. Brief lecture-based cultural training programmes have limited impact. In contrast, long-term rotations where medical students work alongside CHWs to address real-life problems (e.g., housing, appointments, prescription pickups) lead to a deeper appreciation for SDOH and the principles of cultural humility. This “social bedside” experience provides instant guidance and feedback, bridging classroom learning with community realities.^{27,28}

Another critical aspect of student engagement is understanding the power of language. Teaching students to identify and reflect on their own implicit biases, privileges, and power imbalances is fundamental. Language profoundly influences the trust and communication between patients and physicians. Offering medical foreign language courses can build trust, optimise health outcomes, reduce medical errors, and equip physicians to learn about complex social issues directly from patients.^{29,30}

Critical reflective journaling has emerged as a particularly effective pedagogical tool to promote cultural humility in learners. It encourages self-discovery and helps students develop resilience by embracing the discomfort inherent in examining their own cultural identity and biases. This structured reflection helps students process experiences, shapes their perspectives through faculty guidance, and unlocks the transformative potential of experiential learning. When grounded in course material, reflective writing enhances self-regulated learning and enables students to apply disciplinary knowledge to real-world problems.³¹

Finally, Objective Structured Clinical Examinations (OSCEs) using standardised patients offer a valuable tool for assessing humility-based principles and identifying gaps in cultural curricula. These simulations enable students to connect classroom principles with real-world physician-patient dynamics, serving as a quality improvement tool for education.

CHARTING A HUMBLE COURSE FOR THE FUTURE OF HEALTHCARE

Cultural humility is not a fleeting pedagogical trend but a powerful and feasible adjunct to help student physicians develop useful tools for providing the best possible patient care to an increasingly diverse patient population. It is a continuous, lifelong journey, recognising that true proficiency in understanding another's experience is unattainable. Instead, it demands an unwavering commitment to self-evaluation, self-critique, and an openness to learn from every interaction.^{1,6,7}

The current landscape, particularly in contexts like India, underscores the profound relevance of cultural humility. As highlighted by the study of medical school-based mentoring

programmes in India, despite pronounced socio-cultural disparities and inherent power differences between urban elite mentors and rural mentees, humility was universally viewed as essential. The college-student mentors in this program explicitly utilised both intrapersonal and interpersonal humility, demonstrating self-awareness, interpersonal relationships, and a deep social consciousness. This suggests that even in environments where open acknowledgement of knowledge gaps might seem counter-cultural, the principles of cultural humility can be cultivated and practiced to promote meaningful connections and socially responsible leadership.^{1,6,7}

CONCLUSION

Cultural humility is a crucial aspect of education, particularly in medical training. It involves a deep understanding of social and institutional factors that perpetuate biases and discrimination. To embed cultural humility deeper into medical education, systematic research and assessment are recommended, as well as inclusive education. Addressing institutional culture and structural issues is also essential. Integrated experiential learning, incorporating culturally responsive education, should be a regular part of practical experiences. Holistic curriculum development should include topics on identity development, cultural values, and social determinants of health. Customised humility training frameworks can enhance outcomes and promote emotionally intelligent leadership among college-student mentors.

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