Faculty of Cognitive Sciences and Human Development

Perceptions of Diversity Training Among Medical Staff

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PERCEPTIONS OF DIVERSITY TRAINING AMONG MEDICAL STAFF

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A thesis submitted in partial fulfillment of the requirement for the degree of Master of Science (Human Resource Development)

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# TABLE OF CONTENT

<table>
<thead>
<tr>
<th>Table of content</th>
<th>i</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Figures</td>
<td>v</td>
</tr>
<tr>
<td>List of Tables</td>
<td>vi</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>vii</td>
</tr>
<tr>
<td>Abstract</td>
<td>viii</td>
</tr>
<tr>
<td>Abstrak</td>
<td>ix</td>
</tr>
</tbody>
</table>

## CHAPTER 1 - INTRODUCTION

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Introduction</td>
<td>1</td>
</tr>
<tr>
<td>1.1 Background of Study</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Problem Statement</td>
<td>3-7</td>
</tr>
<tr>
<td>1.3 Objectives</td>
<td>7</td>
</tr>
<tr>
<td>1.3.1 General</td>
<td>7</td>
</tr>
<tr>
<td>1.3.2 Specific</td>
<td>7</td>
</tr>
<tr>
<td>1.4 Research Question</td>
<td>7-8</td>
</tr>
<tr>
<td>1.5 Significance of the Study</td>
<td>8</td>
</tr>
<tr>
<td>1.6 Limitations of the Study</td>
<td>9</td>
</tr>
<tr>
<td>1.7 Definitions of Terms</td>
<td>9</td>
</tr>
<tr>
<td>1.7.1 Diversity</td>
<td>10</td>
</tr>
<tr>
<td>1.7.2 Diversity Training</td>
<td>10-11</td>
</tr>
<tr>
<td>1.8 Summary</td>
<td>11</td>
</tr>
</tbody>
</table>
## CHAPTER 2 – LITERATURE REVIEW

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0 Introduction</td>
<td>12</td>
</tr>
<tr>
<td>2.1 Issues Related to the Present Study</td>
<td>12-13</td>
</tr>
<tr>
<td>2.1.1 The Role of Culture in Health Care</td>
<td>13</td>
</tr>
<tr>
<td>2.1.2 Culturally Competent Healthcare Systems</td>
<td>14</td>
</tr>
<tr>
<td>2.1.3 Programs to Recruit and Retain staff members who</td>
<td>14</td>
</tr>
<tr>
<td>Reflect the cultural Diversity of the community served</td>
<td></td>
</tr>
<tr>
<td>2.1.4 Ethnic diversity, Distrust and Corruption</td>
<td></td>
</tr>
<tr>
<td>in Afghanistan: Reflections on the Creation of an Inclusive Culture</td>
<td>15</td>
</tr>
<tr>
<td>2.1.5 Perceived Diversity Climate and Employees’ Organizational Loyalty</td>
<td>15</td>
</tr>
<tr>
<td>2.1.6 Enhancing the Cultural Competency of Health</td>
<td>15</td>
</tr>
<tr>
<td>Care Organizations</td>
<td></td>
</tr>
<tr>
<td>2.1.7 Can Cultural Competence have an Impact on Health Disparities?</td>
<td>16</td>
</tr>
<tr>
<td>2.1.8 Cultural Competency Training for Healthcare</td>
<td>16-17</td>
</tr>
<tr>
<td>Providers</td>
<td></td>
</tr>
<tr>
<td>2.1.9 Review of evidence Effectiveness</td>
<td>17-18</td>
</tr>
<tr>
<td>2.1.10 Diversity and Performance</td>
<td>18-19</td>
</tr>
<tr>
<td>2.1.11 Challenges to successful diversity training</td>
<td>19-20</td>
</tr>
<tr>
<td>2.2 Theory Related to the Present Study</td>
<td>20</td>
</tr>
<tr>
<td>2.2.1 Competence and Skills based diversity training</td>
<td>21</td>
</tr>
<tr>
<td>2.2.2 Provider and Clinic Cultural Competence</td>
<td></td>
</tr>
</tbody>
</table>
in a Primary Care Setting ........................................ 22

2.2.3 Design and Evaluation of an Educational
Course in Cultural Competence for Nursing ........... 22-23

2.3 Summary ................................................................. 23

CHAPTER 3 - METHODOLOGY

3.0 Introduction ......................................................... 24
3.1 Design of the Study .................................................. 24-25
3.2 Population, Sample and Sampling Procedure ............. 25
3.3 Instrument of the Study ............................................. 26-27
3.4 Pilot Study ................................................................. 27
3.5 Validity and Reliability ............................................. 27-28
3.6 Ethics of the Study .................................................... 28-29
3.7 Data Collection Procedure ....................................... 29
   3.7.1 Steps in Collecting Data .................................... 29
3.8 Data Analysis Procedure .......................................... 30
3.9 Summary ................................................................. 30

CHAPTER 4 - FINDINGS

4.0 Introduction ............................................................. 31
4.1 Profile of informants ................................................ 31
4.2 Main Findings .......................................................... 32
4.2.1 Types of Diversity Training ................................. 33-34
4.2.2 Factors Encourage the Diversity Training ............. 34-35
4.2.3 Factors Hindering Diversity Training ................... 35-36
4.2.4 Effects or Benefits of Diversity Training ............... 37-38
4.2.5 Role of ICT towards Diversity Training ............... 38-39
4.2.6 Ways to Overcome Challenges in Diversity Training .. 39-40
4.2.7 Other Concern About Diversity Training .............. 40-41
4.3 Summary .......................................................... 42

CHAPTER 5 – DISCUSSION, SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.0 Introduction ......................................................... 43
5.1 Discussion .......................................................... 43
Type of Diversity Training Among Medical staff .......... 43-44
Current and Previous Findings of Effects or Benefits ...... 44-46
Current and Previous Findings of Other Concern .......... 46-48
5.2 Summary .......................................................... 49-50
5.3 Recommendations ............................................... 50-51
5.4 Conclusion .......................................................... 51
References .............................................................. 52-54
Appendices .............................................................
**List of Figures**

| Figure 4.2.1 | Types of Diversity Training Among Medical Staff | 41 |
| Figure 4.2.2 | Factors that Encourage Diversity Training Among Medical Staff | 42 |
| Figure 4.2.3 | Factors that Hinder Diversity Training Among Medical Staff | 43 |
| Figure 4.2.4 | Effects or Benefits of Diversity Training Among Medical Staff | 45 |
| Figure 4.2.5 | Role of ICT towards Diversity Training Among Medical Staff | 46 |
| Figure 4.2.6 | Ways to Overcome Challenges in Diversity Training Among Medical Staff | 47 |
| Figure 4.2.7 | Other Concern about Diversity Training Among Medical staff | 48 |
| Figure 5.1.1 | Types of Diversity Training Among Medical Staff (Discussion) | 51 |
| Figure 5.1.2 | Current and Previous Findings of effects or Benefits Diversity Trainings | 52 |
## List of Table

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 4.1</td>
<td>Summary of Informant’s Demographic Profile</td>
<td>32</td>
</tr>
</tbody>
</table>
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ABSTRACT

DIVERSITY TRAINING AMONG MEDICAL STAFF

The purpose of this research on diversity training among medical staff is to explore on the benefit and effect towards patients treatment. The researcher wishes to see whether diversity training among medical staff, can be of benefits in the treatment of patients and also for Health Care Workers to practice in their daily routine work. The design of the study is using qualitative method. The sample of this study is very small, it comprises of three informants who had vast experience in the field of health care, researcher found it most appropriate to use expert sampling technique. The instruments used in this study are guided interview questions, which comprises of at least three sections. Section ‘A’ warming up question, section ‘B’ situating question and section ‘C’ is the main question. The main finding of this study were base on the interview from the three informants, which was supported by journals and writing from prominent scholar’s. The researcher wishes to recommend that diversity training among medical staff should be continued and sustain. All this training can improve skills and competency of various categories of health care workers, but it needed the strong support from the Ministry Of Health. Diversity training is a course of instruction aimed at increasing the participant’s cultural awareness, knowledge, and skills in order to benefit organizations.
ABSTRAK

LATIHAN KEPELBAGAIAN DALAM KALANGAN KAKITANGAN PERUBATAN

CHAPTER 1
INTRODUCTION

1.0 Introduction

This chapter discussed the background of the study, statement of problems, research objectives, research questions and the significance of the study. This chapter will also discuss the limitations of the study and definition of terms relevant to the study. This chapter ends up with a summary.

1.1 Background of the study

The study, on diversity training among medical staff, wishes to explore whether diversity training programs among medical staff are of benefits toward treating patients, and whether diversity is of advantage for medical practitioner in treating patients, who are well equipped with knowledge, especially patient who are well educated and those patients who already know the various technique of advance medical care in the web or from the internet.

This study wishes to see factors that support or hinder diversity training among medical staff. Apart from that this study wishes to find out whether health care worker does really practice diversity in treating patients.

Diversity training is training for the purpose of increasing participants’ cultural awareness, knowledge, and skills in order to benefit an organization by protecting against civil rights violations, increasing the inclusion of different identity groups, and promoting better teamwork (Bird 2007). Diversity training has been a controversial issue due to moral considerations and questioned counter productivity. Based on Bird’s(2007) research, the following positive approaches can be adopted by the project managers leading such
heterogeneous teams in order to seek positive effects of managing diversity in project teams effectively:

1) Recognize that diversity will bring a greater skills base when managed properly

2) Improve the overall climate on diverse project teams in order to improve satisfaction, reduce conflicts, and improve team member retention

3) Encourage creativity, flexibility, and innovation among the team members which will allow the injection of new ideas and challenge the normal organizational mind sets.

Frannelmed (2009), argues; adrift from the workday world, diversity training creates manufactured situations where people lie through their teeth, stay aggressively uninvolved, or—sensing a safe zone—share their story or biases and create a personal vulnerability that’s later left unsupported when they return to office. Who do we think we’re kidding that we can eliminate prejudice—sometimes so deeply ingrained, it’s subconscious—in a few hours?, in other word, people do practice prejudice either consciously or subconsciously.

There was considerable concern about the access of people from Black and minority ethnic groups to appropriate healthcare (Dyson & Smaje, 2001). This may reflect real or perceived barriers to services because of disadvantage related to minority status. Several approaches have been proposed to address this problem, one of which has been to increase cultural diversity training for all clinical staff, including psychiatrists, (Dyson & Smaje, 2001).

Cultural diversity programme have been shown to improve patient outcomes including compliance, yet these are not as yet requirements for any UK health care professionals with the exception of psychiatrists, clinical Medicine (2008).
1.2 Problem statement

There are not many studies done about diversity training among medical staff in Malaysia. This study aims to explore the existent of diversity training among Medical Staff especially in Malaysia, and there is little or not many studies done to look into the support or hinder factors that diversity training among Medical Staff. Malaysia has a large variety of traditional medical systems that are a direct reflection of the wide ethnic diversity of its population. These can be grouped into four basic varieties, namely, traditional “native”, traditional Chinese, traditional Indian, and modern medicine, examples of which are described. In spite of the great inroads made by modern medicine, the traditional systems are firmly established. Patients move from one system to another or use several systems simultaneously. The integration of the traditional Malay birth attendant into the health team is described. The forces influencing the development, acceptance, and integration of the medical systems are discussed, Chen (1981).

American Medical Student Association (AMSA, 2013) argues that having a diverse physician is a critical component in making health care available to those who need it most. The lack of diversity of medical students, coupled with ineffective cultural competency education, continues to produce training and treatment environments that are biased, intolerant and contributory to health disparities.

1) Racial and ethnic minorities comprise 26% of the total population of the United States, yet only roughly 6% of practicing physicians are Latino, African American and Native American.

2) Under Represented minority (URM) faculty account for only about 4% of U.S. Medical school faculty members, and approximately 20% of URM faculty is located
at six schools Howard University, Meharry Medical College, Morehouse school of Medicine, and the three Puerto Rican medical schools.

3) Black physicians were found to practice in areas where the proportion of Black residents was nearly five times as high as where other physicians practice. Likewise, Hispanic physicians worked in communities with twice the proportion of Hispanic residents when compared to their non-Hispanic colleagues.

4) Nearly half of patients seen by African American physicians and one-third of patients seen by Asian and Pacific Islander and Hispanic physician are Medicaid or uninsured patients.

5) URM physicians are also more likely than their non-minority counterparts to conduct research to help reduce racial disparities in health care (AMSA, 2013).

Understanding cultural barriers in hepatitis B virus infection

The prevalence of hepatitis B virus (HBV) infection in the Asian American population is disproportionately high compared with the US population as a whole. Effective management is difficult because of cultural barriers, which can be better understood with recognition of the diversity of the Asian continent in terms of language and spiritual beliefs. Barriers to care among the Asian American population include educational deficits, low socioeconomic status, lack of health insurance, non-citizenship, inability to communicate in English, negative perceptions of Western medicine, and underrepresentation among health care professionals. Given the diversity of the population, some subpopulations may be more directly affected by certain barriers than others. The resulting delays in seeking care can lead to poor outcomes and risk of HBV transmission to household members. Health care providers
are obligated to educate themselves regarding cultural sensitivity and to advocate for improved access to care.

Few of the reasons are;

- Some Asian Americans have limited proficiency in English and are isolated linguistically, limiting their ability to communicate with health care providers.

- Asian Americans may view Western medicine with suspicion, causing delays in seeking care and making it difficult to successfully manage chronic HBV infection.

- Sensitivity to cultural attitudes may enhance communication and the likelihood that immigrant patients will accept health care providers’ recommendations; cultural sensitivity training may be helpful, (Tram T. Tran, MD, 2008).

Wheeler (1994) argues that although organizations are using a broad range of initiatives in their efforts to value and manage diversity, training is one of the most widely used strategies (Tomervik, 1995). The definition for diversity training varies from organization to organization, and many times the way the organization defines diversity training is heavily influenced by the way the concept of diversity is understood in the organization (Wheeler, 1994). According to Wheeler (1994) from the broad corporate perspective, diversity training is defined as raising personal awareness about individual differences in the workplace and how those differences inhibit or enhance the way people work together and get work done.

Training is often the first exposure many employees get to diversity issues (Wheeler, 1994). Training can be critical to whether an organization will be able to effectively and successfully achieve its diversity goals. Diversity training is frequently referred to as training
and education to raise awareness about individual differences and the changes in the workforce and to create the behavior changes that are required to effectively manage and work within a more diverse workforce (Hanover, 1993; Wheeler, 1994).

Wheeler conducted a comprehensive study on diversity training and found out that as an increased number of companies accept the concepts of diversity, many are implementing diversity training as a key to and even a primary piece of their diversity initiative. Similarly, Hopkins, Sterkel-Powell, and Hopkins (1994), conducted a study on the preparedness of organizations to manage a diverse workforce. They surveyed 90 companies and found that "training is the key to minimize any disruptions which may be associated with significant increases in workforce diversity" (p. 435).

Some companies do not measure the impact and effectiveness of diversity training because it is too problematic (Cox, 1993; Wheeler, 1994). Some of these companies do not evaluate diversity training because there are no measurements in place, there is a lack of clear objectives, it is too early in the training process, or just because the company is doing well financially and therefore there is no need for assessment. Some company managers also believe that there are too many variables affecting productivity measures to isolate a direct cause-effect relationship. Others believe that most diversity training programs are so new that it is too soon to judge how effective they are.

Organizations have many reasons for not evaluating: "Foremost is the fact that profits are influenced by so many factors that it is difficult to isolate the specific causes of profit level" (Cox, 1993, p. 240). When "evaluating individual practices, there is a risk that their true contribution will be over or under estimated because the effects of other practices and other factors that determine outcomes" (Morrison, 1992, p. 243). Moreover, diversity training results may not be identifiable as an organization outcome for many years. Another reason is
that there are no well-developed measures to diversity. Suspicious negative results and slow change expectancy are reasons for not investing time and resources to monitor diversity initiatives (Jackson & Associates, 1992).

1.3 Objectives

1.3.1 General objective

To study diversity training among medical staff

1.3.2 Specific objectives

1) To study the types of diversity training among medical staff.

2) To study the factors that encourage diversity training among medical staff.

3) To study the factors that hinder diversity training among medical staff.

4) To study the effects or benefits of diversity training among medical staff.

5) To study the role of ICT towards diversity training among medical staff.

6) To study ways how to overcome challenges in diversity training among medical staff.

1.4 Research questions

In order to fulfill the objectives of the research, interview questions are being constructed, which include;

1. What are the types of diversity training among medical staff?

2. What are the factors that encourage the diversity training among medical staff?

3. What are the factors that hinder diversity training among medical staff?

4. What are the effects or benefits of diversity training among medical staff?
5. What are the roles of ICT towards diversity training among medical staff?

6. What are the ways how to overcome challenges in diversity training among medical staff?

The last question is an open ended question, touching on other concern about diversity training among medical staff.

1.5 Significance of the study

This research is important and of significance to all human resource planner and developer. This research is important to find out opinion from health care workers who either support or reject, diversity training among medical staff. This research is of great help to bridge the gap between patients and all health care workers and enhance the close relationship and understanding towards diversity of health care. This research is very important for all health care workers to appreciate the importance of diversity patient care, which will eventually lead to greater cooperation and understanding among all health care professionals.

This research can also help organizational managers such as hospital managers the best way how to manage diverse ethnicity of hospital staff in order to avoid discrimination between workers and staff of the hospital by creating conducive and harmonious environment.

This research can help hospital managers, to see the importance of diversity training among medical staffs, in order to identify benefits of diversity training among Health care workers, to treat divers group of patients.
1.6 Limitation of the study

The short semester and the tight schedule of the lecture lead to the limited time to gain more information from the interviewee.

The tight schedule of the interviewee who has to perform daily routine work is also one of the factors that limit the interviewer to gain more information for the study.

The interviewer has to make an appointment through telephone and has to ask permission from the Head of Department of the organization to allow the interviewer to proceed with the interview.

This study is only limited to medical staff, directly involved with treating and nursing the patients, and those who are involved directly with training in the medical field. This study is also limited to all medical staff that has direct contact with patients, and also who has the overall overview of the whole organization. Since this study is only limited to medical staff, it cannot be used to represent the effect of diversity training towards all or other organizations, this is because only three informants was interviewed to represent the whole organizations, and this does not mean that all the staff accept or reject diversity training among medical staff.

Limited sources of information that can support diversity training among medical staff is one of the factor which limit this study. Most of the information gathered in this study is about foreign organization. It is not easy to gather information from the organization in the country.

1.7 Definition of Terms

The definition of terms used in this study is first done according to conceptual definition and then followed by operational definition.
1.7.1 Diversity

According to the Oxford dictionary (2010), diversity refers to range of many things that are very different from each other, a variety or multiformity.

In this study, diversity can be defined as the concept of diversity which encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embrace and celebrating the rich dimensions of diversity contained within each individual.

1.7.2 Diversity training

Diversity implies differences in people based on their identifications with various groups and is also a process of acknowledging differences through action. Those organizations that have welcomed diversity are more productive and have a competitive advantage. Diversity training can be awareness based (cognitive) or skill based (behavioral), Training and Development.

Diversity training is a course of instruction aimed at increasing the participants' cultural awareness, knowledge, and skills in order to benefit an organization by protecting against civil rights violations, by increasing the inclusion of different identity groups, and by promoting better teamwork Bird (2007). In this study diversity trainings are any training which either involve any core business such as nursing care and patients treatment or any
training that upgrade the general knowledge of medical staff which is not really related to nursing care or patients treatment such as medical record or medical research.

1.8 Summary

In summary, this chapter discusses in detail the background of the study, the problem statement, the research objectives, the research questions, significant of the study, the limitation of the study, followed by all the related definition. This chapter ends up with a summary to conclude chapter 1.