Cultural sensitivity: a practical approach to improving services


Summary
Reports commissioned by the Department of Health (Acheson 1998, Alexander 1999) have highlighted the failure of the NHS to provide culturally sensitive services for black and Asian patients. Cultural sensitivity in nursing is the provision of care that is sensitive to the needs of clients from all cultures. The authors outline the action taken to improve cultural sensitivity in a community hospital.

Defining culture and cultural sensitivity
It is not easy to define culture and cultural sensitivity. McGee (2000) suggests that culture is a kind of ‘mental software’, a learned way of thinking and feeling that is shared by others, for example, family members. This collective software provides a basis for the development of values, attitudes and beliefs that distinguish one group of people from another. Cultural sensitivity in nursing is the provision of care that is sensitive to the needs of clients from all cultures (Archibald 2000, Leininger 1996, Swan 1999). In practice, this means providing services that meet the religious, dietary and linguistic requirements of patient groups, while retaining the principle of individualised care (Gerrish 2000, Vydelingum 2000).

Recent reports, such as the Alexander report (Alexander 1999) and the Acheson report (Acheson 1998), commissioned by the Department of Health, highlight the failure of the NHS to provide culturally sensitive services for black and Asian patients. In April 2000, the government published its equal opportunities strategy (DoH 2000), which outlines a framework for improving services. This includes:
- Recruiting a workforce that can deliver an appropriate service to a diverse public.
- Ensuring the NHS is a fair employer.
- Ensuring the NHS uses its influence to improve the life opportunities and health of communities.

Building on Bradford Community Health Trust’s philosophy of respecting individuality and valuing diversity, several steps have been taken to improve services for the local ethnic population.

Recruitment
Bradford Community Health Trust actively recruits from minority groups and supports initiatives such as the healthcare apprentice scheme, in which students from ethnic minorities and other under-represented groups work towards a BTec national certificate. This apprentice scheme won a NHS equality award for excellence in 2000. The Trust used positive action when recruiting staff, for example, by specifying in recruitment advertisements that a second language is desirable.

ACISM IN Britain has received unprecedented public and media attention in recent years. In his report into the Stephen Lawrence murder inquiry, Sir William Macpherson defines institutional racism as: ‘...the collective failure of an organisation to provide appropriate and professional service to people because of their colour, culture or ethnic origin’ (Macpherson 1999).

The publication of this definition of institutional racism prompted the authors to critically review the community hospital services provided in an area where the majority of the population comes from a south Asian background.

Leeds Road Community Hospital, in inner Bradford, is one of four community hospitals providing intermediate health care to a culturally diverse population of 480,000 in Bradford. The 18-bed unit provides nurse-led rehabilitation and palliative care for a population of 140,000, half of whom are of south Asian origin.

There is recognition that the large south Asian population is not reflected in the admissions to the unit. In 1999, only 11 per cent of patients admitted had a south Asian background. The reasons for this are not clear, but research by Vydelingum (2000) supports the view that patients with a south Asian background and their families feel that community hospitals cannot cater for their cultural and spiritual needs.

This article describes the action taken to improve cultural sensitivity at Leeds Road Community Hospital and its impact on service use.
Cultural awareness training is mandatory for all staff and takes place within the first week of employment. This has led to an increased level of knowledge about different cultures among ward staff. Staff who had undertaken awareness training found that they were able to actively contribute to the provision of a culturally competent service.

Forty per cent of staff who care for patients on the unit are from ethnic minority backgrounds. On most shifts, staff are able to speak Urdu, Punjabi, some Hindu and Arabic, as well as English. These are the main languages spoken by the patients and carers. Language skills are important, as limited communication allows only a superficial relationship to develop between staff, patients and carers (Audit Commission 1993). The Trust sought to recruit nurses from a variety of ethnic backgrounds and staff worked hard to achieve this mix.

### Religious, cultural and social needs

Staff on the unit help people to celebrate their cultural and religious events and do not presume that they follow Christian traditions. Celebrations at Christmas were followed by celebrations for the Muslim festival Eid. Patients are offered access to rooms with ensuite bathrooms in support of the religious and cultural needs of some south Asian patients. Halal food is available and prepared on site. In an attempt to improve communication and ensure patients are satisfied that their food is appropriate, English-speaking staff have been learning to speak some Urdu from bilingual colleagues.

The unit has many single rooms, allowing privacy and dignity at all times. Portable televisions are provided, but the provision of portable radios is proving to be more popular. This enables patients to listen to the local radio station and find out local news and events in their first language, thus reducing the isolation and anxiety they feel when removed from their community.

### Improving access to health information

Ethnic minority groups suffer disproportionate ill health (Bhopal and White 1993). They also face inequality in access to services (Acheson 1998, Gerrish 1999). Staff at Leeds Road Community Hospital recognised that the predominantly Pakistani local population did not have equal access to health information and health promotion. When a patient’s first language is not English, it can be difficult to reinforce information given in response to identified health promotion needs. Some information has been translated and printed, but leaflets are of little use to older south Asian patients who are unable to read.

This service gap has provided an opportunity to develop a funded project to improve health information and health promotion for south Asian patients. Staff, patients and carers are now engaged in health education and promotion activities tailored to meet cultural needs.

To ensure that all patients have access to appropriate health information, bilingual healthcare assistants have been trained to undertake a health-needs assessment in the patient’s first language. Healthcare assistants are often from the same cultural background as the patient and are able to understand and explain the patient’s health beliefs and lifestyle to the trained staff.

When this information has been gathered, the trained nurse and the healthcare assistant are able to develop an education plan in an appropriate and sensitive way.

Verbal information is reinforced with a new video and audio cassettes, available in a variety of languages. The health-needs assessment and local health improvement plan have identified heart disease and diabetes as priority areas. Patients and their families have access to this information in the privacy of their rooms and staff are available to answer any questions.

Local community groups are encouraged to tell staff about any changes or improvements that they believe could be made at the community hospital. Service users are asked to comment on how the hospital could provide for their needs. Open days are advertised locally, inviting people to look around the unit.

Patients and carers are invited to join the service-users group, which allows them to comment on service provision and planned service development. An inclusive approach to planning demonstrates a genuine interest in developing culturally sensitive services and this supports a culture of mutual respect. Actively listening to patients and carers and responding quickly to their needs shows a willingness to work within the patients’ cultural framework.

### Conclusion

Audit information shows an increase in patient and carer satisfaction levels. Unit activity demonstrates an increase in the number of patients admitted with a south Asian background. A qualitative research project is currently in progress to examine older south Asian patients’ perceptions of cultural sensitivity in a community hospital setting. The research findings will inform current nursing practice and service development in the four community hospitals within the Trust.

Although a great deal of work remains to be done, treating cultural sensitivity as a priority within the unit has improved standards of care for patients from ethnic minorities. 

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**REFERENCES**


