



Contents lists available at ScienceDirect

Radiography

journal homepage: www.elsevier.com/locate/radi

Embracing diversity in radiography: The role of service users

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ARTICLE INFO

Article history:

Received 23 May 2018

Received in revised form

18 June 2018

Accepted 20 June 2018

Available online xxx

Keywords:

Diversity

Service users

Curriculum

ABSTRACT

This article outlines the importance of cultural competence for student radiographers. The UK population is becoming more diverse in terms of ethnicity, the population is also made up of a much wider age range, varying genders and people of different sexual orientation, physical abilities and faiths. Radiographers need to be able to communicate with and care for people of all backgrounds.

Radiographers need to be able to build relationships with service users based on mutual respect to provide optimum care despite personal differences. In order to prepare for this, service user involvement in the radiography curriculum is key.

This article discussed the way in which service users are involved at one university. All of the strategies used enable students to learn about the different people that they will encounter in their professional role and to develop cultural competence. It is vitally important that student radiographers feel comfortable to interact with and care for service users from different backgrounds and cultures and to be able to demonstrate an awareness of and sensitivity to the range of issues and individual needs of every service user they may encounter in their professional role.

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Introduction

Since 2001, the United Kingdom (UK) population has undergone significant change. Figures released in the Office for National Statistics (ONS) 2011 census, divide the UK population into the following categories; White, Mixed/Multiple Ethnic Groups, Asian/Asian British, Black/African/Caribbean/Black British and Other Ethnic Groups. From the statistics it can be seen that the largest population increase was 1.1 million which was from the White category, specifically the Other White subgroup which includes people from Eastern Europe such as Poland. Other increases were in the Asian/Asian British ethnic group of approximately 0.4 million and the remaining other ethnic groups also showed increases.¹

Not only is the UK more diverse in terms of ethnicity, the population is also made up of a much wider age range, varying genders and people of different sexual orientation, physical abilities and faiths.²

The NHS is committed to 'High quality care for all, now and for future generations'³ and to ensure that this achieved services need to be planned and delivered that are inclusive, respectful, supportive, add value and reach out to all members of the population. The need for staff and students to understand the issues of diversity

and equality has never been greater and there are four key laws that all health professionals should be familiar with:

- The Equality Act 2010 – this legislation provides protection against discrimination for people who possess one or more of the nine specific protected characteristics. These are age, disability, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, gender reassignment and sexual orientation.⁴
- The Human Rights Act 1998 – this legislation outlines the basic human rights and principles of equality. The 'FREDA' acronym helps you to remember what is covered by the Act: Fairness, Respect, Equality, Dignity and Autonomy.⁵
- The Mental Capacity Act 2005 – notably the Deprivation of Liberty Safeguards (DoLS) which aim to help people who lack the capacity to maintain their independence, dignity and the right to freedom. The DoLS aid vulnerable individuals to maintain their right to dignity and equality.⁶
- The Care Act 2014 – this legislation provides six key principles, which should underpin all work with vulnerable adults. This includes ensuring that adults receive support that is personal to them, chosen by them and has their consent.⁷

The need for health care professionals to embrace diversity has never been more evident and in terms of educating students about

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the issues surrounding equity and diversity, it is important that these terms are defined. Equality means ensuring everyone in your setting has equal opportunities, regardless of their abilities, their background or their lifestyle whilst diversity means appreciating the differences between people and treating people's values, beliefs, cultures and lifestyles with respect.

In the Health and Care Professions Council (HCPC) Standards of Proficiency (SoPs)⁸ it clearly states that radiographers should build relationships with service users based on mutual respect to provide optimum care despite personal differences. More importantly, SoP 5 requires radiographers to 'be aware of the impact of culture, quality and diversity on practise' and SoP 6 focusses on non-discriminatory practise. Throughout undergraduate radiography courses, it is incumbent upon the Higher Education Institution (HEI) to ensure that the education provided allows exploration of these issues and provides valuable learning opportunities so that students can develop an understanding of and the skills required to adhere to the SoPs when registering with the HCPC following graduation.

The HCPC Standards of Education and Training⁹ also require service users and carers to be directly involved in the design of the undergraduate radiography programme and this provides an ideal opportunity in which service users can introduce diversity and equality issues to students in a meaningful way. Although the use of service users in the curriculum is not explicitly stated by the College of Radiographers, and is not a criteria listed by the Approval and Accreditation Board (AAB), anecdotal experience suggests that AAB assessors often look for service user involvement when validating and revalidating courses.

Developing cultural competence

Many writers have tried to define culture. Ogbonna and Harris¹⁰ define culture as "the collective sum of beliefs, values, meanings and assumptions that are shared by a social group and that help to shape the ways in which they respond to each other and their external environment" (p34). Crotty¹¹ sees culture as the source of human thought and behaviour, rather than the result and goes on to say that culture teaches us how to "see" things. Each culture has its own norms and values,¹² the culture can teach us how to "see" things as interpretations become layered and cultural meanings take over.¹¹ Culture is about how members of a group interpret the world around them by developing shared understandings, it provides people with rules about how to operate in the world in which they live and work.¹³ Spradley¹⁴ says that culture is what people do, what they know and what they make and use, i.e. cultural behaviour, knowledge and artefacts. He also says that culture is the acquired knowledge people use to interpret experience and generate behaviour.

It is evident that changes in UK population and the requirements of the professional and regulatory body necessitate health care professionals to development cultural competence. According to Cross et al., cultural competence is 'a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations'.¹⁵ On an individual level it calls for practitioners to not only identify their cultural assumptions, values and beliefs but to also challenge them and in doing do be able to recognise that others may view the world through different cultural lenses.¹⁶

The challenge for HEIs is how to help students develop cultural competence in a way that is not only meaningful but allows them to practise in a person-centred way. By using service users at different

points in the curriculum and for different purposes it allows HEIs to develop an understanding of working with service users from a range of diverse cultural and social backgrounds.¹⁷ The key features of cultural competence can be seen in Fig. 1.

Although it is useful for the students to develop an understanding of the wider contextual and organisational issues, the vital learning focusses on the skills required in the personal interaction section which forms the centre of Fig. 1.

Ways of service users influencing the curriculum

In 2003 the Department of Health introduced a new qualification for social workers. Previously a diploma, for the first time the social work qualification became a three-year degree course, a move which reflected the difficulty and professionalism of the job. Also, for the first time, universities and colleges offering the degree were required to involve service users and carers in the design and delivery of the programme. This was a pivotal drive for the use of service users in the social work curricula and as a profession they have been instrumental in driving this agenda forward, closely followed by mental health nursing.^{18,19}

It is evident in the literature, that service users are involved in the education of health and social care professions in a variety of ways. This includes the; recruitment and selection of students^{20–24}; service user led-sessions and storytelling²⁵ and practise-based activities and assessment.^{26,27}

There are however, some clear challenges to engaging service users in the education of health and social care students such as; funding,^{19,28} accessing vulnerable groups to ensure equity of representation²¹ and power relationships between academics and service users.^{19,29} It is suggested that more substantial evidence is needed on the impact of service user involvement in education using a longitudinal research approach to evaluate the benefits versus challenges of implementation and delivery.^{30,31}

In 2011, The Health Foundation published a report, 'Can patients be teachers? Involving patients and service users in healthcare



Figure 1. Key features of cultural competence.¹⁷

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