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Cultural sensitivity training: Description and evaluation of a workshop

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Summary We describe the materials used to develop cultural sensitivity within 350 nursing students. These involved a lecture on dimensions of difference between east and west, exercises on names and early memories and the construction of a cultural genogram. In addition, we report the results of an evaluation study which was both quantitative and qualitative. The questionnaire data indicated that the workshop was useful and clear. Using IPA analysis, the interview data indicated seven major themes: a close, safe space in which to talk, increased cultural awareness, freedom to inquire, awareness that cultural self-knowledge is essential for developing cultural sensitivity, impact of cultural sensitivity training on professional work with people, limitations and suggestions for future workshops and wanting more workshops in a similar vein. Second stage IPA analysis indicated four levels of cultural sensitivity: 'Them', 'Us and Them', 'We' and 'Transcendent'. Integrating the findings of both the qualitative and the qualitative data, we conclude that the workshop was highly appreciated and that there is a demand for more training in this area. Implications for further training in cultural sensitivity are considered.

'I have a vision of an NHS which fully and wholeheartedly embraces and welcomes people from all cultures and in which the services it provides meet all of their health needs.'
(Baxter cited in Smith et al., 2006, pg.)

Introduction

Almost 1 in 10 people in Britain come from a black or minority ethnic background (Census, 2001), but many of these people are reluctant to use healthcare services (Madhok et al., 1992) because they are fundamentally dissatisfied with the type and quality of healthcare provision (Smaje and Le Grand, 1997). A recent study by Vydelingum (2006) concluded that nursing staff showed poor cultural competence with evidence of ethnocentric

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practices, a denial of racism, limited cultural knowledge and a tendency to treat all ethnic minority patients in a similar fashion. In the light of events such as the razing of the twin towers and the London bombings last year, cultural sensitivity and competence are an urgent need in the NHS particularly with regard to the spiritual care of people from black and minority ethnic groups (BMEs) (Narayanasamy, 2006).

Additionally, the NHS workforce has been bolstered by large proportions of overseas-trained nurses who have been invited into this country to make up labour shortages (Smith et al., 2006). Research indicates that the experience of coming to Britain is not a pleasant one: at various times overseas students endure humiliation, discrimination, racism and exploitation and undergo a devaluing and deskilling process. Having to study/work in a language that is not one's first language produces a feeling of isolation and many look primarily to members of their own cultural group for support, comfort and strength. Blackford's (2003) study indicates that the culture of care is constructed within a 'culture of whiteness' frame. Papadopoulos (2005) warns against a tendency to pathologise people from different cultures and encourages the dominant group to recognize the resilience of refugees and BME people. He points out that negative reactions from the host country can be as traumatic as the original process of migration or asylum-seeking.

The Department of Health is concerned that a culture-sensitive consideration of differences in religion, culture and language be incorporated into the healthcare system (DoH, 2004). Camphina-Bacote (1994, cited in Fahrenwald et al., 2001) defines cultural competence as 'a continuous process in which the nurse strives to develop an ability to work effectively within the cultural context of an individual, family or community from a diverse cultural/ethnic background'. The process involves the development of cultural awareness, knowledge and skill, and is further enhanced and refined by one's cultural encounters and a desire to consider cultural elements of one's practice (Campinha-Bacote, 2002). It embodies a willingness towards actual encounter with people of different cultures and an on-going desire to further the process of developing cultural competence.

In order to meet the training needs of the white, black and minority ethnic and the overseas-trained student population at the University of Surrey, I (NH), (along with a colleague from the clinical psychology department), devised and ran a cultural sensitivity training workshop for nurses. This workshop was then evaluated by the second author (JG).

The aim of this paper is twofold: I will first describe in some detail the contents of this workshop in the hope that other people may effectively use the tools of the workshop to train students in cultural sensitivity. Then I will report on the results of the evaluation study.

Method

Materials for the workshop

The materials for the workshop were developed through the running of a focus group, through one to one interactions with students in the University and through discussion with colleagues at European Institute of Health and Medical Sciences. An information pack which contained a number of articles from nursing journals about the experiences of black and minority ethnic students was compiled, photocopied and distributed to each of 350 students.

(1) Dimensions of Difference
A presentation was made outlining some dimensions of difference between Eastern and Western cultures (Hutnik, 2003; Laungani, 1999). Four major dimensions of difference were highlighted: syncretistic vs. antithetical logic; circular time vs. linear time; relationship orientation vs. task orientation and We vs. I orientation. These dimensions which are available in Hutnik (2003) were explained using many cultural examples. In addition, Drego's model of the Cultural Parent (Drego, 1983) was explained and Hutnik's quadripolar model of ethnic minority identity was used to indicate some of the complexities of cross cultural communication (Hutnik, 1991).

(2) Exercise on Names
The students then participated in a Names exercise where in pairs they discussed the narratives around the names that had been given to them at birth. In this exercise they were encouraged to look at cultural practices prevalent within their primary families and cultures around the identities of newborn babies. Examples were given from the first author's own background. For example, she explained that one of her names is Judith after St. Jude, patron saint of hopeless cases, who her mother had prayed to after having been unable to conceive for the first five years of her marriage. Some students shared their insights and experiences in the large group.