



Review

Oncology health workers' views and experiences on caring for ethnic minority patients: A mixed method systematic review



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ABSTRACT

Objectives: To investigate what published research reveals about the views and experiences of oncology health workers when caring for ethnic minority patients.

Design: Systematic review of qualitative and quantitative studies.

Data sources: The following databases were systematically screened: PubMed, CINAHL, Web of Science, and AnthroSource. Reference lists were checked for additional articles.

Review methods: Empirical studies or systematic reviews (1/2000 to 12/2013) were included if they concerned the oncology setting and the views or experiences of healthcare workers and care users belonging to an ethnic or cultural minority group. The methodological quality of each individual study was assessed using the Critical Appraisal Skills Programme for Qualitative Studies and the Quality Assessment Tool for Quantitative Studies.

Results: Eighteen publications met the inclusion criteria. Thirteen articles had a qualitative, four a quantitative, and one a mixed methods design. The results in the individual studies were heterogeneous. Most studies reported challenges or barriers when caring for ethnic minority patients, whereas fewer than half of the articles discussed facilitating factors and opportunities. Oncology health workers participating in the included studies sought to provide professional standards of care and tried to adapt care to the needs of ethnic minority patients. However, they experienced formidable communication barriers and they feared doing things that might be considered culturally insensitive. The organizational aspects of care for the oncology patient appeared to have a significant influence on how healthcare providers view and experience oncology care for ethnic minority patients.

Conclusions: Views and experiences of participating oncology health workers were characterized by a willingness to provide proper care for ethnic minority patients, but this was hampered by a tangle of interrelated issues such as linguistic barriers, fear and uncertainty, and assumptions about cultural matters. Organizational aspects were shown to be a strong influence on healthcare workers caring for ethnic minority patients. Due to methodological limitations of the included studies, conclusions should be viewed with caution.

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What is already known about the topic?

- Healthcare has to deal with an increasing population of ethnic and culturally diverse care recipients.
- In culturally competent care, the cultures of both care recipients and healthcare providers are of great significance.

What this paper adds

- Oncology health workers participating in the included studies sought to provide professional standards of care and tried to adapt care to the needs of ethnic minority patients. However, they experienced formidable communication barriers and they feared ‘doing the wrong thing.’
- Many interrelated issues such as linguistic barriers, experienced fear and uncertainty, and assumptions about cultural matters have an impact on how healthcare workers perceive care for the ethnic minority oncology patient.
- Current knowledge on this topic is largely limited to the way healthcare professionals perceive themselves in caring for ethnic minority patients, as none of the qualitative studies on this topic used observational methods.

1. Introduction

Several decades of global immigration have made our societies increasingly multi-ethnic (WHO, 2010). For instance, in Flanders, the Dutch-speaking part of Belgium, approximately 15% of the population is of foreign descent (Noppe and Lodewijckx, 2012). Worldwide, healthcare services must deal with the growth of ethnic and cultural diversity in their populations (Deville et al., 2011). In developed countries, care involving healthcare workers and patients with different cultural backgrounds and ethnicity is increasingly the norm (Kai et al., 2011). One of the four key priorities of the World Health Organization (WHO, 2010) regarding the health of immigrants concerns ‘migrant sensitive health systems.’ These systems should, among other things, ensure that health services are delivered to immigrants in a culturally and linguistically appropriate way (WHO, 2010).

Cancer is a leading cause of morbidity and mortality worldwide (WHO, 2015). A cancer diagnosis can be challenging, cancer is a disease that affects patients and their families emotionally and physically (Bultz and Carlson, 2006). Communication within oncology practice has been recognized as a core clinical skill (Fallowfield and Jenkins, 1999). To do justice to these specific aspects of oncology practice, this review focuses on cancer care services.

A critical review of the views and experiences of care users from ethnic minority groups who have received cancer services in Britain reveals the importance of gaining insight in the perspective of healthcare workers (Elkan et al., 2007). The review reported significant issues and challenges: comprehension and communication barriers, a lack of awareness of the existence of services, a perceived

failure by providers to accommodate religious and cultural diversity, health beliefs, and diversity of views and experiences. The authors conclude that “*although direct or overt racism was identified as a problem in some studies, the greatest challenges appeared to result from institutional racism, from a failure of the NHS [National Health Service] to respond adequately to the information, language, religious and other cultural needs of people from minority ethnic groups* (Elkan et al., 2007, p. 119).”

Both the culture of care recipients and healthcare providers are important in attuned connections between professional caregivers and care users of foreign descent (Kleinman and Benson, 2006; Oliemeulen and Harm Thung, 2007). Hence, it is also beneficial to gain insight into the views of healthcare providers in caring for people with culturally diverse backgrounds. Kai et al. (2007) point out that despite a tendency for improving intercultural care, surprisingly little is known about how health professionals themselves experience and perceive their work with care users of diverse ethnic origins. In this review we chose the term ‘ethnic minority patients’, to refer to all persons of foreign descent belonging to a minority group. As in social anthropology, the term ethnicity refers “*to aspects of relationships between groups which consider themselves, and are regarded by others, as distinctive* (Eriksen, 2002, p. 4).”

To our knowledge, no systematic literature review has been undertaken to investigate what is known from previous research about the views and experiences of oncology healthcare providers in caring for ethnic minority patients.

1.1. Aim

The aim of this review was to bring together and comprehensively summarize previous research reporting on the views and experiences of oncology healthcare providers when caring for ethnic minority patients.

2. Method

2.1. Search strategy

A systematic mixed method review was conducted. Four electronic databases were systematically searched for relevant qualitative and quantitative studies: PubMed, CINAHL, Web of Science, and AnthroSource. Four groups of search terms were combined: healthcare provider and oncology and view/experience and ethnic minority. The term ‘view’ was understood to mean “*a particular way of considering or regarding something; an attitude or opinion*” (Oxford Dictionaries, 2014). The search filter in Table 1 was used for PubMed. Searches in the other databases were based on this search strategy and adapted where needed. Reference lists of the included articles were screened for additional articles.

2.2. Selection criteria

Studies were included if they met the following inclusion criteria:

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