Addressing health inequities; the role of the General Practice Nurse

Dr Vanessa Heaslip*, PhD, MA, BSc (Hons), Dip He, RN, DN. Associate Professor Department of Nursing Science Bournemouth University, UK and Associate Professor, Department of Social Science, University of Stavanger, Norway.
Claire Nadaf MSc, BSc (Hons), RN, RNT. Senior Lecturer, Department of Nursing Science, Bournemouth University.

* Corresponding author contact details:
Address: B414 Bournemouth House, Bournemouth University, Christchurch Road, Bournemouth, BH1 3LH, United Kingdom. Email vheaslip@bournemouth.ac.uk Telephone: 01202 961774

Abstract

General Practice Nurse (GPN) practice is becoming increasingly diverse, due to a changing patient base and political climate which impacts upon their role. Over the last decade there has been an increase in the number of foreign born individuals living in the UK, the number of individuals identifying as Lesbian, Gay, Bisexual or Transgender (LGBQT) as well as the number of people living with a long term health condition or disability. Yet all of these groups also experience greater health inequalities, despite increasing political drives in the UK and internationally to address this. General Practice Nurses are ideally placed to address health inequalities by facilitating health access for diverse groups however in order to do this they have to recognise and respond to the cultural values of the patient they are working with.

Key words: Diversity, Cultural Issues, Competency, Patient-Centred Care, Nursing Practice, Quality of Care

Key points

- UK society is becoming more diverse. However diversity expands beyond ethnicity or race to include gender, age, disability, sexuality, and socio-economic status
- Current UK health policy is focussed upon increasing opportunities in primary care to address health inequalities in order to meet international Sustainable Developments Goals

- General Practice Nurses have a key role in identifying and addressing health inequity. In order to achieve this, they have to recognise and respond to the cultural values of the patient they are working with
- An appreciation of differing worldviews is necessary in order to avoid miscommunication and poor quality care

Introduction

The United Kingdom (UK) is becoming increasingly diverse. Taking the example of migration, the numbers of foreign-born individuals living in the UK (migrants living in the UK for 5 years or less) has increased from 5.3 million (2004) to around 9.4 million (2017). During the same time, the number of foreign citizens (those born outside of the UK who have become UK citizens) has also increased from nearly 3 million to about 6.2 million (Migration Observatory 2018). Over the last couple of years migration numbers have been decreasing, largely as a result of the UKs decision to leave the European Union. For example during 2017 there were 572,000 international immigrants, with the largest inflow from Romania, China, India, France and Poland (Office for National Statistics (ONS) 2018). In addition to ethnicity, Zlotnick and Shpigelman (2018) argue that diversity also includes gender, age, socio economic status, disability, and sexual orientation. Exploring sexuality, UK trends show increasing numbers of individuals identifying as Lesbian Gay or Bisexual (LBT) from 1.5% in 2012 to 2.0% in 2017 which equates to around 1.1 million people (ONS 2019). There are currently no official estimates on the number of Transgender people. In terms of disability, there are over 11 million people with a limiting long term illness, impairment or disability (Department for Work and Pension 2014).

Diversity and health inequality

Before we can begin to examine health inequalities we firstly need to consider factors that can influence health. Health is multi-faceted, influenced by a plethora of factors including; geographical location directly influencing access to healthcare, school and subsequent educational attainment and occupation, alongside individual circumstances such as gender, age, ethnicity and wider social status and experiences of discrimination (World Health Organisation *ca*2016). These factors can ameliorate or exacerbate health inequalities, for example, ability to afford prescriptions or travel to hospital appointments, whilst educational experience and achievement influences employment and income and therefore socio-economic status as well as health literacy. Returning to the groups mentioned above, there are clear relationships between health inequalities and migration (Giannoni et al. 2016),

socio economic status (Petrovica 2018), disability (Dunn et al. 2018), age (Matthews 2015), gender (British Medical Association 2018) and sexual orientation (Booker et al. 2017).

One of the seven principles at the heart of the NHS constitution is the notion of equality, that healthcare access and treatment is based on clinical need rather than personal characteristic (Department of Health and Social Care 2015). Despite this, little inroads have been made in addressing health inequalities experienced by the aforementioned groups. This has been recognised in the NHS; both the Five Year Forward View (NHS 2014) and NHS Long Term Plan (2019) which identified that health inequalities are deep-rooted and that the one size fits all approach has failed to engage with people in need, consequently perpetuating health inequalities. Internationally, in September 2015, 193 UN Member States (including the UK) agreed and adopted the United Nations (UN) 2030 Agenda for Sustainable Development (UN 2015). This will be achieved through meeting 17 sustainable Development Goals (SDGs) (Table 1).

Table 1 Sustainable Development Goals (United Nations 2015)

1. No Poverty
2. Zero Hunger
3. Good Health and Well-being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation and Infrastructure
10. Reduced Inequality
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace and Justice Strong Institutions

17. Partnerships to achieve the Goal

Role of general Practice Nurses in promoting equality through culturally sensitive practice

General Practice Nurses (GPN) are ideally placed to address health inequities and support the UK achievement of selected SDGs; Poverty (SDG1), Zero Hunger (SDG2), Gender Inequality (SDG5) and Reduce Inequality (SDG10). GPNs are located in community general practice settings which remain the primary point of access to healthcare, their casework predominately focusing upon health promotion, health education, chronic disease management and mental health (Jakimowicz et al. 2017). As such, through routine screening and chronic disease management they can initiate conversations with patients regarding access to food and financial stability, asking people about 'normal eating patterns', 'whether their clothes have become looser' and 'if they have any 'financial worries'. Following this assessment, where considered appropriate, GPNs can make referrals to social care organisations through integrated care systems or advise patients on community organisations that can offer help and advice. In addition, when working with female patients there are opportunistic chances to engage in dialogue regarding issues affecting gender inequalities such as intimate partner violence and female genital mutilation. Lastly, the role they can plan in reducing inequalities through preventative public health action through Making Every Contact Count (MECC) cannot be underestimated. The MECC initiative (Health Education England 2019) has been designed to ensure that healthcare professionals use every opportunity arising through routine interactions with patients to have brief conversations on how to make positive improvements to health or wellbeing.

Whilst having such conversations, it is important that GPNs are aware of the impact of culture on health and wellbeing. Napier et al. (2014) argues that a systematic neglect of culture constitutes the largest barrier to the advancement of health across the world. Wilson et al (2018) asserts that nurses have to be conscious of different cultural values between healthcare professionals and patients, highlighting that distinctive cultural groups can have collective, holistic worldviews which can be at odds with the predominate biomedical worldview, leading to challenges in the development of a therapeutic relationship. Here, misunderstanding in communication and labelling can occur if the two communicators have different frames of reference (Crawford et al. 2017). An example of this is when patients do not follow biomedical treatment regimes which are at odds with their personal cultural beliefs, resulting in them being identified as noncompliant or non-concordant, without further

exploration of the situation. It is important to remember that culture is not just defined in terms of ethnicity and race, as Merryfeather and Bruce (2014) argue, nurses need to become more culturally sensitive to the need of the Trans community, recognising their unique culture. Working in an anti-oppressive, culturally sensitive manner is enshrined within the nurses' professional code (Nursing Midwifery Council 2018); furthermore there are additional expectations of GPN as one of their key competencies relates to equality and diversity (Royal College of General Practitioners 2015). What is thought-provoking in both of these documents is that neither defines what working culturally sensitively means. For us, working in such ways means being conscious not to work within one's own frame of reference regarding personal views of health and healthcare, instead to suspend these in order to enter the world of the patient, listening to, understanding and focussing upon their personal beliefs and values. Once nurses have an understanding of the values important to individual patients' they can work within these frameworks to promote health access and opportunity. Heaslip (2015; 421) identified three simple ways that nurses can work in order to promote culturally sensitive, personal centred care

- A=Attitude: being open to seeing, valuing, and appreciating another person's view of the word, which may be different from the one you know
- B=Behaviour: acting in a way that validates and respects personal cultural beliefs.
- C=Communication: this can be achieved with the simple question 'Is there anything that you think I need to know about you or your beliefs in order to work with you?'

Conclusions

Moving forwards it is evident that primary care services and therefore General Practice Nurses are at the forefront of the successful implementation of government policy. If we as a profession are to be successful in addressing health inequalities experienced by diverse groups then we have to be prepared to have open conversations with our patients regarding their beliefs and values and act on them accordingly.

Key Points

- The UK is becoming more diverse. However, diversity expands beyond ethnicity and race to include gender, age, disability, sexuality, and socioeconomic status
- UK health policy is focused on increasing opportunities in primary care to address health inequalities in order to meet international sustainable developments goals

- General practice nurses have a key role in identifying and addressing health inequality. In order to achieve this, they have to recognise and respond to the cultural values of the patient they are working with
- An appreciation of differing worldviews is necessary in order to avoid miscommunication and poor quality care

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