

## Working compassionately with people from diverse cultures

The 2011 Census identified an increasing cultural and ethnic diversity within the UK; 14% of the population are not Caucasian, 12% of households consists of different ethnic groups and 4% of households contained residents for whom English was not the main language (ONCS 2012). The Equality Act (2010) identifies that discrimination on the basis of a protected characteristic is illegal. Race including colour, nationality (including citizenship) ethnic or national origins is one of the protected characteristics. As such, the NHS has an obligation to work towards eliminating discrimination and reducing inequalities in care. Yet research highlights stark health inequalities experienced by ethnic minorities, for example Gypsies and Travellers die on average 10-15 years younger. Nurses' have a professional responsibility with regards to reducing health inequalities experienced by ethnic minorities (Public Sector Equality Duty 2011). Many nurses are very conscious of their professional obligations, perhaps too conscious and this can lead to them feeling frightened of broaching the subject of ethnicity or culture for fear of offending patients and being perceived as being racist or discriminatory. Instead they say nothing at all, which can result in some patients actually receiving culturally incompetent, poor quality care as well as feel isolated and alone when they are at their most vulnerable.

Cultural competence it is often interpreted as an in-depth understanding regarding different cultural groups, yet I question whether it is possible for nurses to have a detailed understanding of all of the diverse cultures there are in the world. O'Hagan (2001) argues that cultural competence depends less on workers being highly knowledgeable about different cultures and more on how they approach culturally different people. Reflecting on my research with Gypsies and Travellers as well as other ethnic minority groups I believe using the simple letters of A, B and C could assist nurses in providing culturally competent care. A relates to attitude, being open to see, value and appreciate another person's view of the world which may be different from the one you know. B relates to behaviour, acting in a way which validates and respects their personal cultural beliefs. For example, when working with Gypsies/Travellers recognising that family is very important and therefore it is normal when someone is dying to have large numbers of family members present. Lastly C, communication, this can be achieved with a simple question "is there anything that you think I need to know about you or your beliefs in order to work with you?"

Implementing this simple process of A, B and C could assist nurses to feel less frightened to broach the issue of culture and therefore provide culturally sensitive care.

## References

Equality Act 2010

Public Sector Equality Duty (2011), Online

<http://www.legislation.gov.uk/ukpga/2010/15/section/149> (accessed 19th August 2015)

Office for National Statistics. 2012. 2011 Census: Key Statistics for England and Wales, March 2011. Online [http://www.ons.gov.uk/ons/dcp171778\\_290685.pdf](http://www.ons.gov.uk/ons/dcp171778_290685.pdf) (accessed 19th August 2015)

O'Hagan, K., 2001. Cultural Competence in the Caring Professions. London, Kingsley