MARCH 2003 ISSUE 5

IMPROVING PATIENTS' EXPERIENCE SHARING GOOD PRACTICE

IMPROVING CULTURAL AWARENESS IN THE HEALTHCARE ENVIRONMENT

Offering a high standard of care that meets the increasingly diverse needs of a multi-ethnic society is a major challenge facing health professionals today. Returns from the 2001 Census reported that the size of the UK minority ethnic population stood at 4.6 million, equivalent to 8% of the total population and an increase of 53% on 1991 figures. Establishing an awareness group to look at cultural needs will provide a key first step towards addressing the issue of increased diversity amongst both patients and staff.

Communication

A patient's beliefs and expectations may influence their healthcare needs so finding out about their culture, language, religion and ethnic background as early as possible during their stay is important. Drug treatments may not always be taken as prescribed as a result of a patient's culture and attitudes.

Providing information in a number of languages is helpful for those for whom English is not their first language. Video and audio tapes are a valuable resource and an excellent way of informing patients, especially where a language is spoken and not written. Pictures can also assist with explanations — pictograms are a particularly effective way of describing which medicines should be taken at different times of the day.

Learning one or two simple words or phrases of a patient's language such as 'good morning', 'yes' or 'no' can be both helpful and reassuring. A basic phonetic phrase book might be a useful reference tool for staff to use with their patients. If translation and interpreting services are

provided within your organisation they should be advertised widely to ensure that as many patients and carers as possible can benefit from accessing them.

Many patients have problems finding their way around a hospital and this can be a particularly confusing and daunting experience for those who cannot read or understand the signage. Translating signs and colour coding specific areas of the site is one way to aid navigation. Putting up artwork is another technique that provides easily recognisable landmarks.

Religion

Having a basic understanding of the different religions you commonly encounter as well as the beliefs and customs associated with them is useful. Multi-faith calendars are a valuable resource as they highlight significant days and dates for patients from different cultural backgrounds.

A number of issues may affect patients whilst they are in hospital, these include:

- food
- clothing
- washing/bathing
- physical examination
- worship
- bereavement/special requirements at the time of death
- · areas for prayer

Food has a religious significance for some patients. Certain foods may be prohibited and there may be particular requirements about the way other foods are prepared. Providing picture menus and using symbols to indicate the meals that are suitable for particular diets (vegetarian/halal/ kosher etc) will help



the patient to choose an appropriate dish. Meal times may clash with prayer times so alternative arrangements may be required.

Privacy

Some cultures place a high value on personal modesty and require patients to be decently covered during examinations and treatments. Any examinations should be done in the presence of a same sex chaperone and procedures should be explained beforehand using an interpreter where necessary.

Mixed sex wards may cause distress. If washing facilities and toilets are used by both sexes it is important to ensure that patients have as much privacy as possible. Some patients may only want to wash with running water.

When treating people who do not understand you it is still important to explain what you are doing and what will be happening. A reassuring tone of voice is far better than silence and non-verbal signs such as eye contact and a smile can also be comforting. Staff training on codes of communication in other cultures will help to avoid causing any unnecessary offence as the gestures and mannerisms used in some cultures may be deemed unacceptable in others.



Improving Patients' Experience is published by Picker Institute Europe, a registered charity (No 1081688) that specialises in measuring patients' experiences and using this feedback to improve the quality of health care. Picker Institute Europe also runs the advice centre for the NHS patient survey programme. For more information please visit our website at www.pickereurope.org. If you would like to receive this newsletter by email, contact Danielle Swain at: danielle.swain@pickereurope.ac.uk

USEFUL INFORMATION

This newsletter only focuses on some of the issues surrounding culturally sensitive patient care. The following may be helpful for more detailed information:

- Henley, A., Schott, J., (1999) Culture, Religion and Patient Care in a Multi-Ethnic Society. Age Concern, London.
- · Adams, K. Making the best use of health advocates and interpreters. BMJ 2002; **325** (suppl):S9
- Dosani, S., Practising medicine in a multicultural society. BMJ 2003; 326 (suppl):S3
- McGee, P., Nursing with Dignity. Nursing Times (2002); 98:9,33.
- Collins, A., Nursing with Dignity. Part 1: Judaism. Nursing Times (2002); 98:9,35
- Northcott, N., Nursing with Dignity. Part 2: Buddhism Nursing Times (2002); 98:10,36
- Christmas, M., Nursing with Dignity. Part 3: Christianity I. Nursing Times (2002); **98**:11,37
- · Papadopoulos, I., Nursing with Dignity. Part 4: Christianity II. Nursing Times (2002); 98:12,36
- Baxter, C., Nursing with Dignity. Part 5: Rastafarianism. Nursing Times (2002); 98:13,42
- Gill, B.K., Nursing with Dignity. Part 6: Sikhism. Nursing Times (2002);
- Jootun, D., Nursing with Dignity. Part 7: Hinduism. Nursing Times (2002);
- · Akhtar, S. G., Nursing with Dignity. Part 8: Islam. Nursing Times (2002); 98:16,40
- Simpson, J., Nursing with Dignity. Part 9: Jehovah's Witnesses. Nursing Times (2002); 98:17,36
- Commission for Racial Equality: www.cre.gov.uk
- The Transcultural Nursing & Healthcare **Association:**

www.fons.org/networks/tcnha/index.htm

- Shap Religious Calendar: www.support4learning.org.uk/shap/index.htm
- Health for Asylum Seekers and Refugees Portal: www.harpweb.org.uk

SHARING GOOD PRACTICE

Please send any examples of good practice within your Trust to: Danielle Swain **Development Officer** Picker Institute Europe King's Mead House Oxpens Road Oxford

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WHERE IT'S WORKING

Muslim Gowns

Lancashire Teaching Hospitals NHS Trust

At Lancashire Teaching Hospitals NHS Trust, the issue of providing gowns suitable for Muslim women was raised by the privacy and dignity group. The Trust set about designing the gowns with the help of local Muslim women and the gowns have been available at the hospital for the last 12 months.

Departments where patients are admitted as emergencies such as Maternity and Emergency Care keep their own supply of the gowns. When a patient is admitted on to a ward they are asked whether they would prefer to wear one of these specially designed 5-piece gowns. At present the service is only offered at the Chorley and South Ribble District General Hospital but it hoped that the service will be rolled out to the Royal Preston Hospital with which it has recently merged.

Feedback from patients is that they are very appreciative of having this choice available to them.

Contact: Lancashire Teaching Hospitals NHS Trust, Karen Jacob, Linen Services Manager at Chorley & South Ribble District General Hospital, 01257 247120

Cultural competency toolkit **Luton & Dunstable Hospital NHS Trust**

Three years ago Luton and Dunstable Hospital NHS Trust brought together all the information they held on cultural awareness in the form of a cultural competency toolkit. The toolkit helps to identify service users of the Trust and aims to answer all questions the staff have about different cultures. A cultural resource folder was produced to be used in tandem with the toolkit. Included in the pack is a map of the local area which shows where the different communities in the area live. It describes the continent they originate from, the languages they speak, the foods they might eat and the cultural traditions they may observe.

All staff have found the folder to be a useful resource. In addition all staff in the Trust undergo cultural awareness training as part of their induction in combination

with training in equality and disability awareness.

Contact: Lesley Grierson-Hill, Senior Manager of Personnel and Development, 01582 497015,

Lesley.Grierson-Hill@ldh-tr.anglox.nhs.uk

Multicultural Awareness Group Walsall Hospitals NHS Trust.

Walsall Hospitals NHS Trust has been running a multicultural programme since 1991 and their Multicultural Awareness Group was set up in 1998. The group is comprised of members from across the different disciplines within the Trust and many of its members are from the Black and Asian community.

The group meets on a monthly basis to discuss culturally related matters which affect both patients and staff. In addition it provides a support network for trust staff from minority ethnic groups. The group also regularly meets with local community leaders.

One of the group's most notable achievements is the production of a video entitled 'Across Cultural Barriers'. The video was made for staff and offers information about culturally sensitive issues that are relevant when treating patients from ethnic minorities. It forms part of the staff induction programme and mandatory updates. It is also shown to the senior management team.

The group has achieved success with a number of other initiatives which include:

- Producing signs within the main area of the Trust in 5 languages
- Regular celebration of the 3 main faiths from the community
- Working with the catering department to provide food for those with specific dietary needs
- Providing help with translation

Feedback relating to the group has been extremely positive and this multicultural initiative has recently been recognised by CHI as an area of notable practice.

Contact: Novlette Mclean, **Chair - Multicultural Awareness Group** 01922 721172 ext 6441