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.

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 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). Campinha-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 quadrupolar 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.
(3) Exercise on Early Memories

Next they were asked to remember back to their earliest memory/memories of contact with a person of a ‘different’ background. While the focus of the workshop was on issues of culture and ethnicity, students were encouraged to look at other dimensions of difference for example, age, gender, sexual orientation and level of ability. A key question that students were encouraged to answer was as follows: What early decisions did you come to as a result of this experience and can you see any relationship with how you practice as a healthcare professional. Again, after they had discussed this in pairs, students were invited to share what the process had been like for them in the large group. No pressure was exerted to share the content of their experience. However some of the students did this freely and of their own volition. The first author shared how when she was three and living in China a little Chinese boy became her friend and wanted to ‘dress up’ in her party clothes. Her interaction with other Chinese people at this stage was explored, and in particular a close relationship with a Chinese nanny was looked at. She then discussed how this early cultural experience had a profound influence on her academic work in later years.

(4) The Cultural Genogram

Students were facilitated in the construction of a three generation cultural genogram. This is not unlike a family tree but the major difference is that enables participants to trace inter-generational patterns of inter-marriage and migration across boundaries of sexual orientation, religion, race and ethnicity. (Details of how to do this are given in Hardy and Laszlo, 1995). Students were given coloured felt pens which were used to identify different cultures, languages and religions. They were challenged to identify some organising principles of their particular culture, e.g. hospitality in Indian culture, money in British culture, a sense of persecution in Jewish culture, guilt in Catholic culture, etc. They were also asked to identify issues of shame and pride (e.g. divorce or homosexuality as examples of shame, academic achievement or political contribution as examples of pride) within their families and encouraged to ‘own’ and to discuss these. This exercise was conducted in dyads. I then constructed my own cultural genogram explicated inter-cultural and inter-religious marriages and divorces, exploring publicly patterns of migration, discussing organising principles such as care for the elderly and openly owning matters of pride and shame (such as those mentioned above). By ‘owning’ one’s own cultural issues freely and openly, I hoped that students would gain an example of openness and freedom from shame and guilt. Rather than drawing their own genogram, participants were asked to interview each other and to construct the genogram of the other person. This way a discussion of cultural issues rather than a monologue was engaged in.

Materials for evaluation

(1) Evaluation Questionnaire

A questionnaire which comprised a series of Likert scales assessed whether the workshop was interesting, useful, clear and comprehensive and how applicable it was to present and/or future professional practice. Students completed the Evaluation Questionnaire immediately after they had attended the workshop.

(2) Semi-structured Interview

In addition to the questionnaire, volunteers participated in an in-depth qualitative interview which covered topics related to whether they felt they had increased in cultural sensitivity as a result of the workshop and how this could affect their practice as healthcare professionals in the NHS. Interviews were run 8–20 weeks after the completion of the training (mean 10.8 weeks). They were audiotaped and subsequently transcribed with permission. Transcripts were then analysed using Interpretative Phenomenological Analysis (Smith et al., 1999).

Ethical considerations

The workshop proposal and materials, along with information sheets and consent forms for participants were submitted to the Ethics Committee of the University of Surrey and was granted approval.

Participants

Approximately 350 nursing students from a large variety of ethnic and cultural backgrounds participated in one of the four Cultural Sensitivity Workshops held from October 2004 to October 2005. Most of these students were foundation year students, while a few of them were training to be mental health nurses. Of this sample, 191 students...
filled in the Evaluation Questionnaire. Eleven were interviewed in depth, 3 men and 8 women reflecting roughly the proportion of males to females in the group of nursing students. These included white African, black African, British-Arabic and white British people.

Data analysis

The Evaluation Questionnaire was subject to frequency analysis, reliability analysis and factor analysis. Interpretative Phenomenological Analysis was used to extract themes from the transcriptions of the semi-structured interview (Smith et al., 1999).

Results and discussion

The evaluation questionnaire

Reliability analysis indicated a Cronbach’s alpha of 0.938, which is very high. A factor analysis revealed two factors above an eigenvalue of 1, accounting for a total of 63.4% of the variance. The first factor, Usefulness contained items related to how useful the students found the course, and included items about the applicability of the workshop to work, whether the material was interesting and useful and well-timed within the nursing course. The second factor, Clarity included items about the extent to which lifespan issues and diversity were covered as well as a question on the clarity of the presentation. The quantitative evaluation of the course was overwhelmingly positive. On a five-point scale, 5 being the most and 1 the least, the mean evaluation for “usefulness” was 3.89, and the mean score for “clarity” was 3.91. The frequencies of these two factors are represented in Figs. 1 and 2 below.

Interpretative phenomenological analysis of interview data

By engaging with the interview data, we first developed an ‘insider’s’ perspective. What did participants think about the workshop? Did it touch them or change them in any way? Next we looked at the data from an ‘outsider’s’ perspective (Reid et al., 2005). How did the participants come across to us as they talked about the workshop? What struck us a significant? Finally we will consider the implications of these findings for future workshops.

The insider’s perspective: lived experience

Several important themes emerged. These were: 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.

A close, safe space

The presentation had emphasised that confidentiality was of paramount importance and that nothing should be shared with the larger group without permission. Breaking up into pairs to discuss personal lives and cultural backgrounds seemed to create within the most people a sense of safety and willingness to self-disclose.
I think what that actual awareness [training] did, 326 was actually brought us closer together. Because, 327 we- I was sitting next to somebody who I hadn’t 328 spoken to before, I know it sounds a bit weak, for 329 over a year, but there’s just not enough time some- 330 times to speak to these- you generally keep to your 331 own group, you know... But it was really interest- 332 ing to find out some of his background, and what 333 had been going on in his life, and why he’d come 334 here... after that people started opening up a bit 335 more, you know, we started to mingle a bit bet- 336 ter... it was very good, it was sort of what we 337 needed. A2:49–69

Increased cultural awareness
340 All of the participants interviewed reported an 341 improvement in their cultural awareness following 342 the course. Thus one of the main aims of the work- 343 shop has been achieved. The students were able to 344 use some specific examples from the lectures, in 345 order to deepen their understanding the behaviour 346 of clients and colleagues:

When I met a man the other day who had- ah, he 347 was from an Indian background, um, I was aware 348 of one hand for eating, one hand for- for you know, 349 going to the toilet sort of thing, and those things 350 were things I did learn on the workshop because I 351 didn’t actually know that before. C1:95–99

I’ve got a bit more awareness of- of the fact that 352 people do have different, you know, beliefs and 353 values. C1:105–106

Freedom to inquire
356 The presentation on dimensions of difference had 357 emphasised that it was important for the develop- 358 ment of cultural sensitivity to acquire the inner 359 freedom to ask questions of people from different 360 cultural backgrounds, questions of information, 361 questions for clarification, questions born out of 362 curiosity and interest in another person’s culture. 363 This effort was reflected in some of the statements 364 the students made:

What I’ve realised also is that people don’t mind 365 you asking a question about their culture, and 366 I’ve realised that you know, friends and stuff who 367 are Muslim, they don’t mind if you’re quite intri- 368 gued about what goes on and what’s acceptable, 369 as long as you phrase it in a nice way, and say, 370 you know “oh, I’m not meaning to be rude, but 371 can I ask you...” people don’t mind answering 372 questions, in fact, it’s probably a good thing to 373 do. C4:128–134

on my last placement I was a bit more bolder, if 374 you like, and I would ask a little bit more about 375 [a colleague’s] home... I would ask you know 376 “what was it like where you lived before?” And 377 you know I don’t feel worried to ask questions 378 about it, because I am genuinely interested. C1:139–146

This freedom to inquire is considered a second 379 major achievement of the workshop.

Cultural self-knowledge as essential to 382 developing cultural sensitivity
The cultural genogram is a potent tool in the acquisi- 383 tion of cultural sensitivity because it applies to
Impact of cultural sensitivity training on professional work with people

The workshop had aimed to heighten people’s awareness of and sensitivity to difference when dealing with clients/patients of different cultural backgrounds. Difference in the following excerpt is the awareness that not all white skinned people are English.

...if you’re really not aware of it yourself, then you do not know much about other cultures as well, it’s quite a difficult thing to help a client. B1:174–177

Limitations of the workshops and suggestions for improvement

A few critical comments were made about some aspects of the workshop. About the cultural genogram, one person pointed out that people who had been adopted as children would not have much access to the facts of their family of origin and this therefore might be somewhat sensitive for them. She felt that something needed to be said that acknowledged this possibility.

Another felt that the language used and ideas expressed were too academic, particularly for overseas students for whom English was not their first language. Others felt that only a very limited benefit was to be gleaned from a one day workshop. They did not feel optimistic about people changing the way they think as a result of this workshop:

you can have all the awareness workshops you like, if people are going to be prejudiced they’re going to be prejudiced. Um the important thing – cause you’re not going to change people’s fundamental views on these things – the important thing is that they don’t- is that they all behave professionally, impartially when they’re at work... teaching awareness is great and maybe some people aren’t aware and will become more aware, but fundamentally, uh, you know uh two teaching sessions on awareness isn’t going to you know, really really change how people feel. It might make them think, which is I guess the idea behind it, but then the next leap is actually making sort of what you discover, what you think about, into how you behave in practice. D3:81–97

Wanting more

On the other hand some really felt that more workshops such as these were required and that they...
needed to tackle myriad cultural issues such as
death and dying as seen in different cultures:

I mean, I was hoping that there would be more
workshops, seminar workshop type um content, in
this next year. There’s certainly not any in this
module, and this module would be a perfect mod-
ule to follow it up on... We’re doing, um, palliative
and rehabilitation. You know, and for me, pallia-
tive and death is part of the cultural experience
as well, and how you deal, you know how each cul-
ture deals with death, and... [whispers] holy fuck!
You know so that’s a huge emotional minefield any-
way, never mind the diversity. Um, and it would
be- it would be a really really useful follow up in
this- in this module. C2:230–240

Cultural sensitivity is complex and therefore dif-
ficult to teach. The quantitative results in this re-
port show that this workshop in its current form
was both useful and well presented; the qualitative
findings tell us that it has the potential to be even
better. We have heard the students’ voices, and
they are telling us that the course has made a stim-
ulating start:

I didn’t think the lecture was going to be- the
workshop was going to be that useful, but when
I went into it, it was "Wow, this is exciting
stuff!!"...not only me, but couple of people
there, I mean, we went out talking about it, you
know. B1:57–61

The outsider’s perspective: levels of cultural
sensitivity

It seemed to us as researchers that people who par-
ticipated in the workshops entered in at different
levels of cultural sensitivity.

First level: The most basic level is the level we
called ‘Them’. It was characterised by an almost
complete absence of sensitivity towards people
from other cultures and cultural issues. These
individuals saw people from another culture as
being ‘wrong’ in the context of our society,
and thought that they should be conforming to
the norms of British society. An analogy here
would be that a fish swimming in water is only
aware that there is one way of breathing viz. tak-
ing in oxygen through the gills. No awareness ex-
ists of other perfectly legitimate but different
ways of breathing.

Second level: The next level up we called ‘Us
and Them’ At this level, there is the first aware-
sness of diversity and the legitimacy of diversity: how-
ever there is a tendency to ‘othering’. Difference
is acknowledged but not engaged in, thus leaving
people from ‘other’ backgrounds to live and let
live. Using the analogy above, fish live within the
water, birds within the air. Neither have much to
do with each other.

Third level: The next level, which we called
‘We’ represents the movement from mere accep-
tance of diversity to an appreciation of diversity.
Here we begin to see the emergence of multicultu-
ral values, where there is an initial, rudimentary
recognition that all cultures are part of the human
endeavour to evolve and diversity is appreciated,
celebrated and affirmed. At this stage, within the
dialectic of unity within diversity, the emphasis is
placed on diversity. In terms of our analogy there
is recognition that both fish and birds form part
of the animal kingdom, that they are equal to each
other but different.

Fourth level: In the fourth level, which we
termed ‘Transcendent’ the difficult issues of mul-
ticulturalism, such as clashes of values, are grappled
with and a transcendent attitude is
developed. In this level, we see a redress of
the balance such that the unity within the value
of ‘unity within diversity’ is re-emphasised. Ana-
logically speaking, fish, birds, mammals and hu-
mans within mammals are all seen as part of Life
and treated with profound respect. While
acknowledging the usefulness of categories, the
separateness of the various categories is seen as
false and the unity among all life forms is
experienced.

Our finding that cultural sensitivity develops in
levels is reflected in the Papadopoulos, Tilki and
Taylor model of developing cultural competence
(Papadopoulus, 2006). Papadopoulos identified
four levels of development, each distinguished
from the previous by the addition of a specific as-
pect of cultural competence: first cultural aware-
ness, then cultural knowledge, and finally cultural
sensitivity. The final achievement is cultural com-
petence: the healthcare behaviour manifested
from the culmination of these elements (Papado-
poulus, 2006). Unlike the Papadopoulos, Tilki and
Taylor model, our results revealed a level beyond
mere cultural competence, one in which differ-
ences are not only affirmed and embraced but
transcended.

Thus, culturally sensitive practice does not de-
rive merely from a catalogue of knowledge about
the expectations and behaviours of various cultural
groups (Kleiman, 2006), nor is it a destination point
(Campinha-Bacote, 2002). It is an on-going process
that drives and is driven by the practitioner’s self-
reflection, embracing and transcending of

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Conclusion

The materials used for this workshop provided stimulus for thought and for change. People who attended the workshop seemed to feel that their work with people from different cultural backgrounds was greatly enhanced. However a number of limitations of this study can be outlined. We have no pre-post measure of cultural sensitivity. A scale/interview schedule, which can be administered before and after the workshop has taken place, measuring levels of cultural sensitivity might be usefully developed to address this lack. Also, more specialised training materials can be developed to address the training needs of people at the various levels of cultural sensitivity. Providing people with basic cultural content will contribute to increased cultural awareness and will produce a healthcare workforce that is culturally literate. However discussion and debate about the relative merits and demerits of multiculturalism will then become necessary. If the NHS aspires to dispense appropriate and culturally sensitive healthcare then it will become necessary for people to internalise an ability not just to tolerate difference but to cherish it and to see difference as a resource that enriches the quality of life. Cultural sensitivity will then emerge, as people learn to engage with these issues in a spirit of freedom and with enthusiasm and respect.

References


