



ELSEVIER

1
2
3
4
5
6
7
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
34
35
36
37
38
39

Cultural sensitivity training: Description and evaluation of a workshop

Nimmi Hutnik *, Jane Gregory

Duke of Kent Building, University of Surrey, Guildford, Surrey GU2 7TE, United Kingdom

Accepted 7 March 2007

KEYWORDS

Cultural sensitivity;
Training exercises;
Levels of
cultural sensitivity

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 quantitative 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.
© 2007 Elsevier Ltd. All rights reserved.

Introduction

40

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 health-care 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 Vydellingum (2006) concluded that nursing staff showed poor cultural competence with evidence of ethnocentric practices, a denial of racism, limited cultural

* Corresponding author. Tel.: +44 (0)1483 682926; fax: +44 (0)1483 876701.
E-mail address: N.Hutnik@surrey.ac.uk (N. Hutnik).

51 knowledge and a tendency to treat all ethnic
52 minority patients in a similar fashion. In the light
53 of events such as the razing of the twin towers
54 and the London bombings last year, cultural sensi-
55 tivity and competence are an urgent need in the
56 NHS particularly with regard to the spiritual care
57 of people from black and minority ethnic groups
58 (BMEs) (Narayanasamy, 2006).

59 Additionally, the NHS workforce has been bol-
60 stered by large proportions of overseas-trained
61 nurses who have been invited into this country to
62 make up labour shortages (Smith et al., 2006). Re-
63 search indicates that the experience of coming to
64 Britain is not a pleasant one: at various times over-
65 seas students endure humiliation, discrimination,
66 racism and exploitation and undergo a devaluing
67 and deskilling process. Having to study/work in a
68 language that is not one's first language produces
69 a feeling of isolation and many look primarily to
70 members of their own cultural group for support,
71 comfort and strength. Blackford's (2003) study indi-
72 cates that the culture of care is constructed within a
73 'culture of whiteness' frame. Papadopoulos (2005)
74 warns against a tendency to pathologise people
75 from different cultures and encourages the domi-
76 nant group to recognize the resilience of refugees
77 and BME people. He points out that negative reac-
78 tions from the host country can be as traumatic as
79 the original process of migration or asylum-seeking.

80 The Department of Health is concerned that a
81 culture-sensitive consideration of differences in
82 religion, culture and language be incorporated into
83 the healthcare system (DoH, 2004). Campinha-Ba-
84 cote (1994, cited in Fahrenwald et al., 2001) de-
85 fines cultural competence as 'a continuous
86 process in which the nurse strives to develop an
87 ability to work effectively within the cultural con-
88 text of an individual, family or community from a
89 diverse cultural/ethnic background'. The process
90 involves the development of cultural awareness,
91 knowledge and skill, and is further enhanced and
92 refined by one's cultural encounters and a desire
93 to consider cultural elements of one's practice
94 (Campinha-Bacote, 2002). It embodies a willing-
95 ness towards actual encounter with people of dif-
96 ferent cultures and an on-going desire to further
97 the process of developing cultural competence.

98 In order to meet the training needs of the white,
99 black and minority ethnic and the overseas-trained
100 student population at the University of Surrey, I
101 (NH), (along with a colleague from the clinical psy-
102 chology department), devised and ran a cultural
103 sensitivity training workshop for nurses. This work-
104 shop was then evaluated by the second author
105 (JG).

The aim of this paper is twofold: I will first de- 106
scribe in some detail the contents of this workshop 107
in the hope that other people may effectively use 108
the tools of the workshop to train students in cul- 109
tural sensitivity. Then I will report on the results 110
of the evaluation study. 111

Method 112

Materials for the workshop 113

The materials for the workshop were developed 114
through the running of a focus group, through one 115
to one interactions with students in the University 116
and through discussion with colleagues at European 117
Institute of Health and Medical Sciences. An infor- 118
mation pack which contained a number of articles 119
from nursing journals about the experiences of 120
black and minority ethnic students was compiled, 121
photocopied and distributed to each of 350 122
students. 123

(1) Dimensions of Difference 124

A presentation was made outlining some dimen- 125
sions of difference between Eastern and Wes- 126
tern cultures (Hutnik, 2003; Laungani, 1999). 127
Four major dimensions of difference were high- 128
lighted: syncretistic vs. antithetical logic; cir- 129
cular time vs. linear time; relationship 130
orientation vs. task orientation and We vs. I ori- 131
entation. These dimensions which are available 132
in Hutnik (2003) were explained using many cul- 133
tural examples. In addition, Drego's model of 134
the Cultural Parent (Drego, 1983) was 135
explained and Hutnik's quadripolar model of 136
ethnic minority identity was used to indicate 137
some of the complexities of cross cultural com- 138
munication (Hutnik, 1991). 139

(2) Exercise on Names 140

The students then participated in a Names 141
exercise where in pairs they discussed the nar- 142
ratives around the names that had been given 143
to them at birth. In this exercise they were 144
encouraged to look at cultural practices preva- 145
lent within their primary families and cultures 146
around the identities of newborn babies. Exam- 147
ples were given from the first author's own 148
background. For example, she explained that 149
one of her names is Judith after St. Jude, 150
patron saint of hopeless cases, who her mother 151
had prayed to after having been unable to con- 152
ceive for the first five years of her marriage. 153
Some students shared their insights and experi- 154
ences in the large group. 155

156	(3) Exercise on Early Memories	212
157	Next they were asked to remember back to	213
158	their earliest memory/memories of contact	214
159	with a person of a 'different' background.	215
160	While the focus of the workshop was on issues	216
161	of culture and ethnicity, students were encour-	217
162	aged to look too at other dimensions of differ-	218
163	ence for example, age, gender, sexual	219
164	orientation and level of ability. A key question	220
165	that students were encouraged to answer was	221
166	as follows: What early decisions did you come	222
167	to as a result of this experience and can you	
168	see any relationship with how you practice as	
169	a healthcare professional. Again, after they	
170	had discussed this in pairs, students were	
171	invited to share what the <i>process</i> had been like	
172	for them in the large group. No pressure was	
173	exerted to share the <i>content</i> of their experi-	
174	ence. However some of the students did this	
175	freely and of their own volition. The first author	
176	shared how when she was three and living in	
177	China a little Chinese boy became her friend	
178	and wanted to 'dress up' in her party clothes.	
179	Her interaction with other Chinese people at	
180	this stage was explored, and in particular a	
181	close relationship with a Chinese nanny was	
182	looked at. She then discussed how this early	
183	cultural experience had a profound influence	
184	on her academic work in later years.	
185	(4) The Cultural Genogram	
186	Students were facilitated in the construction of	
187	a three generation cultural genogram. This is	
188	not unlike a family tree but the major differ-	
189	ence is that enables participants to trace	
190	inter-generational patterns of inter-marriage	
191	and migration across boundaries of sexual ori-	
192	entation, religion, race and ethnicity. (Details	
193	of how to do this are given in Hardy and Laszloffy, 1995).	
194	Students were given coloured felt	
195	pens which were used to identify different cul-	
196	tures, languages and religions. They were chal-	
197	lenged to identify some organising principles of	
198	their particular culture, e.g. hospitality in	
199	Indian culture, money in British culture, a sense	
200	of persecution in Jewish culture, guilt in Catho-	
201	lic culture, etc. They were also asked to iden-	
202	tify issues of shame and pride (e.g. divorce or	
203	homosexuality as examples of shame, academic	
204	achievement or political contribution as exam-	
205	ples of pride) within their families and encour-	
206	aged to 'own' and to discuss these. This	
207	exercise was conducted in dyads. I then con-	
208	structed my own cultural genogram explicating	
209	inter-cultural and inter-religious marriages and	
210	divorces, exploring publicly patterns of migra-	
211	tion, discussing organising principles such as	
	care for the elderly and openly owning matters	212
	of pride and shame (such as those mentioned	213
	above). By 'owning' one's own cultural issues	214
	freely and openly, I hoped that students would	215
	gain an example of openness and freedom from	216
	shame and guilt. Rather than drawing their own	217
	genogram, participants were asked to interview	218
	each other and to construct the genogram of	219
	the other person. This way a discussion of cul-	220
	tural issues rather than a monologue was	221
	engaged in.	222
	Materials for evaluation	223
		224
	(1) Evaluation Questionnaire	225
	A questionnaire which comprised a series of	226
	Likert scales assessed whether the workshop	227
	was interesting, useful, clear and comprehen-	228
	sive and how applicable it was to present	229
	and/or future professional practice. Students	230
	completed the Evaluation Questionnaire imme-	231
	diately after they had attended the workshop.	232
	(2) Semi-structured Interview	233
	In addition to the questionnaire, volunteers	234
	participated in an in-depth qualitative inter-	235
	view which covered topics related to whether	236
	they felt they had increased in cultural sensitiv-	237
	ity as a result of the workshop and how this	238
	could affect their practice as healthcare pro-	239
	fessionals in the NHS. Interviews were run 8–	240
	20 weeks after the completion of the training	241
	(mean 10.8 weeks). They were audiotaped	242
	and subsequently transcribed with permission.	243
	Transcripts were then analysed using Interpre-	244
	tative Phenomenological Analysis (Smith	245
	et al., 1999).	246
	Ethical considerations	247
	The workshop proposal and materials, along with	248
	information sheets and consent forms for partici-	249
	pants were submitted to the Ethics Committee	250
	of the University of Surrey and was granted	251
	approval.	252
	Participants	253
	Approximately 350 nursing students from a large	254
	variety of ethnic and cultural backgrounds partici-	255
	ipated in one of the four Cultural Sensitivity Work-	256
	shops held from October 2004 to October 2005.	257
	Most of these students were foundation year stu-	258
	dents, while a few of them were training to be	259
	mental health nurses. Of this sample, 191 students	260

261 filled in the Evaluation Questionnaire. Eleven were
262 interviewed in depth, 3 men and 8 women reflect-
263 ing roughly the proportion of males to females in
264 the group of nursing students. These included
265 white African, black African, British-Arabic and
266 white British people.

267 Data analysis

268 The Evaluation Questionnaire was subject to fre-
269 quency analysis, reliability analysis and factor
270 analysis.

271 Interpretative Phenomenological Analysis was
272 used to extract themes from the transcriptions of
273 the semi-structured interview (Smith et al., 1999).

274 Results and discussion

275 The evaluation questionnaire

276 Reliability analysis indicated a Cronbach's alpha of
277 0.938, which is very high.

278 A factor analysis revealed two factors above an
279 eigenvalue of 1, accounting for a total of 63.4%
280 of the variance. The first factor, *Usefulness* con-
281 tained items related to how useful the students
282 found the course, and included items about the
283 applicability of the workshop to work, whether
284 the material was interesting and useful and well-
285 timed within the nursing course. The second fac-
286 tor, *Clarity* included items about the extent to
287 which lifespan issues and diversity were covered
288 as well as a question on the clarity of the
289 presentation.

290 The quantitative evaluation of the course was
291 overwhelmingly positive. On a five-point scale, 5

being the most and 1 the least, the mean evalua- 292
tion for "usefulness" was 3.89, and the mean 293
score for "clarity" was 3.91. The frequencies of 294
these two factors are represented in Figs. 1 and 2 295
below. 296

Interpretative phenomenological analysis of 297 interview data 298

By engaging with the interview data, we first devel- 299
oped an 'insider's' perspective. What did partici- 300
pants think about the workshop? Did it touch 301
them or change them in any way? Next we looked 302
at the data from an 'outsider's' perspective (Reid 303
et al., 2005). How did the participants come across 304
to us as they talked about the workshop? What 305
struck us a significant? Finally we will consider 306
the implications of these findings for future 307
workshops. 308

The insider's perspective: lived experience 309

Several important themes emerged. These were: a 310
close safe space in which to talk, increased cultural 311
awareness, freedom to inquire, awareness that cul- 312
tural self-knowledge is essential for developing cul- 313
tural sensitivity, impact of cultural sensitivity 314
training on professional work with people, limita- 315
tions and suggestions for future workshops and 316
wanting more workshops in a similar vein. 317

A close, safe space 318

The presentation had emphasised that confidenti- 319
ality was of paramount importance and that noth- 320
ing should be shared with the larger group 321
without permission. Breaking up into pairs to dis- 322
cuss personal lives and cultural backgrounds 323
seemed to create within the most people a sense 324
of safety and willingness to self-disclose. 325

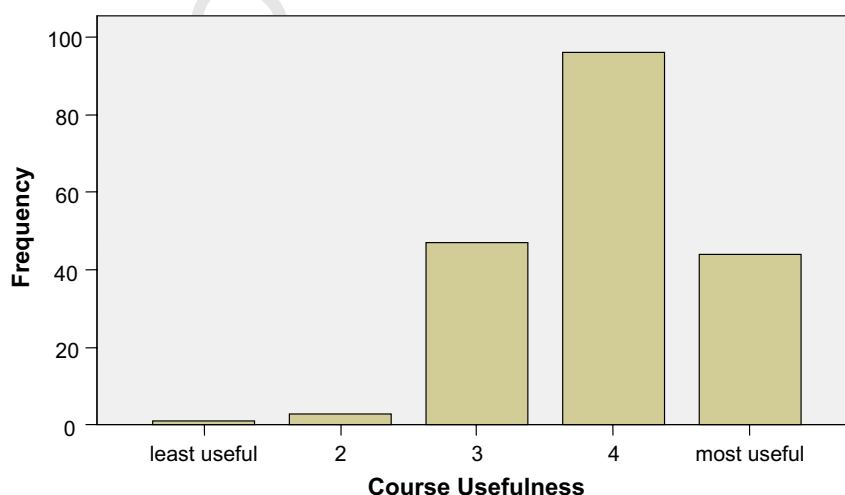


Figure 1 Evaluation of course usefulness.

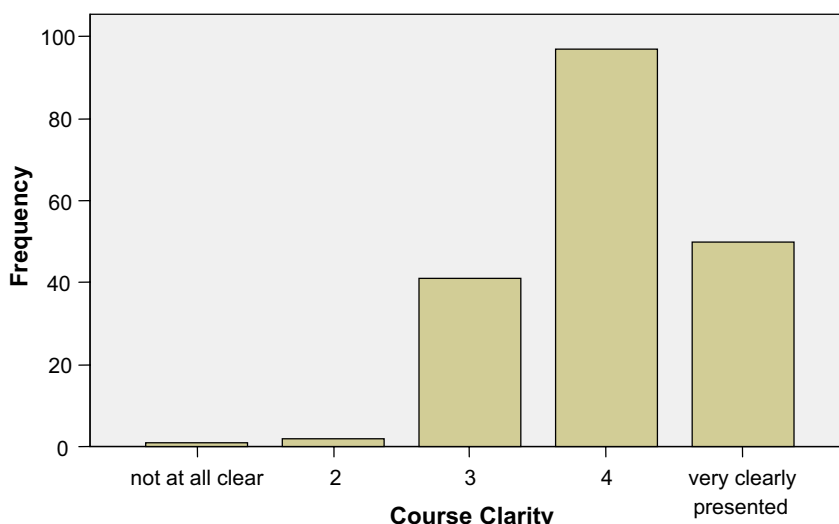


Figure 2 Evaluation of course clarity.

326 I think what that actual awareness [training] did,
327 was actually brought us closer together. Because,
328 we- I was sitting next to somebody who I hadn't
329 spoken to before, I know it sounds a bit weak, for
330 over a year, but there's just not enough time some-
331 times to speak to these- you generally keep to your
332 own group, you know... But it was really interest-
333 ing to find out some of his background, and what
334 had been going on in his life, and why he'd come
335 here... after that people started opening up a bit
336 more, you know, we started to mingle a bit bet-
337 ter... it was very good, it was sort of what we
338 needed. A2:49-69

339 **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:

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

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

356 **Freedom to inquire**

357 The presentation on dimensions of difference had
358 emphasised that it was important for the develop-

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: 365

What I've realised also is that people don't mind 366
you asking a question about their culture, and 367
I've realised that you know, friends and stuff who 368
are Muslim, they don't mind if you're quite intri- 369
gued about what goes on and what's acceptable, 370
as long as you phrase it in a nice way, and say, 371
you know "oh, I'm not meaning to be rude, but 372
can I ask you..." people don't mind answering 373
questions, in fact, it's probably a good thing to 374
do. C4:128-134 375

on my last placement I was a bit more bolder, if 376
you like, and I would ask a little bit more about 377
[a colleague's] home... I would ask you know 378
"what was it like where you lived before?" And 379
you know I don't feel worried to ask questions 380
about it, because I am genuinely interested. 381
C1:139-146 382

I'll be more prepared to ask people about how 383
things are done where they come from, and what 384
they think about those things. As opposed to just 385
expecting them to be another local person, to 386
acknowledge they're different. D1:228-231 387

This freedom to inquire is considered a second 388
major achievement of the workshop. 389

**Cultural self-knowledge as essential to 390
developing cultural sensitivity 391**

The cultural genogram is a potent tool in the acqui- 392
sition of cultural sensitivity because it applies to 393

394	people from every ethnic (including white), class,	ally talk to them and say ‘‘yeah, you know, have	445
395	religious and sexual orientation background. The	you got acceptable food?’’ So like, we have a child	446
396	effort of the workshop was for each person to de-	who wanted halal meat, so kind of we have to- you	447
397	velop an awareness of their own cultural issues	know it’s their culture, their belief, so we got them	448
398	thereby to develop and increased cultural sensitiv-	halal meat when they have their food. C4:85–92	449
399	ity to people of other cultural groups:		
400	I mean like, your [genogram]. You know, looking at	Students began to be self-reflexive rather than	450
401	that, it did quite help a lot, you know, sometimes	victim-blaming:	451
402	you’re not aware of, you know, what values are	it’s not him who’s got the problem, it’s me who’s	452
403	mostly in your family... just looking at that it did	got the problem. You know, it’s my approach. So,	453
404	help me quite a lot...if I need to counsel some-	let’s just be open, let’s just see how things go. I	454
405	body, I really have to understand myself, you know.	took on board everything he told me, how he	455
406	Yeah, because there are a lot of, you know, value	wanted things done, if he wanted things done spec-	456
407	judgments that you can make, actually, without	ifically, in a specific way in the morning. A2:216–	457
408	you being aware that you are making those judg-	221	458
409	ments, so it’s very important actually. B1:44–57		
410	Clearly B1, a mental health nurse, felt that the	Limitations of the workshops and suggestions for	459
411	genogram was a valuable exercise. He suggests that	improvement	460
412	if an individual is unable to understand the impact	A few critical comments were made about some as-	461
413	of their own culture then by default almost it is	pects of the workshop. About the cultural geno-	462
414	impossible to understand people (clients) of other	gram, one person pointed out that people who	463
415	cultures.	had been adopted as children would not have much	464
416	... if you’re really not aware of it yourself, then you	access to the facts of their family of origin and this	465
417	do not know much about other cultures as well, it’s	therefore maybe somewhat sensitive for them. She	466
418	quite a difficult thing to help a client. B1:174–177	felt that something needed to be said that	467
		acknowledged this possibility.	468
419	Impact of cultural sensitivity training on	Another felt that the language used and ideas	469
420	professional work with people	expressed were too academic, particularly for	470
421	The workshop had aimed to heighten people’s	overseas students for whom English was not their	471
422	awareness of and sensitivity to difference when	first language. Others felt that only a very limited	472
423	dealing with clients/patients of different cultural	benefit was to be gleaned from a one day work-	473
424	backgrounds. Difference in the following excerpt	shop. They did not feel optimistic about people	474
425	is the awareness that not all white skinned people	changing the way they think as a result of this	475
426	are English.	workshop:	476
427	... (the workshop) in conjunction with the commu-	you can have all the awareness workshops you like,	477
428	nication thing, the communication skills that we’ve	if people are going to be prejudiced they’re going	478
429	been taught over the last year, that ability to really	to be prejudiced. Um the important thing – cause	479
430	listen, you know, not to assume that just because	you’re not going to change people’s fundamental	480
431	the person is white, that they’re English, that they	views on these things – the important thing is that	481
432	can hear, that they can understand. You know, I	they don’t- is that they all behave professionally,	482
433	just, I had, I’m completely aware that they come	impartially when they’re at work...teaching	483
434	from a different background, a different social	awareness is great and maybe some people aren’t	484
435	structure, a different value system. C2:167–173	aware and will become more aware, but fundamen-	485
436	This newly acquired cultural sensitivity enabled	tally, uh, you know uh two teaching sessions on	486
437	people to respect and try to meet the cultural	awareness isn’t going to you know, really really	487
438	needs of people from very different cultural back-	change how people feel. It might make them think,	488
439	grounds. For example some people believe that it is	which is I guess the idea behind it, but then the	489
440	unethical to eat anything but halal meat and nor-	next leap is actually making sort of what you dis-	490
441	mally halal is not available on hospital wards:	cover, what you think about, into how you behave	491
442	and not have an idea of what might happen in a	in practice. D3:81–97	492
443	hospital, so also it’s good to realise they’re from	Wanting more	493
444	a different culture, and not alienate them, to actu-	On the other hand some really felt that more work-	494
		shops such as these were required and that they	495

496 needed to tackle myriad cultural issues such as
497 death and dying as seen in different cultures:

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

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

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

525 **The outsider's perspective: levels of cultural**
526 **sensitivity**

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

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

543 *Second level:* The next level up we called '*Us*
544 *and Them*'. At this level, there is the first awareness
545 of diversity and the legitimacy of diversity: how-
546 ever there is a tendency to 'othering'. Difference
547 is acknowledged but not engaged in, thus leaving

548 people from 'other' backgrounds to live and let
549 live. Using the analogy above, fish live within the
550 water, birds within the air. Neither have much to
551 do with each other.

552 *Third level:* The next level, which we called
553 '*We*' represents the movement from mere accep-
554 tance of diversity to an appreciation of diversity.
555 Here we begin to see the emergence of multicult-
556 tural values, where there is an initial, rudimentary
557 recognition that all cultures are part of the human
558 endeavour to evolve and diversity is appreciated,
559 celebrated and affirmed. At this stage, within the
560 dialectic of unity within diversity, the emphasis is
561 placed on diversity. In terms of our analogy there
562 is recognition that both fish and birds form part
563 of the animal kingdom, that they are equal to each
564 other but different.

565 *Fourth level:* In the fourth level, which we
566 termed '*Transcendent*' the difficult issues of mul-
567 ticulturalism, such as clashes of values, are grap-
568 pled with and a transcendent attitude is
569 developed. In this level, we see a redress of
570 the balance such that the *unity* within the value
571 of '*unity within diversity*' is re-emphasised. Ana-
572 logically speaking, fish, birds, mammals and hu-
573 mans within mammals are all seen as part of
574 Life and treated with profound respect. While
575 acknowledging the usefulness of categories, the
576 separateness of the various categories is seen as
577 false and the unity among all life forms is
578 experienced.

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

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

603 **Conclusion**

604 The materials used for this workshop provided
605 stimulus for thought and for change. People who
606 attended the workshop seemed to feel that their
607 work with people from different cultural back-
608 grounds was greatly enhanced. However a number
609 of limitations of this study can be outlined. We
610 have no pre-post measure of cultural sensitivity.
611 A scale/interview schedule, which can be admin-
612 istered before and after the workshop has taken
613 place, measuring levels of cultural sensitivity
614 might be usefully developed to address this lack.
615 Also, more specialised training materials can be
616 developed to address the training needs of people
617 at the various levels of cultural sensitivity. Pro-
618 viding people with basic cultural content will con-
619 tribute to increased cultural awareness and will
620 produce a healthcare workforce that is culturally
621 literate. However discussion and debate about
622 the relative merits and demerits of multicultural-
623 ism will then become necessary. If the NHS as-
624 pires to dispense appropriate and culturally
625 sensitive healthcare then it will become neces-
626 sary for people to internalise an ability not just
627 to tolerate difference but to cherish it and to
628 see difference as a resource that enriches the
629 quality of life. Cultural sensitivity will then
630 emerge, as people learn to engage with these is-
631 sues in a spirit of freedom and with enthusiasm
632 and respect.

633 **References**

- 634 Baxter, C., 2006. Preface by Carol Baxter, Head of Equal-
635 ities and Diversity at NHS Employers. In [Smith et al.](#)
636 (2006).
637 Blackford, J., 2003. Cultural frameworks of nursing practice:
638 exposing an exclusionary healthcare culture. *Nursing Inquiry*
639 10, 226–234.
640 Camphina-Bacote, J., 1994. Cultural competence in psychi-
641 atric nursing: a conceptual model. *Nursing Clinics of*
642 *North America* 29, 1–8, as cited in [Fahrenwald et al.](#)
643 (2001).
644 Campinha-Bacote, J., 2002. The process of cultural competence
645 in the delivery of healthcare services: a model of care.
646 *Journal of Transcultural Nursing* 13, 181–184.

- Department of Health, 2004. Race equality in the department of
647 health. <www.doh.gov.uk/race> equality (accessed Aug.
648 25th 2006).
649 Drego, P., 1983. The cultural parent. *Transactional Analysis*
650 *Journal* 13 (4), 224.
651 Fahrenwald, N., Boysen, R., Fischer, C., Maurer, R., 2001.
652 Developing cultural competence in the Baccalaureate nursing
653 student: a population-based project with the Hutterites.
654 *Journal of Transcultural Nursing* 12 (1), 48–55.
655 Hardy, K., Laszloffy, T.A., 1995. The cultural genogram: key to
656 training culturally competent family therapists. *Journal of*
657 *Marital and Family Therapy* 21 (3), 227–237.
658 Hutnik, N., 1991. Ethnic minority identity: a social psychological
659 perspective. Clarendon Press/Sage, Oxford/New Delhi.
660 Hutnik, N., 2003. From the inside looking in: raising cultural
661 awareness. *Psychological Foundations – The Journal* IV (2),
662 55–68.
663 Kleiman, S., 2006. Discovering cultural aspects of nurse–patient
664 relationships. *Journal of Cultural Diversity* 13 (2), 83–86.
665 Laungani, P., 1999. Culture and identity: implications for
666 counselling. In: Palmer, S., Laungani, P. (Eds.), *Counselling*
667 *in a Multicultural Society*. Sage, London.
668 Madhok, R., Bhopal, R.S., Ramaiah, R.S., 1992. Quality of
669 hospital service: a study comparing Asian and non-Asian
670 patients in Middlesborough. *Journal of Public Health Medi-*
671 *cine* 14, 271–279.
672 Narayanasamy, A., 2006. The impact of empirical studies of
673 spirituality and culture on nurse education. *Journal of*
674 *Clinical Nursing* 15, 840–851.
675 Papadopoulos, R., 2005. Tourism and psychological trauma:
676 psychosocial perspectives. *Psychological Foundations-The*
677 *Journal* 7 (2), 6–13.
678 Papadopoulos, I., 2006. The Papadopoulos, Tilki and Taylor
679 model of developing cultural competence. In: Papadopoulos,
680 I. (Ed.), *Transcultural Health and Social Care*. Elsevier,
681 London, pp. 7–24.
682 Reid, K., Flowers, P., Larkin, M., 2005. Exploring lived experi-
683 ence. *The Psychologist* 18 (1), 20–23.
684 Smaje, C., Le Grand, J., 1997. Ethnicity, equity and the use of
685 health services in the British NHS. *Social Science and*
686 *Medicine* 45, 485–496.
687 Smith, J.A., Jarman, M., Osborn, M., 1999. Doing interpretative
688 phenomenological analysis. In: Murray, M., Chamberlain, K.
689 (Eds.), *Qualitative Health Psychology: Theories and Methods*.
690 Sage, London, pp. 218–241.
691 Smith, P.A., Allan, H., Henry, L.W., Larson, J.A., Mackintosh,
692 M.M., 2006. Valuing and recognising the talents of a diverse
693 healthcare workforce. Report from the REOH study:
694 researching equal opportunities for overseas-trained nurses
695 and other healthcare professionals. <[http://portal.sur-](http://portal.surrey.ac.uk/portal/page?_pageid=886,928925&_dad=portal&_schema=PORTAL)
696 [rey.ac.uk/portal/page?_pageid=886,928925&_dad=portal&_](http://portal.surrey.ac.uk/portal/page?_pageid=886,928925&_dad=portal&_schema=PORTAL)
697 [schema=PORTAL](http://portal.surrey.ac.uk/portal/page?_pageid=886,928925&_dad=portal&_schema=PORTAL)>.
698 Vydellingum, V., 2006. Nurses' experiences of caring for South
699 Asian minority ethnic patients in a general hospital in
700 England. *Nursing Inquiry* 13 (1), 23–32.
701
702

703

Available online at www.sciencedirect.com