Effective Communication for Nursing Practice

Naomi Anna Watson

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About the authors

Dr Naomi Anna Watson is Senior Lecturer in nursing at the Open University (OU). In her recent role as Deputy Associate Dean, teaching excellence, she contributed to the strategic direction of tutor development and student learning and teaching. She actively ensures quality outcomes that promote and improve student participation and success while also enabling a better understanding of the student voice. Her research interests span a range of areas across nursing education and practice, including the student experience at distance, health and social care debates about cultural competence, communication and professional practice, participation of African Caribbean people in nursing careers and Black women's health and wellbeing in the context of equity, diversity and inclusion (EDI). Her most recent research focuses on distance nursing education and the Covid-19 impact on professional practitioners of nursing and social work. Naomi is a doctoral supervisor, mentor and published author on primary care nursing, service user involvement, participation of African Caribbean students in nursing education, cultural competence and communication and diversity. She is also a keen lifelong volunteer, having supported several national, local and community charities, including Barnardo's, Diabetes UK, local secondary schools and The Girls' Network (TGN) as a mentor to disadvantaged girls.

Paulette Johnson is academic lead for access, participation and success at The Open University, in the WELS faculty. With a professional background in social work, her practice background has been in leadership and management across adult social care and criminal justice services, which has been the focus of her career over the last 20 years. Although now employed in a senior academic role, Paulette continues to support vulnerable adults in her capacity as Chair of a local charity. In her academic role, Paulette has undertaken several leadership roles at the OU as well as being a post graduate researcher and a doctoral candidate in the faculty. Her research and work interests include equality, diversity and inclusion, substance misuse, homelessness and co-production.

Dr Liz King qualified as a registered paediatric nurse in 2000 and has since gained copious experience in caring for children, young people and their families. Liz has been involved with pre-registration nurse education throughout her career in both clinical settings and in higher education as a nurse academic. Liz is currently a lecturer in children and young people's nursing at The Open University and holds a doctorate in education.

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Dr Kay Norman is an experienced nursing academic and researcher who has published and presented on many aspects of communication. Kay's recent roles have included both strategic, management and clinical practice areas of responsibility. In her current role as head of teaching excellence for the School of Nursing and Midwifery at the University of Worcester, Kay leads and supports initiatives to continually improve student teaching and learning experiences. Her recent research has related to supporting international nursing students in clinical practice. She continues to supervise both undergraduate, postgraduate and doctoral students in their research studies. Kay is passionate about helping students to improve their communication skills and foster a curiosity in clinical practice to ultimately ensure patient safety.

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Chapter 4 Communication in the context of 'race' and cultural competence

Naomi Anna Watson

NMC Future Nurse: Standards of Proficiency for Registered Nurses

The following platforms and proficiencies will be covered in this chapter:

Platform 1: Being an accountable professional

1.14 Provide and promote non-discriminatory, person-centred and sensitive care at all times, reflecting on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments.

1.19 Act as an ambassador, upholding the reputation of their profession and promoting public confidence in nursing, health and care services.

Platform 6: Improving safety and quality of care

6.5 Demonstrate the ability to undertake risk assessments in a range of care settings, using a range of contemporary assessment and improvement tools:

6.8 Demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents and serious adverse events in order to learn from them and influence their future practice.

Annexe A: Communication and relationship management skills

1.5 Use caring conversation techniques.

1.7 Be aware of own unconscious bias in communication encounters.

1.12 Recognise the need for and facilitate access to interpreter services and material.

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Chapter aims

After reading this chapter, you will be able to:

- discuss communication in the context of 'race', historic aspects, current issues and likely implication;
- explore cultural competence and its application to clinical practice in terms of sociocultural factors;
- explain unconscious bias and sociocultural factors that influence and underpin interethnic interactions;
- understand the importance of intersectionality, social justice and antiracist healthcare practice, and their likely impact on health inequalities;
- identify ways to address diversity in communication issues in nursing and healthcare through diversity championing, and implications for improving patient satisfaction and care quality outcomes.

Introduction

In the current social and community structures in the UK, all who provide health and nursing care in clinical practice will, at some point, be caring for patients who are from minority ethnic communities. While their presence may be in a minority on wards and in hospitals in some parts of the country, person-centred care that will meet individuals' specific needs must be provided. There is evidence that this care is being compromised in terms of access, inclusion and care delivery practices (Raleigh and Holmes, 2021, Watson, 2001, 2019). A consequence of this is that the quality and safety of care they receive as individuals is questionable.

In this chapter, you get an opportunity to explore the issues, examine the implications, discuss and reflect on ways of improving your communication skills in clinical practice in the context of race and cultural competence. The choice of race as an area of exploration highlights current issues relating to care experiences of minority ethnic people that have contributed to poor outcomes in terms of quality of, and access to care. Some of these will be discussed here by way of illustration and to encourage reflection on how you care for these patients, including likely perceptions that may influence your practice and the practice of your peers and colleagues. Race for the purpose of this chapter is defined by Hartigan (2010) as a system that is used to classify people into groups with the added ranking of those groups implicitly or explicitly in terms of superiority or inferiority. So, race as a system indicates that the concept is socially constructed. This structural process underpins the positioning of minority ethnic people that has led

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to their racialisation and to subsequent acts of racism against them. Implicit within this is the imposition of otherness, which contributes to keeping 'them' different. Smith (2008) contends that motivational ignorance is a contributor to racism, suggesting the notion that there is likely to be some level of intentional ignorance, or lack of knowledge involved at some point. However, others argue the opposite, stating that an avoidance of knowledge about race and racism is a personal choice that many knowingly make (Mueller, 2020, DeRosa, 2017).

Historical legislative context

Scenario: Abena

You are a student on a ward in a rural part of the country and have been assigned to provide supervised care for Abena, a 25-year-old Black patient who was newly admitted. Your supervisor has asked you to gain information from her to complete the admissions forms. After introducing yourself, to make light conversation, you ask Abena how long she has been studying at the local university and which country she was from. She tells you that she is not a student. She was born in this hospital and still lives with her family in the area. You express your surprise and tell her that most people like her in the neighbourhood are usually students at the university.

Activity 4.1 Decision-making

How else could the above scenario be handled to remove assumptive questions based on a patient presenting as a young Black female?

There is an outline answer to these questions at the end of the chapter.

The presence of people now racialised as minority ethnic in the UK has a long history dating back to Tudor times, which is not always understood or recognised in some instances because it is not taught as part of standard British history in schools (Akala, 2019). However, it is now generally understood that we live in a multicultural society with identifiable and non-identifiable differences among a wide variety of groups in our social system. This diversity has a historical base with Britain as empire, with continued links that were responsible for eventually creating a 'Commonwealth of Nations', overseen by the British monarchy as head of state. Consequently, Britain regularly called on the people of these nations for post-war support in order to rebuild the UK nations. Acknowledgement of this background is important to ensure that there is

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clear understanding of the historical context. This also helps to clarify the discourse with respect to refugees and asylum seekers, who are usually escaping war and persecution in their own countries. It is hence expected that every effort is made, especially by those who work in public sector services such as the NHS, to understand how being seen to be different, also referred to as othering, may impact on the lives of individuals and groups in our society. Those who deliver care in the NHS are duty bound by the Nursing and Midwifery Council (NMC, 2023) to ensure that the care they deliver recognises diversity and individual choice, and is free from assumptions about patients, based on how they may present physically, including their race and ethnicity.

The Race Relations Act of 1965 was the first initial driver for change in relation to anti-discriminatory practice across UK society and became necessary because of an increase in race-related incidences that negatively affected Black and Brown communities in the UK. The Act acknowledged that discrimination against these communities had become commonplace across social and institutional structures, and it was made unlawful. This was necessary because large numbers of people from Black and Brown communities around the world, specifically from Africa and the Caribbean, who had settled in the UK, had begun to report discrimination in the workplace. It was followed by the Sex Discrimination Act of 1975. Race hence became one of the protected characteristics of the UK Equality Act (2010), along with gender, disability, religion, and so on, given the continued issues with racial tensions and discrimination in society and in workplaces such as the NHS. It must be emphasised that race as a concept has been challenged and questioned by many scholars as misrepresenting the realities of human behaviours, intelligence and similarities. However, as discussed above, the UK's Race Relations Act of 1965 identified that people groups were the victims of discrimination due to their race, which made it a protected characteristic in the current legislative framework. Ethnicity and ethnic representation tend to be linked to social groupings sharing geographical, linguistic, religious, or historical traditions, which make them different from other groups of people.

What makes people different?

Case study: Jan (Yanique)

Jan (Yanique), is a transgender patient of mixed racial origins who was assigned male at birth. They were admitted to the female surgical ward from the A&E Department for overnight observations. They had suffered only minor injuries from a road traffic accident, however, the doctors wanted to be sure before sending them back home. Jan was placed in a bed on the open ward, alongside two female patients, one on either side.

On arrival you were asked by your supervisor to settle them into bed and take the first observations.

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Mrs Lillian Greene, one of the female patients in the bed next to Jan, overheard your conversation with Jan while you performed their assessment and observations. Thinking that Jan is a Black male, she complained that she wished to be moved from that bed as she did not feel safe beside Jan. The woman on the other side of Jan also complained about the 'male' patient on the female ward and requested to be moved.

As a consequence, the decision was made to transfer them to another ward as it was not felt that the current environment was suitable for them.

Activity 4.2 Reflection

Share your thoughts about transgender patients' presence on wards classified for male or female patients. Should it matter? Discuss this with your peers, supervisor and tutor.

Think about how else this scenario might have been managed on the ward.

As this activity is based on your own reflection, there is no outline answer.

Difference as a concept and lived reality for many people may manifest itself in a variety of ways in society. For example, people from various parts of Europe who present as White, may identify differently when they speak or by their name. It is now acknowledged that individual accents can have a negative impact on how people are perceived and understood. It is also known that society favours some accents above others, which makes it possible to treat people differently because of the way they speak (Brown 2022, Sharma et al., 2022). People from parts of Asia may be identifiable by the way they dress, their speech and their skin colour, in some cases. The same is true of some refugees who arrive from different parts of the world. Second and third generation people from Europe likely speak with local British accents that do not identify them as different. But people who are originally from Africa and the Caribbean, many of whom are also second and third generation, are often immediately visibly identifiable as being Black or Brown. They are usually fluent in English; however, this does not diminish the negative impact on their experiences in society. According to most of the current research Black and Brown people are noted as having differential discriminatory outcomes across the social structure, including in healthcare (Thompson, 2021). What this identifies is that there are other underlying factors that influence the way they are perceived as individuals or as part of a group. Being racialised as Black or Brown therefore carries negative connotations that affect their whole life experiences, whether this is in education, health, or social care.

The Equality Act (2010) is in itself an acknowledgement that we live in a discriminatory society. Legislative protected characteristics aim to ensure that individuals and groups can seek redress legally if they have been harmed by discriminatory actions of others or of institutions such as healthcare. The NHS is identified as one of the biggest employers of minority ethnic people. Being able to also communicate with people from this

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group effectively as colleagues, has the potential to improve relationships in the workplace and contribute to patient safety (Watson, 2019).

The Covid-19 pandemic affected healthcare systems worldwide and shone a very sharp spotlight on a range of inequitable health outcomes specifically affecting minority ethnic people in the UK's NHS. Mortality rates were reported to be disproportionately higher than in the White population, exposing another sombre statistic of racial health inequalities (Raleigh and Holmes, 2021).

Given the continuous challenges of poor and inequitable outcomes for minority ethnic users of healthcare services (NHS England and Improvement NHS, 2020; Department of Health and Social Care, 2011), and the events of the recent pandemic and the BLM movement, a focus on race and its impact on interethnic communication in this chapter is aimed at providing a context that can facilitate further thinking, reflection and action for students and staff.

In addition to the points raised above, the case study below aims to put this into context.

Case study: Sickle cell anaemia: Steven Nathan Smith's dilemma

In 2019, Steven Nathan Smith, a young British-born Black student in his twenties, was admitted to an NHS hospital suffering from a sickle cell crisis. He was treated initially and was then observed as an inpatient. While in hospital, he became very distressed and went into a further sickling crisis.

He was unable to breathe and needed oxygen urgently. He called for help, but no one responded. In a state of desperation, he dialled 999 from his hospital bed. He eventually died before he was given any assistance (Sickle Cell Society, 2021). He was British-born and raised, yet he was ignored by staff when he called out for help as he struggled to breathe.

This incident raises many questions that all staff must reflect on and address in order to ensure that such an incident will not happen again.

But what are the lessons that may be learnt and how might they be addressed?

Activity 4.3 Communication

1. What should be an appropriate response by staff when any patient rings a bell or calls out for help on a hospital ward?
2. Thinking about the above scenario, consider the likely reasons why Steven was ignored when he cried out for help. Are they justifiable?
3. When you get some time, read the full report on this tragic case to gain further insights into how this could have been better managed. The report details can be found in the Further reading section of this chapter.

There is an outline answer to these questions at the end of the chapter.

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Sickle cell disease is common among African and Caribbean people, and those from Mediterranean backgrounds. Approximately 17,500 people live with the disorder in the UK and around 300 babies are born with the disease annually. The illness is characterised by a sickling of the red blood cells which reduces their oxygen-carrying capacity and can then cause blockages in the circulatory system. The reduced oxygen can be detrimental to breathing and patients need oxygen therapy as a matter of urgency. There is also usually intense pain as clumped cells struggle to move around the body, making patients very distressed. Along with sickle cell disease, other illnesses that are common among minority ethnic communities include thalassaemia, hypertension and type 2 diabetes (Raleigh and Holmes, 2021).

As a student, it is important to make opportunities to learn about the way that these diseases affect minority ethnic communities. The aim is to improve and build on clinical skills while learning about the best ways to communicate with patients. This includes some measure of self-awareness in order to recognise what barriers may be interfering with your ability to not only listen to all patients, but to hear and respond to them.

Stockwell (1972) was one of the very first nurse researchers to identify that nurses classify patients as popular or unpopular based on certain features such as being easy to get on with, being helpful on wards or not complaining even if they should. They were then treated favourably or not, depending on how nurses perceived them. Unpopular patients were ignored in some cases. Ethnicity was also cited in the Black Report (1980) which identified minority ethnic patients as having differential outcomes as a result of unequal care in the NHS. These research papers provided early signposts to the issues that contribute to health inequalities. It is interesting that in the twenty-first century, the problem of unequal access persists, and indeed, appears to be getting worse. It is up to everyone to consider what preconceived assumptions may be interfering with their ability to hear and listen to the voices of minority ethnic patients. This issue is particularly worrying considering there are also migrant communities who may be trying to be understood through a potential language barrier. There is an established Black British community in the UK who have no difficulty with the use of English as a language and are still not being heard. The enquiry into Steven's death concluded that the delivery of care was substandard and failed to meet his health needs.

Cultural competence and care delivery

This is defined as being able to effectively respond to the needs of people from a variety of backgrounds and cultures so that the care provided and services being delivered adequately meet both communication and cultural needs (Papadopolous, 2011).

Cultural competence enables nurses and healthcare workers to become more efficient and empathetic when providing care to patients from diverse backgrounds, especially related to their racial differences. To enable this, nurses need to understand and appreciate the differences in terms of health beliefs and practices that are likely to affect

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interethnic communication style. Some time must be spent learning about ethnic differences in health and disease processes in order to deliver effective care. Nurses also need to understand the impact of racialisation on minority ethnic patients and how this may affect their access to care and services. Showing awareness will contribute to helping to ensure that the care being delivered is not only fair and equitable but is also effective and suitable for the needs of the patient. To enable this process, interethnic communication must include the decision to make sure that the patient's needs can be understood from their perspectives. Care can then be delivered without bias or assumptions. To do this effectively involves an awareness of one's own personal and cultural values and beliefs, including ways that these may differ from other cultures. It also acknowledges that the dominant culture in the care context may not always reflect the needs of those who are culturally different without intentional actions on the part of nurses. Within nursing and healthcare practice, this awareness enables staff to provide good quality care to patients by demonstrating clear understanding of issues such as likely differences in health beliefs and practices including having a knowledge base about other people's cultural practices and the way they think. Additionally, it helps us to modify our attitudes towards cultural differences and make us more willing to understand and respect diverse relationships. Developing cross cultural, or intercultural skills from a knowledge base has the potential to contribute to improved clinical practice, patient satisfaction and quality of care.

Scenario: Kofi's cardiac arrest

Kofi is a patient with a dark skin tone, who was admitted to your ward having suffered a mild heart attack. He has stabilised over a 24-hour period but is being kept in for further observations and medical checks prior to being discharged the next day. He rings his bell and when you respond he complains of shortness of breath and says he is unable to breathe. However, when you look at him you are not sure because he looks exactly the same as he has since admission. You inform your supervisor who says Kofi is doing well and will be going home the next day. When you return to his bedside you notice that he appears to be asleep, but on further checking, he has collapsed and stopped breathing.

Activity 4.4 Decision-making

1. What signs should you look for to help you identify what is wrong with this patient?
2. How will you attempt to verify what he says?
3. Why is this important for a patient whose skin tone is dark?

An outline answer is given at the end of the chapter.

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It has long been argued that skills-based competencies are reflective of the majority of the population and do not adequately cater for minority ethnic people in the community. Biases based on racial disparities are well documented in all aspects of healthcare. This includes pain assessment and management, and access to surgical procedures and medications (Nyguyen et al., 2023). For example, a White patient who lacks oxygen will look pale and blue. But it is not always clear if nurses are aware of how a patient with a darker skin tone may present if their oxygen levels are low.

Unconscious bias

Whether or not we are aware, our style of communication is heavily driven by a number of behaviours and attitudes which may be transmitted to patients and colleagues either positively or negatively. They may originate from our past-life experiences, our personal preferences, our personal beliefs and values, covert, or overt messages we have been given from social or family environments and the stereotypes that we have built up as a result. Unconscious bias is a term which is used to identify behaviours that may be caused by subconscious messages we receive from others and from our environment and upbringing, based on the areas just outlined. These messages drive the way an individual responds to others and have the potential of negatively disadvantaging them as a result. In the context of understanding bias, however, authors such as (Borschman and Marino, 2019) argue that using the term unconscious bias is simply a distraction that unfairly releases some people from taking responsibility for deliberate discriminatory actions to any of the protected characteristics identified by the Equality Act (2010) and including sexual orientation. As discussed in Chapter 1, developing and strengthening your self-awareness is one way of addressing your personal contribution to how your communication is interpreted by others. This is vital when working within the healthcare context.

Why it is important and how it is manifested

Caring for all patients requires an understanding of sociocultural factors that may have an impact on many aspects of their lives. In the case of patients who are visible minorities, meaning that they are immediately identifiable as Black or Brown and hence seen as other, there is a risk of possible unconscious bias, which could be manifested in the way they are treated. Research suggests that social racialisation processes that label visible minorities as drug addicts, underachievers and troublemakers. This labelling is likely to influence the way visible minorities are perceived across institutions and this is likely to have a major negative impact on how they are treated when they attempt to access nursing, health, social care and other services (Thompson, 2021).

Understanding the likely impact on patient experience has the potential to contribute to better nursing care outcomes in all healthcare contexts. Consider the scenario below as an example.

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Scenario: Patricia's pain

It is your first day on the medical ward and you are accompanying your supervisor who is conducting the medication round. Patricia, a 21-year-old African Caribbean woman, who lives with systemic lupus erythematosus (SLE) was admitted that morning.

SLE is a debilitating illness which is very common among people of African and Caribbean origins. It manifests itself in intensely painful and swollen joints, muscular pain, body rashes and extreme persistent tiredness. It also causes chest pains and may lead to damage to the kidneys.

Patricia was admitted because of a flare-up of the condition. She presented with excessively swollen joints and was unable to walk because of the pain. She was running a high fever and had some skin lesions on her face and arms. She complained of chest pains and being unable to urinate. She had been immediately catheterised on admission to relieve her bladder distension and was being strictly monitored from a fluid balance perspective, on account of her chest pains, and the possibility of pleurisy, or excessive fluid on the lungs.

She has been on the ward for four hours and asks for pain relief for very panful joints. Your supervisor looks at her prescription chart and notices that her last medication for pain relief was two hours previously. It is prescribed to be given whenever necessary. Your supervisor advises Patricia that she should wait for a while longer as the drug she has been prescribed is very addictive and she may become dependent on it. Patricia says she is in a lot of pain and needs help now. Your supervisor responds that she doesn't look like she is in pain and carries on with the medication round.

Activity 4.5 Decision-making

What can you, as a student nurse, do for this patient?

There is an outline answer to this question at the end of the chapter.

Unconscious bias in care delivery practice must be recognised and acted on by those who deliver care to diverse patients. It may be necessary to undertake training to raise awareness that can positively influence a change in care delivery practice to make sure that minority ethnic patients who present with pain are listened to and can receive pain relief when they request it. To assume that they may be previous drug users or have become addicted due to overmedication is to cause harm to the patient by prolonging their agony. This has the potential to have a very negative impact on patient satisfaction. Unconscious bias may also interfere with your communication with your colleagues who are from different cultures, or even from a different part of the UK, therefore it is important to consider what kinds of bias may be manifested about people from the North, as opposed to those from the South. Issues relating to the inequity in healthcare related to a North/South divide is well documented.

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Intersectionality, social justice and antiracist practice

Intersectionality is a term used to identify the likely effects of one or more factors that may be experienced in a discriminatory way by individuals. The term originated in America and was initially used to describe the impact of multiple oppressive actions on Black women's experiences (Crenshaw, 1989, Merz et al., 2023). It is now widely discussed and accepted as an important issue to be considered when exploring oppressive actions on lived experiences of those who have multiple diverse backgrounds. For example, the impact of gender, race and social class each brings with them specific varied responses that are likely to cause harm to the individual patient. A minority ethnic female patient who is also gay, transgender and disabled is likely to feel the oppressive effects of all four characteristics that intersect. This is particularly relevant in relation to access to services and has to be considered when caring for such patients. The same is true for an older minority ethnic female patient. It is likely that conscious or unconscious bias may also influence how the patient is perceived and could impact on how she experiences care. An awareness of these issues should enable a better understanding of inclusive ways to care for such patients.

Case study: Jonathan's experience

Jonathan is a Black patient, who is also gay and autistic, and who was admitted to the ward for investigations. His partner wanted to stay with him while he was an inpatient, however, this was not allowed. Jonathan became very difficult and uncooperative, and the staff branded him a troublemaker and called the police following an incident on the ward. No one called Jonathan's partner, who could have helped to reduce the tension.

Activity 4.6 Team working

Outline how this case could have been managed to have a more positive outcome.

There is an outline answer to this question at the end of the chapter.

Addressing communication issues to improve interethnic care delivery practices

As a student nurse, you will have many learning opportunities to practise your communication skills, in practice and in your learning environment. This book provides the theoretical base for you to further explore and build on your skills. To improve your understanding, you will be required to be ready and willing to face up to sometimes difficult issues that

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are clearly evidenced in the research and literature base. Health inequalities are well documented, and as it is now an accepted fact that our social and institutional structures tend to be discriminatory, it is then up to us to take action to change the narrative. One way of doing this is to begin by owning up to your own individual biases and tendencies to treat others differently. You may be showing unconscious bias. However, this is something you can act on and the next scenario is a helpful example of what you can do.

Scenario: Sam's peer-to-peer discussion

You are with a group of your student peers; your tutor is not present. Sam, who is in the group and is from London, started a discussion about personal biases by saying that she cannot cope with Northerners because she just cannot understand them when they speak. She also said she struggles with refugees and people with deep accents, and that she found it difficult to understand a couple of the foreign doctors on the ward. You are surprised by this and ask her to explain. She said she had been reading up about biases and thought she should own up to some that she has.

Activity 4.7 Reflection

- Share some of your biases with your peers if you can. Only share what you are comfortable with.
- Consider where Sam may have got her biases from, or what may have contributed to them.
- Talk to the group about other ways that you can all address your biases, especially at work.

As this activity is based on your own observation, there is no outline answer.

Chapter summary

Most minority ethnic patients are able to eventually gain access to health and care services when they present during their illness. However, there is now overwhelming evidence that the way they are treated during the care delivery process is causing harm to their wellbeing, leading to increased mortality. This needs to immediately improve across all sectors of the health and care systems (Thompson, 2021).

Listening to and hearing the voices of minority ethnic people who try to access health and social care, or other services, is imperative if the goal of healthcare is to ensure equity and accountability (NHS England and NHS Improvement, 2021a). Any reluctance or resistance from health service staff can be a matter of life and death, as illustrated in some cases discussed in this chapter. There are still major barriers that negatively impact care quality outcomes for Black patients. This may be conscious or unconscious bias, intersectionality, racialisation and racism which leads to unequal outcomes in their experiences and undermines the quality of expected care. It is up to each individual practitioner to ensure that there is awareness of the current evidence which

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is now widely available relating to inequalities in access and healthcare delivery. Nursing and healthcare workers are required to strive to be a part of the solution by changing the narrative and ensuring best practice is maintained at all times. One way of doing this is to hold each individual accountable and also to monitor, measure and penalise, if necessary, all negative outcomes for all patients. Facing up to the evidence and taking action to mitigate the continuous negative impact of race, racism and racialisation in healthcare services is the duty of everyone, including you as a student, your supervisor in clinical practice and the institution. Becoming a diversity champion in your unit is another proactive way of contributing to the solution in the workplace.

Activities: brief outline answers

Activity 4.1 (page 53)

You are likely to meet minority ethnic patients in many settings, rural or urban. Never assume that they are foreigners by asking leading questions, except where required for assessment purposes.

Activity 4.3 (page 56)

You will know that every patient who rings a bell or calls for help should be given an immediate response. This can be crucial to life or death, and until someone has attended the patient and assessed the situation it is not possible to know what state they may be in. There are no justifiable reasons to ignore any patient's call when they ring a ward bell.

Activity 4.4 (page 58)

As this is a patient with a dark skin tone, you should expect his face to look grey.

You should check his oxygen levels with an oximeter, as a standard aspect of care.

This is important because you will likely be familiar with caring for patients with White skins and may not be aware of how the facial skin of a darker skin-toned patient may change if they are oxygen starved. A White patient's skin may turn blue/pale when oxygen starved.

You should also immediately talk to your supervisor about the patient's complaint and ensure that someone senior checks that your observations are correct and appropriate.

For this patient this could be a matter of life and death and should not be taken lightly, especially given the well-known evidence that Black patients have differential and inequitable outcomes in care delivery practice.

Activity 4.5 (page 60)

The patient has had a two-hour gap since the last medication was given. It is prescribed to be given whenever necessary. Your supervisor should therefore respond by giving the patient her medication as prescribed.

Understanding the impact of SLE on all patients, but specifically on African Caribbean patients, who are most likely to present, is important when caring for those who live with this condition. The evidence identifies that healthcare professionals have a tendency not to believe these patients when they say they are in pain.

As a student, you can make some time to find out more about the illness if you have not yet done this in your studies. If you have covered the topic, you may be able to discuss this with your supervisor and be an advocate for the patient. Being an advocate simply means speaking on behalf of the patient, a

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role that you may already have practised with other patients. This need not be difficult or challenging and could simply be a matter of informing your supervisor that in your studies you had read about this condition and how important it was to ensure that all patients receive pain relief when they ask for it. You could offer to speak about the illness at the next staff meeting and prepare a teaching pack for ward staff. You could contact the SLE society and arrange for them to deliver a training session to the staff. This proactive action could form part of a case study for your studies, as long as you ensure that your supervisor and the patient give permission, and confidentiality is maintained.

Activity 4.6 (page 61)

Working towards positive outcomes in healthcare delivery requires sensitivity in the way all patients are treated. Since this patient had been declared as having an autistic spectrum disorder, is Black, and has a same sex partner, there may be issues of inequity creeping in that staff should be aware of. For example, it is unclear why they would wish to deny his partner access when he could be a supportive presence that could allay the patient's fears and reduce his anxiety. Hospitals are stressful environments for most patients, especially those who are neurodivergent. To be Black and gay also brings with it multiple discriminatory perspectives that staff should be aware of and seek to mitigate. To call security and not to call his partner is inexplicable and unnecessary.

Further reading

Allen, H and Taylor, M (eds) (2023) *Researching Racism in the NHS: Reflexive Accounts and Personal Stories*. London: Taylor & Francis.

This test explores the impact of racism and microaggressions in the NHS, on individual experiences.

Kinouani, G (2021) *Living While Black: The Essential Guide to Overcoming Racial Trauma*. London: Penguin Random House.

Covers experiences of Black people and ways that they adapt to overcome daily racialised life events.

Llewelyn, S and Packer, S (2021) *Still Breathing: 100 Black Voices on Racism, 100 Ways to Change the Narrative*. London: Harper Collins.

Considers the experiences of prominent Black voices and how they overcome racialisation.

Sickle Cell Society (2021) No One's Listening - A Report. Available at: www.sicklecellsociety.org/no-ones-listening/ (Accessed 15 January 2024).

Weir, MR (2020) *I Can't Breathe. Can 8 Minutes 46 Seconds Change the World?* London: Krik Krak.

Uses artistic imagery to highlight race implications following George Floyd's death.

The full report providing detailed context and findings of the report into the death of Steven, a young Black man, while in hospital from a sickle cell crisis.

Useful websites

www.open.ac.uk/black-womens-health-and-wellbeing

Black women's health and wellbeing research network. A knowledge hub on developments, resources and evidence on Black women's health in the UK, North, South, Middle America and the Caribbean.

www.npeu.ox.ac.uk/mbrrace-uk/reports

MBRRACE-UK – saving lives, improving mothers' care. Report on Black maternal mortality in the UK.

www.sicklecellsociety.org/

Sickle Cell Society (2021) Supporting the Black community. Providing helpful information about this disease for sufferers, carers and members of the public.

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