

The principles underlying the culturally competent community nursing care of asylum applicants in Scotland

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Aim of the study

The aim of this ethnographic study was to explore the factors involved in the delivery of culturally competent community nursing services for asylum applicants and refugees in Glasgow.

Who is an asylum applicant?

Asylum applicants often have experienced violence, trauma and rape prior to arriving in the UK.

To be recognised as a refugee within the terms of the 1951 Geneva Convention, applicants must:

- ❑ Be outside their country of origin.
- ❑ Have a well founded fear of persecution.
- ❑ Be in need of protection.

Humanitarian Protection may be granted on the basis of Human Rights legislation.

UK Asylum Law

- **The Borders, Citizenship and Immigration Act 2009**

- **UK Borders Act 2007**

- **Immigration and Asylum Act 2006**

- **Asylum and Immigration Act 2004**

- **Nationality, Immigration and Asylum (NIA) Act 2002**

- **Immigration and Asylum Act 1999**

- **Human Rights Act 1998**

1951 U. N. (Geneva) Convention
Relating to the Status of Refugees

Cultural Competence

Papadopoulos (2006) considers cultural competence as
'...the capacity to provide effective health care taking into consideration people's cultural beliefs, behaviour and needs'.

To provide culturally safe clinical care, community nurses require skills of:

- Cultural awareness (understanding the diverse range of health belief and behaviour)
- Cultural sensitivity (cross cultural communication)
- Cultural knowledge (cross cultural health inequalities)

From the literature review, I added a further category of Institutional Regard.

Why is Cultural Competence important?

- Culture is the medium through which we communicate and understand the beliefs and behaviours of others.

Cultural competence underlies:

- The efficient use of services
 - Patient safety
 - Clinical effectiveness
 - Person centered care
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Research Design

- Qualitative framework.
 - Methodology: Ethnography.
 - Research setting: Glasgow.
 - Sample: 39 asylum applicants, 21 primary care staff (community nurses, practice nurses and GPs) + 5 Health Board managers.
 - Methods: observation, interviews, focused discussion groups.
 - Thematic analysis
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Study Findings

I will present the data using the following headings:

- ❑ Institutional regard
 - ❑ Cultural awareness
 - ❑ Cultural sensitivity
 - ❑ Cultural knowledge
 - ❑ Cultural competence
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Institutional Regard

- Promoting equity of access to services:

A nurse focus group informant stated: “Our major role is to give our clients an understanding of the NHS and primary health care services.”

June said: “(Today’s)...visit lasted one hour, as an interpreter was used. It would normally have lasted only half an hour to a member of the indigenous population. The extra time was required to ensure that services were non-discriminatory, that interpreter services were provided and to give clients the opportunity to voice their health concerns.”

Cultural Awareness

Culturally safe nursing care requires the development of inter-personal relationships to take account of client health beliefs, preferences and behaviour.

Cynthia stated: “When I ask clients for information or give advice, I often turn this information around by asking, how does this feel for you? Or, can you take this information on board?”

Nicolai smoothed his hands down his abdomen and body and repeated: “Alcohol cleanses my body.”

The Identification of Health Needs

Taking account of health beliefs is important to a robust health assessment.

June stated: “I often find that the asylum mothers keep the problem to themselves, as their cultural beliefs are not to talk about how they were feeling.”

Cynthia said: “I use regular home visits to build a trusting relationship....Over time I get to know my clients, understand how they are feeling and eventually they begin to describe their past history and its impact on the current quality of life.”

Cultural Sensitivity

Communication difficulties are very frustrating. A message produced in one culture must be processed in another, using both verbal and non verbal communication methods.

An informant stated: “Although interpreters are expensive they are necessary and not a lot of work. The interpreter makes communication easier and health interventions more effective.”

Miscommunication issues

Even when using an interpreter, miscommunication can still arise.

One nurse informant stated: “I use key words and phrases to simplify the message; the interpreter does not always understand the message if I use complex sentences.”

Another informant said: “I check the client’s understanding by asking the same question in more than one-way and by observing if the client is smiling and maintains eye contact. The client may show a lack of understanding through mild confusion in answering the same question.”

Cultural Knowledge

Cultural knowledge included:

- Recognizing social isolation

Kristina stated: “ I am always alone with no-one to talk to. I have little help with childcare in Glasgow; back home there was always a family member to care for children if it was necessary to attend an appointment.”

- Understanding the stress of the asylum system and the effects of racism

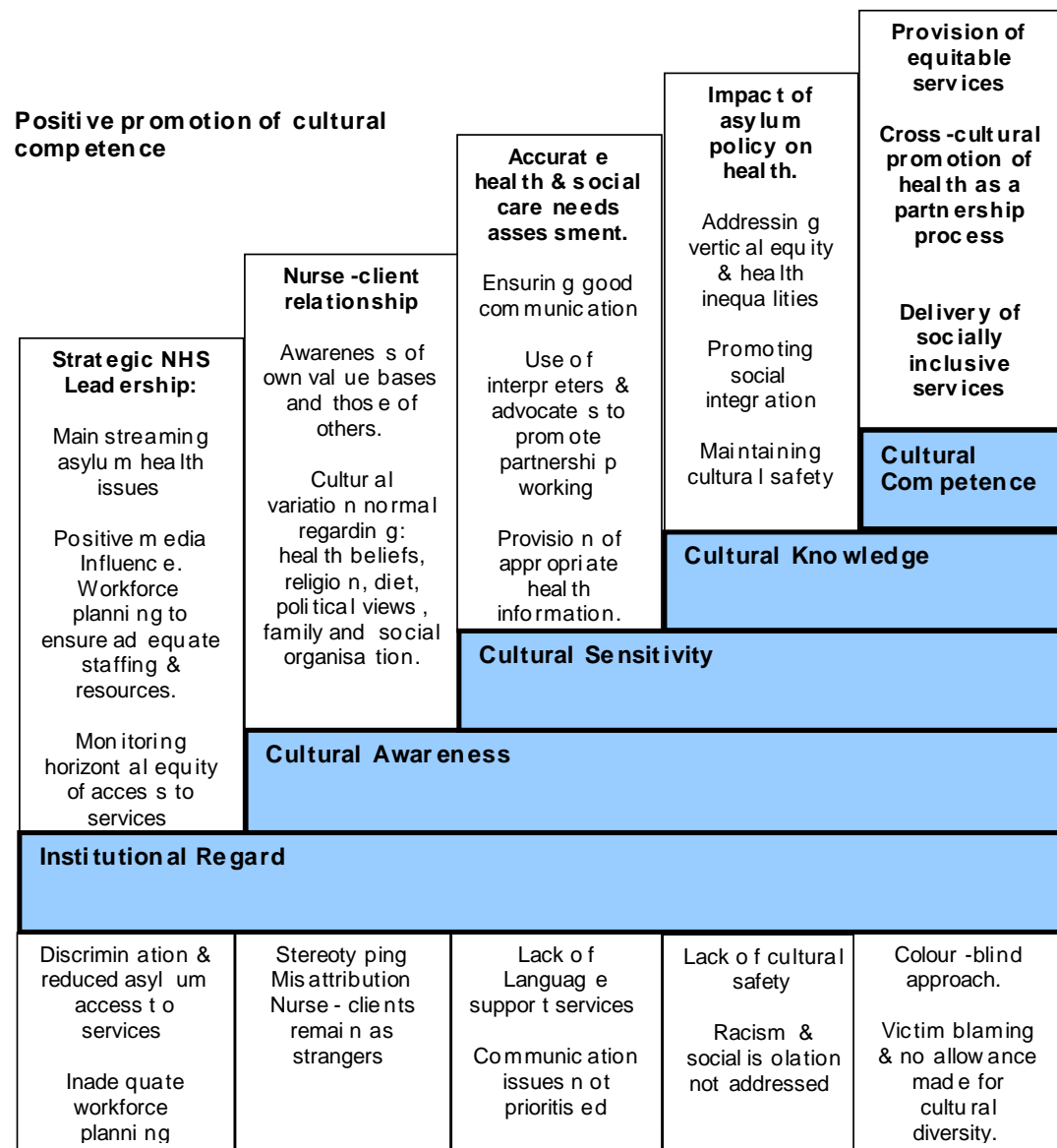
A focus group informant stated: “I do not think about things too much - or else my head explodes.”

- Aiding adaptation to a new social environment
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Unsuccessful asylum applicant issues

The complexity of caring for unsuccessful asylum applicants was further compounded by:

- *Dawn raids*
 - *Detention*
 - *Reduced welfare support*
 - *Reduced access to primary care services*
 - *Removal and enforced repatriation*
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The Revised Five Steps Model of Cultural Competence

Three major principles of cultural competence

- Community nursing teams require sufficient capacity, skill mix and language support to enable asylum applicants to access primary health care services equitably to the indigenous population.
 - The cross cultural promotion of health is a partnership process.
 - The use of skill mix to deliver socially inclusive services and aid adaptation to the social environment.
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What this research adds to community nursing knowledge

- Cultural competence is a major quality issue. It is as important as clinical competence to ensure patient safety, clinical effectiveness and person-centered care.
 - Cultural competence is integral to promoting equitable access to services. It requires sufficient nursing capacity, robust language support and staff training to ensure the delivery of non-discriminatory services.
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