



Asian Breast Cancer Support Group

The Nightingale Centre Wythenshawe Hospital
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Symposium on Patient Engagement & Empowerment

Friday 31st March 2017, The Nightingale Centre and Genesis Prevention Centre

Theme 2: Cultural Humility and bridging the power imbalance

Introduction by Liz Leaver and Anil Jain followed by group work

1. What are your own cultural values and beliefs?

- Help others
- Improve society
- Improve things
- Tackle inequalities
- Learning
- Work
- Family
- Positivity
- Individualism
- Create understanding
- Goals
- Passionate about patient engagement
- Adaptable values and beliefs
- Values and beliefs could change dramatically
- Being personal – not easy to share.
- Very difficult to have own insight, need some time to reflect.
- Difference is very internal and complex
- British 3rd generation, mixture of British culture, treat people as individuals, difference within family, culture is constantly changing.
- Professional cultures.
- Hard to distinguish between different factors.
- People make assumptions about certain ethnicities.
- Humanist treating all patients fairly and with respect
- Respect mutual empathy and consideration
- Fairness honestly
- Democratic equality
- Empathy understanding
- Give everyone a chance to see the positive in people and situations, try your hardest
- European Christian, Judaism, Hindi, tolerance and respect
- Be honest not crude, fair, respect
- Some people don't believe in certain models of treatment, alternative medicine
- Difficult decisions to make – observations of relationships and practices
- Issue of consent/permissions/informed
- Different way of encouraging discussion

2. Are you aware of your personal biases and assumptions about people who have different values to you and how do you deal with it?

- Age



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- Educational level
- Body language
- Background
- Negative people
- Unconscious – how to become aware
- Upbringing
- Humility
- Intolerance
- Class
- Intimidated
- Accents
- Person's circumstances vary depending on the place and time.
- Be respectful.
- Varies on who you would want to support you.
- Question your own judgements.
- Be aware that we all make assumptions but don't let it affect your behaviour.
- Accepting other cultures, trying to be non-judgemental.
- Accept people have different views and ways of living.
- Support patients to feel more confident to explain how they feel.
- Take an interest in other people. Ask questions.
- Important to acknowledge that we all make assumptions but understanding that how we react or express them is the important bit.
- Trying not to stereotype
- Media influence
- Context – professional
- Addressing individual need and discard all else
- Social and cultural constructs
- Openness
- Confidence to challenge, to ask questions
- Linking with patients with similar experiences.
- Changing priorities/noticeboard ideas, patient opinions.
- Reflecting – everyone has judgements but it is the individual that needs to reflect upon their own thoughts and change them. This includes compliments and criticisms
- HCP should not be scared to ask and patients should feel comfortable enough to educate the HCP.
- HCP should be trained in Equality and Diversity.

3. What are the biggest barriers to challenging the power imbalance between patients and healthcare professionals?

- Communication
- Right to language
- Time
- Language
- Uniforms
- Hierarchy – god like consultants
- Information- lack of
- Power of uniform
- Giving information to patients on themselves



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- Body language
- Professional culture
- Lack of knowledge

- Authority

- Fear
- Support patient to educate HCP, implement changes with HCP
- Expectations
- System pressures on clinicians/managing expectations
- Consideration of body language/room organisation etc
- Patient centred care
- Coproduction
- Patient experts in themselves
- Power of professionals sharing practice
- What matters to you/for you? Finding the right question.
- Changing, fluid with diagnosis
- Knowledge can be a problem
- Genetic tests – difficult decisions
- Knowledge – stress and anxiety and fear
- Practitioners treating patients different from same/other cultures
- Patient centred consultations
- Fear of cancer
- Unconscious bias
- Guarding some patients from all of knowledge
- Giving information over the phone
- Improving patient choices - information of choices
- Healthcare systems
- Cultural change
- Lack of capacity
- Interpersonal relations
- Lack of time
- Lack of funding
- Care co-ordinator
- Time pressures
- How much patients want to know
- Communication – ensure enough information is out there.
- HCP need to understand the power of the uniform and understand the right to have their language (the patient).
- Body language, room organisation – be aware of physical barriers

4. If you could make one change to the patient/healthcare encounter in your trust/organisation what would this be? (In what ways do you think this would change the organisation?)

- Understand needs
- Inclusion as important as safeguarding
- Team approach
- More time
- Routes to feedback
- Empathy
- Training for HCP.



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- Time with the patient to discuss issues further.
- HCP should address power imbalance straight away.
- Ask questions, be open and friendly.
- More time/more staff/more resource
- Group consultation
- External voices to provide solutions
- Openness
- Confidence to challenge, to ask questions
- Linking with patients with similar experiences.
- Changing priorities/noticeboard ideas, patient opinions.
- Ask patients how much they want to know – timing for information
- Cultural barriers and beliefs with professionals to share their experiences
- More time with patients – feel like they are empowered.
- Removing jargon from information
- More empathy and time
- Time, staffing – time for consultation/ patients know themselves – patient is the expert
- Patient lack of knowledge and capacity to challenge HCP
- Break down the barriers – Patients and HCP stepping out of their comfort zones - possibly need people from the same culture to help understanding
- New Doctors have been trained in shared decision making – what about the older generation of doctors