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## Developing Culturally Sensitive Skills in Health and Social Care with a Focus on Conducting Research with African Caribbean Communities in England

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## Developing Culturally Sensitive Skills in Health and Social Care with a Focus on Conducting Research with African Caribbean Communities in England

### Abstract

Researchers may not feel equipped to conduct qualitative research with ethnic minority communities in England because they may lack of culturally sensitive research skills. The aim of this paper is to explore how researchers might integrate culturally sensitive research skills into their work. This paper draws on our own experiences of conducting research with African Caribbean communities in England, and from workshops we facilitated with researchers and community representatives. The purpose of the workshops was to establish the most pertinent issues in conducting research with ethnic minority communities in England. We gathered data from the participants and created themes based on the discussions: establishing the need for an inclusive approach to research, issues around recruitment, respecting cultural norms, and dealing with disclosure.

### Keywords

Research Methods, Researching Ethnicities, Cultural Awareness, and Qualitative Research

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### Acknowledgements

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# **Developing Culturally Sensitive Skills in Health and Social Care with a Focus on Conducting Research with African Caribbean Communities in England**

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*Researchers may not feel equipped to conduct qualitative research with ethnic minority communities in England because they may lack of culturally sensitive research skills. The aim of this paper is to explore how researchers might integrate culturally sensitive research skills into their work. This paper draws on our own experiences of conducting research with African Caribbean communities in England, and from workshops we facilitated with researchers and community representatives. The purpose of the workshops was to establish the most pertinent issues in conducting research with ethnic minority communities in England. We gathered data from the participants and created themes based on the discussions: establishing the need for an inclusive approach to research, issues around recruitment, respecting cultural norms, and dealing with disclosure. Key Words: Research Methods, Researching Ethnicities, Cultural Awareness, and Qualitative Research*

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## **Introduction**

The paper we present aims to aid qualitative researchers in practising the art and science of qualitative research with minority ethnic communities. As researchers we have faced challenges in conducting our own research studies in England with minority populations, particularly African Caribbean. We thought it essential to share our learning, and also establish from other researchers in the field how they themselves had overcome such challenges. What we present in this paper are ideas and experiences shared by researchers involved in conducting qualitative research with minority ethnic populations in England.

We facilitated two participatory workshops at nursing research conferences in order to understand further the challenges many researchers face in conducting qualitative research with ethnic minority communities in England, by eliciting the views of participants. For example, we were of the view that many researchers face challenges simply because they may not have experienced direct contact or interaction with ethnic minority study populations, and therefore may be unaware of cultural norms and mores of specific populations. The facilitated workshops were essentially a mapping exercise and sharing of ideas. In this sense, the workshops undertaken did not form a conventional

research project, however the approach we used did draw upon the principles of the qualitative research approach of the nominal group technique (Allen, Dyas, & Jones, 2004; Dewar, White, Posade, & Dillon, 2003).

Ahmad (1993) and Bhopal (1997, 1998) have already mapped out the negative outcomes of research, which are endemic to Eurocentric perspectives. In common with other European nation states, England is characterised by increasingly diverse populations and a growth in minority ethnic communities (Bhattacharyya, Gabriel, & Small, 2002; Dorsett, 1998). Minority ethnic communities experience greater ill health and obstacles in accessing health care (Nazroo, 1997) in comparison to the general population. This has been highlighted in epidemiological studies illustrating increased mortality and morbidity amongst minority ethnic communities in England (Chaturvedi, McKeigue, & Marmot 1993; Chaturvedi, Raj, & Ben-Shlomo, 1997). Quantitative studies alone have been ineffective in determining the reasons for these disparities (Serrant-Green, 2001a). Researchers and policy makers have therefore, called for qualitative studies to be conducted in an attempt to further understand these phenomena (Ahmad; Department of Health, 1999). The current research and policy agenda also emphasises the need to explore the reasons for social variations in health, address health inequalities, and challenge institutional racism within health and social care provision (Department of Health, 1999). However, in conducting research of this nature, it is essential that researchers are aware of the challenges and constraints in researching diverse populations. Therefore, the need for researchers to acquire culturally sensitive research skills, in working with minority ethnic populations, is now more pressing, given recent government initiatives that focus on patient and public participation in research (Department of Health, 2001).

Another principle of research governance that is being requested by the Department of Health (2001) is consumer involvement in research. However, attempts to introduce consumer involvement in research have been hampered by a historical legacy in England, in which research has been considered the domain of the academic elite (Beresford, 2000; Beresford & Evans, 1999). Very few formalised research training programmes exist in England that prepares researchers for research with diverse communities. As a result, academic research involving consumers in England is currently in the process of development.

In order to conduct their research, researchers are often required to transcend cultural and ethnic boundaries, but they may often apply Eurocentric notions and perspectives to the study's design, data collection tools, and to data analysis and interpretation (Bhopal, 1997, 1998). This results in culturally incongruent recommendations that may be meaningless to the study's population (Bowes, 1996).

This paper is therefore predicated on a number of presumptions. First, researchers are often ill-equipped to conduct research with minority ethnic communities (in this instance, African Caribbean communities) because they may lack insight into specific communities or be unaware of cultural norms and values. Second, as summarised earlier, minority ethnic communities experience inequalities both in accessing services and service delivery. These communities may receive qualitatively different health care compared to the majority population. There is an imperative then, to ensure that researchers conduct high quality research with minority populations, in an attempt to ameliorate and improve this situation. Third, strategic directives in England mean that

patient and public participation in research is essential, therefore greater and closer collaboration is needed with research populations of ethnic minority origin. Some minority ethnic populations have distinct health and social care needs, which may require specific research skills.

### **Background and Researcher Context**

This paper first establishes that there is a need for researchers to develop culturally sensitive research skills, and this is informed by our own research with African Caribbean communities in England. During our own research we encountered challenges in the research process when working with minority ethnic groups. This led us to facilitate workshops at a national and international nursing research conference focused on ethnicity and health. The aim of the workshops were to consider the extent to which the challenges we faced were shared by others undertaking research with similar populations, and to identify strategies and methods researchers used to overcome such challenges, leading to exemplars of best research practice.

#### **Gina's Context**

A major tenet of quantitative research is the need for the research to minimise, as much as possible, the researcher effects on the research process (Murphy, Dingwall, Greatbatch, Parker, & Watson, 1998). Conversely, qualitative researchers endeavour to acknowledge that researchers do influence the research process, and strive to make more explicit these effects and influences (Hammersley & Atkinson, 1995). More explicitly, Grbich (1999) says, "reflexivity at the very least involves a process of self-awareness that should clarify how one's beliefs have been socially constructed and how these values are impacting on interaction and interpretation in research settings" (p. 65).

Within qualitative research this acceptance of the influence that the researcher has on the process, and ultimately the findings, is embedded in the acceptance of the notion that the researcher is a human research instrument. Thus, Grbich (1999) goes on to state that "the process of reflexivity is viewed as instrumental in transcending differences of power, culture and class" (p. 65).

Mapping out the researcher effects and influences on the process of the research, and ultimately the research findings, can add to the credibility of the research findings (Murphy et al., 1998). An important activity at the start of a study is to establish the differences in terms of age, gender, social class, professional socialisation, and ethnicity between the researcher and the research participants. This may enable the researcher to establish, at a fairly superficial level, biases and assumptions that might be held about the study's population.

To a large extent, in my role of researcher to date (Higginbottom, 2000a, 2000b, 2004; Higginbottom & Knight-Jackson, 2002; Higginbottom, Mathers, Marsh, Kirkham, & Owen, 2005), I have been an "uninvited professional stranger" within the African Caribbean community, as no one in the community itself has asked to embark upon various investigations. However, as a member of a minority ethnic group, I have endeavoured to ensure that my research is not informed by a Eurocentric perspective or colonialist ideals. Nonetheless, I have to be aware that the secondary socialisation

processes I have experienced living in England are very much underpinned by Eurocentric perspectives, in terms of my education and professional socialisation as a nurse, midwife, health visitor, and researcher.

The concept of reflexivity includes a demand that the researcher's prior assumptions be made explicit. In my research, this dimension is achieved by the exploration of my own ethnicity and reflection on my identity (i.e., Ghanaian father, white English mother) and early socialisation. Initially, I perceived myself as a member of the "black" community, having much in common with participants, but realise now that there are many differences between most of the study's participants and myself. For example, my primary socialisation was characterised by dual influences, both Ghanaian and English. This is not the same as many of the participants in my research projects who grew up in the Caribbean. Whilst initially I thought it was not possible for me to have a Eurocentric perspective, increasingly I have become aware that, via my European education and professional socialisation, I may hold Eurocentric perspectives that may influence the research process. This idea has been difficult to acknowledge. A further influence on the interpretation of data I analyze is that of professional socialisation, which is largely informed by a biomedical perspective, but participants are likely to draw a number of different explanations, derived from the African Caribbean culture that explain their health and illness. Murphy et al. (1998) highlight the potential of researcher blindness to data, should they fail to recognise the power of these perspectives. Gender and social class exert further influences, in the sense that the researcher and participant may not share the same social characteristics: This can result in enhancing the "distance" between the researcher and participant.

In my research, most of the participants were of working class origin. Whilst my family has working class origins, it is likely that many of the participants perceived me to be middle class by virtue of my role in the University of Sheffield, and by my speech, class, and general demeanour. However, I personally have reservations about uncritically accepting the terms, working class and middle class, to describe my position in society. My formative years were spent in a working class inner-city location, where many of my friends and neighbours were of Caribbean origin. Initially, I perceived myself to have considerable insight into the Caribbean community in England, in terms of my own knowledge of the life ways and traditions of Caribbean people (Higginbottom, 2004). I was shocked to discover as the research progressed, that this was not case: My insight had been very superficial. Similarly, I had deemed myself able to understand, though not speak, Jamaican "Patois." However, I was surprised to find that I could not understand Patois well enough for the purposes of a research project. Being able to comprehend a conversation in Patois in a casual social setting was not enough.

Two other dimensions exerted a powerful influence in conducting research: gender and age. In a study I conducted on hypertension only two male participants in the study shared with me the issue of impotence, although this is a common side-effect of anti-hypertensive therapies. This led me to believe that my gender may have inhibited some of the male participants in fully sharing this information with me. Age is also an important consideration when conducting research with African Caribbean populations (Higginbottom, 2004). Older African Caribbean people, similar to older white people in England, may consider aspects of their life experience such as health and illness as private business, and be quite reluctant to share these. As one participant, at the end of an

interview, when asked if there were any other issues she wished to share she said that she had already told me too much! (Higginbottom, 2004)

My own ethnicity is likely to have influenced the progression of the research in both positive and negative ways. It is likely that some participants may have shared more with me than a white researcher, especially in relation to issues of racism and discrimination. It was evident to me that many participants were quite reluctant to share with me the details of their use of traditional herbal remedies until I told them that I was quite aware of the widespread use of herbal remedies. One participant experienced difficulty in believing I was of Ghanaian/English origin as he prided himself in recognising a Jamaican woman. Although I explained that I did not speak Patois, at the start of the interview, the participant insisted on speaking to me in Patois: He seemed to be of the view that conversing with another black person signified (for this individual) that the use of Patois was appropriate, regardless of the individual's ethnicity. In this respect, it is clear that participants operate with stereotypes of certain population groups in the same way as researchers might.

It may be perceived, by funding organisations and others, that those researchers from minority ethnic groups working with minority ethnic study populations have some advantage by their similarity. Whilst a shared experience and understanding may occur, with respect to commonality in experiences of personal and institutionalised racism and membership in a minority ethnic group, an advantage may or may not be bestowed. The situation is far too complex to make such an assumption. To racialise this experience, both for the researcher and researched, ignores the heterogeneity in the UK's ethnic minority populations, especially across social class and gender. Little has been written on the topic that dissimilarity and similarity could confer both advantages and disadvantages. In my research it is likely, for example, that some participants have shared with me material they would not share with researchers who are not members of a minority ethnic community. On the other hand, social class and gender issues may have restricted access to some domains of enquiry. The domain of the ethnicity of the researcher and the ethnicity of participants is an important area for future research, especially as the ethnic profile of the UK changes and becomes more complex.

In summary all these factors merge to form what is described as the "distance" between the researcher and participants (Mays & Pope, 2000). It is clear that both researchers from minority populations and those from the dominant culture may face challenges, albeit in different ways.

### **Laura's Context**

Much of my research to date, in contrast to my co-author's, has been conducted within my own ethnic community. I identify myself as a black British female of African Caribbean descent, and an active member of my local black Caribbean community. I am also a qualified and experienced sexual health worker and academic. All these aspects of my identity are seamlessly entwined as part of my personal experiences, and as such individually and collectively hold the potential to impact my research. In the context of my research studies, some aspects of my identity seem to locate me as either an insider or an outsider in relation to the participants. For example, because I am a black, Caribbean born, and raised in the city where one of my projects was conducted, I was considered an

insider. I have personal knowledge and experience of what it is like to be simultaneously black, British, and Caribbean in this city. As an insider, I am aware of the social and moral expectations that the black Caribbean community has of me, as a black woman and as a black professional. Simultaneously, and almost in direct opposition to my insider status, were the aspects of my identity that label me as a sexual health practice professional and university based academic. These aspects of my “self” are not commonly manifested in the experience of the majority of black Caribbean people. As such, they epitomised my placement as an outsider that persisted throughout the study. Conversely, my positioning as a black academic meant that I also found myself in a situation which was familiar to many black people in Britain, the situation of being one of the relatively few black professionals fulfilling a particular role.

Far from exempting me from tensions arising from “lack of familiarity” with the sample population, my ethnic identity simply served to illuminate different concerns. The tensions I had to contend with during my study were reflected in wider debates about the relationship between the researcher and the researched, particularly in situations where there are aspects of shared identities or experiences. Many of these issues have been explored by researchers from a range of traditions, including feminism and ethnicity based research under the guise of insider/outsider perspective (Johnson-Bailey, 1999; Kaufman, 1994).

My experiences as a researcher working through these issues have reinforced my belief that in my personal and professional life, identity matters. What must be made evident to all researchers, irrespective of ethnic origin, are the tensions associated with researching across differences and through apparent similarities of gender, ethnicity, and educational or social status. These are real issues to be managed in any study.

These personal perspectives in addition to those evident in the literature provided motivation for the facilitation of the workshops.

### **Why Do We Need to Develop Culturally Congruent Research Skills?**

African Caribbean communities, along with other commonwealth minority ethnic communities, largely exist in England because workers were invited to undertake unfilled, low paying jobs in the booming post-war era (Kushnick, 1998). Increased number of people, of various ethnic origins also led to increased prejudice, discrimination, and racism in the workplace and other areas of life. This experience is well documented (Macpherson of Cluny, 1999). The experience for the African Caribbean community, similar to many other groups in England, has been one of marginalisation (Fryer, 1992; Kushnick).

One of the areas of life in which people may experience marginalisation is through the process of being researched. Academic researchers have often conducted research to pursue their own career goals and the requirements of funding agencies. The results may have little impact on the self-identified needs of the target study populations (Bhopal, 1997, 1998; Brah, Hickman, & Mac an Ghail, 1999). It is therefore not surprising, given this experience, that ethnic minority people may be reluctant to engage with academic institutions and personnel who are perceived by the community to have an official role in conducting research. It is realistic to say that a degree of mistrust exists in relation to all statutory organisations, as past lived experiences inform individuals that

they may not be treated equitably (Macpherson of Cluny, 1999). Therefore, wider structural and societal issues, such as prevailing ideologies within the dominant society, may influence greatly the willingness of people from diverse groups to engage with a research project.

Conducting research with black and minority ethnic populations on health and related topics demands specific research skills, and sensitivity to the wider societal influences that shape and determine the health and life experience of marginalised communities in England. Without this insight, health needs and topics may be prioritised by researchers, although these topics may not be important to the community (Ahmad, 1993; Bhopal, 1997).

### **Researcher/Participant Disparity**

It is known that social class, gender, and professional socialisation can impact inquiry, and that our social status and orientation provide a lens through which we view and interpret data generated (Silverman, 2000). Yet little research is available on the topic of researcher ethnicity and the influence and effects on the progression of a research project. However, qualitative approaches such as ethnography emphasise the reflexive dimensions of research with all populations (Hammersley & Atkinson, 1995; Murphy et al., 1998). Reflexivity refers to the differences between the researched and the researcher, and wherever possible making these differences explicit, regarding the effect on the research process (Murphy et al.). Major factors which may impact upon the research process are gender, social class, age, and educational achievement as well as ethnicity. These have been shown to act as modifying factors in race and ethnicity related research (Andersen, 1993; Bhatti, 1995).

### **Language**

There may be important influences researchers need to consider whether they are or are not ethnically matched with their study population. An example of the potential for “cultural clash” exists in relation to African Caribbean people in England, who are largely perceived as speaking English as a first language. Many older African Caribbean people speak Patois (a Caribbean dialect regarded by some observers as a language): This is not well recognised within the research community in England. Patois is derived from both West African and European languages, as such it is characterised by a unique syntax, morphology, and grammatical expression (Scott, 1998). Assumptions may be made about the ability of older African Caribbean people to fully express themselves in Standard English. Furthermore, researchers may falsely believe that Jamaican Patois is not a totally different language, as many of the words used are derived from English.

Furthermore, there are different forms of Patois, depending on the Caribbean island of origin and language of the former colonial power. For example, individuals of Jamaican origin speak English Patois and individuals of Dominican origin speak French Patois. As researchers we became aware during interviews that participants tended to speak in Patois rather than Standard English because the participant had assumed that we, the researchers, were of the same ethnic origin (one of us is of Ghanaian/English origin, the other speaks French Patois). This raises similar issues related to researcher distancing

and questions of “insider” and “outsider” perspectives (Johnson-Bailey, 1999; Letherby, 2002; Mac an Ghail, 1999).

When conducting group interviews, the syntax of African Caribbean speech may also make group conversations (such as focus group interviews) much harder to transcribe. Similarly, many researchers may be unaware that many individuals in the African Caribbean community speak Patois, and that they may require the skills of a translator. It is important to consider the ethnicity of the researcher and the study’s population during the design of a study, as clearly translation incurs a financial cost. In summary, problems may ensue because researchers may perceive that the African Caribbean population best express themselves in Standard English whereas this may not be the case. Whilst it is true to state that most African Caribbeans speak Standard English, older people especially may prefer to use Patois.

### **Reporting Results**

Group as opposed to individual interviews may present difficulties for older African Caribbean people, who may be reluctant to participate in focus group interviews, as this involves the “airing of private business” in the public domain. Particularly, beyond the capital and major conurbations such as Liverpool, Manchester, and Birmingham, African Caribbean populations may be relatively small in number. Social and family networks may be strong, with families often having connections socially or through marriage. Potential participants may be unconvinced of the confidential nature of the research.

Research findings are shared in the public domain and once in the public domain the researcher has no control over how these findings might be used. It could be that negative stereotypes or racialised interpretations are the result rather than an understanding of a complex web of psycho-social, political, and economic determinants. African Caribbean communities in England have frequently experienced negative stereotyping, and this dimension may also create a reluctance to participate in research. As researchers, we are dependent on those preceding us to provide ethical footprints for us to follow. In communities that do not perceive previous researchers as acting in their best interests, recruitment and engagement may be especially difficult. Whilst we personally have not experienced this with African Caribbean communities, one of our current research projects involves British Muslims. The community itself, via a community association, raised the issue of negative stereotyping with the research team because of their previous experience of negative media stereotyping of British Muslims in Bradford, following local riots (Bradford Vision, 2002; Vikram, 2003).

Researchers need to be prepared to respond to challenges that African Caribbean communities might present when their members ask, “What is in this for me?” and “How will I be portrayed?” Potential participants may be reluctant to participate due to past negative experiences, fear of racism, or lack of understanding and miscommunication between the researcher and potential participants.

## The Workshops

The problem we identified from our own research experience, and dialogue with colleagues, was that researchers sometimes found conducting research with minority ethnic communities challenging because of a lack of culturally competent research skills. This led to the idea of facilitating conference workshops in which researchers might share ideas and experiences. The learnings gleaned from workshop participants make a valuable contribution to the literature, and contribute to the understanding of practical issues when conducting research with minority ethnic communities. This topic is seldom addressed from the perspective of operationalising a research project and the challenges that researchers may perceive themselves to face.

### Establishing and Facilitating the Workshops

We submitted abstracts of the workshops entitled, *Why Won't They Talk to Us?: An Interactive Workshop for Researchers Interested in Conducting Research with African Caribbean Communities in England* to two conferences, an international nursing research conference (RCN International Research Conference, Manchester, UK, 2003) and a national conference focused on ethnicity and health (Transcultural Research Group in Health and Social Care, "Culture, Health, and Diversity" Conference, Sheffield, UK, 2002). We were asked to outline the anticipated learning objectives and provide evidence of the interactive nature of the workshops, as opposed to a conventional oral conference presentation. We proposed that the workshop structure would include:

- An exploration of terminology pertinent to African Caribbean communities
- A brief overview of evidence from the literature
- Small group work focused on a research scenario
- Discussion and debate of key issues

We established the following workshop learning outcomes:

1. Increase participant awareness and sensitivity in conducting research with African Caribbean communities;
2. Explore some of the practical issues of relevance when conducting research with African Caribbean communities;
3. Become aware of some of the challenges in researching within minority ethnic communities.

The workshops took the form of a mapping (that is, broadly mapping the views and perspectives of participants) exercise with researchers and community representatives, in order to establish the most pertinent issues for conducting research with minority ethnic communities. Participants self-selected participation by indicating their interest in participating during registration at the conferences. In this respect, the workshop participants might be regarded as having a particular interest in the topic area, although no claims regarding the generalisability of the workshop findings are made in this paper.

## **Workshop Participants**

The workshop participants were researchers, academics, community leaders, and practitioners. Some of the participants held nursing, medical qualifications, or were allied health professionals, such as physiotherapists and psychologists. Some participants held no health related professional qualifications.

Fourteen participants, including the 2 facilitators, took part in the workshop held at the national conference on ethnicity and health, and 7 participants (including the facilitators) took part in the second workshop held at the international nursing conference. The possibility for publication of the findings was discussed and agreed upon at the start of the workshop.

## **Conducting the Workshops**

The authors of this paper facilitated the process of eliciting information from workshops participants. Before commencing the workshops, participants were briefed on the aims and scope of the discussion. A general introduction was given, and then participants were divided into four small groups to consider a scenario and one set of questions (see Table 1). The scenario was a fictitious narrative constructed by us, drawing from our lived experience of conducting research with ethnic minority communities. Whilst all the participants considered the same scenario, each groups' questions highlighted a different stage of the qualitative research process.

The length of the workshops was 1 1/2 hours. The responses to these questions and perspectives on the topic were recorded by participants themselves on a single A4 sheet of paper, and it is these responses that formed the data. The rationale for this approach is based on the fact that researchers hold a wealth of experience on the topic, and that the group may hold the key or solutions to many of the challenges faced in conducting research with minority ethnic communities.

## **Ordering and Collation of Participants' Viewpoints**

The approach used to collate the views and perspectives of the workshop participants was informed by the nominal group technique (Allen et al., 2004; Dewar et al., 2003). In the nominal group, the facilitator or moderator convenes the group in order to elicit viewpoints on a specified subject (Allen et al.). The moderator or facilitator presents the issues or problems to the group, as we did, in the form of a scenario. In this case, the larger group was sub-divided into four smaller groups. The small group participants individually decided their own responses to the questions posed, and ranked them in order of importance. No criteria were provided in relation to the ranking: This was entirely the choice of the individual, and later the group. The group participants then shared their own individual responses with other small group members. Through discussion and consensus the small group participants then identified the most significant issues as well as a ranking of these issues. Finally, each small group shared their viewpoints with the whole group, which made a collective response to the problem (scenario) presented (Allen et al.; Dewar et al.). This approach can be considered an

alternative to “brainstorming,” and it may be perceived as a more structured approach to the sharing of ideas.

The themes and perspectives presented in this paper were developed from the shared viewpoints of the workshop participants based on their practical experiences (e.g., the ranking process undertaken in the small groups described earlier). In the following sections the emergent themes and perspectives are linked to existing literature and what is known on the topic. The views and perspectives presented are those expressed by the workshop participants, but it must be recognised that the themes and viewpoints shared are to some extent shaped by the scenarios presented in the first part of the workshop.

Table 1

*Small Group Work Activities*

You are a researcher in an academic Primary Care Department. You have received a research grant to examine why African Caribbean patients appear reluctant to use Primary Health Care services for some specific conditions and complaints. You plan to use a qualitative approach, interviewing members of the African Caribbean community, general practitioners, and practice nurses.

**Group 1 questions**

What stakeholders are affected by the above mentioned project?

How might stakeholders prevent you from conducting this research?

How would you ensure stakeholders were “on board” and supportive of the aims of the study?

**Group 2 questions**

All your stakeholders are on board.

How would you recruit to this study?

What steps would you take to maximise recruitment?

What obstacles or barriers might you encounter?

**Group 3 questions**

Whilst interviewing, a participant becomes quite distressed and discloses information about a health professional you believe is guilty of racism. How would you deal with this disclosure including the participant’s request for a change of health professional?

A participant discloses that prescribed medicine is thrown into the dustbin as he/she believes only traditional herbal remedies appear to be effective.

**Group 4 questions**

You are extremely concerned that the findings in your study may be racialised rather than viewed within the complex web of the impact of socio-economic variables.

What harm may result to your study population?

What steps can you take to minimise these?

How will you disseminate the information to the African Caribbean community in your study location?

## **Workshop Findings**

Participants collated the issues discussed in their groups and presented them as a number of summary points. These were then ranked by each group separately. In the general discussion that followed, a whole group consensus was reached on the most pertinent issues related to conducting research with African Caribbean communities.

The issues arising from the whole group discussions are described below and ranked in the order decided by the participants.

1. The issues were focused on how researchers might gain access to and engage African Caribbean people in their research projects, by considering the nature of gaining access to African Caribbean communities, embracing the type of problems encountered, and engaging other stakeholders. How can trust be established between the researcher and African Caribbean communities particularly when there is a poor view of research based on past experiences?
2. How do we as researchers attempt to build good relationships when the researcher is not a member of the community? This dimension included issues of reciprocity, that is, how can we “give something back” as researchers?
3. Other areas of concern focused on researching within your own community. How, for example, can we stop or minimise the damage you may cause to our own community as a researcher if we are African Caribbean researchers? Concern was also expressed regarding what counts as credibility in this domain of research and the measures that might be used by the African Caribbean communities.
4. How do researchers recognise and become sensitive to cultural norms within communities, and how do we negotiate our way through research without causing offence? In general, levels of knowledge of cross cultural issues are low, particularly in nursing research. Therefore, we need to know how to be successful as researchers in this situation.
5. Finally, the risks associated with research were identified as an important issue along with ethical concerns about disclosure(s) during research, which might reveal racism, poor practice, and culturally sensitive issues.

## **Discussion**

In the following section we utilise the workshop findings, which are informed by the answers to the questions in Table 1, as a framework for points of discussion. We discuss the workshop findings in light of contemporary discourse, knowledge, and research on the topic. We make use of such literature in an attempt to highlight principles of good practice in relation to researchers developing culturally sensitive research skills.

### **What do we need to do to engage people of minority ethnic origin in our research?**

*Get key stakeholders on board – how/who/where*

One of the key requirements in devising effective community-based research is the need to engage the key stakeholders (Andersen, 1993). The first stage in this process

is for the researcher to determine who the key stakeholders are and how best to secure their co-operation. The key stakeholders in any project will be unique to that project. Stakeholders may vary depending on the nature and focus of the research. For example, in the area of health or social care, the proposed location, the source of funding, and whether the case is based around a hospital or primary care initiative must be considered (Bhopal, 1997; Hammersley, 1995; Karlsen & Nazroo, 2002). Stakeholders may therefore include health professionals, patients, other researchers, and private or public funding bodies.

Engaging stakeholders in research involving minority ethnic groups requires researchers to think more broadly about the most appropriate people or organizations to approach for support. Minority ethnic communities, while part of mainstream society, often also have their own local network of key people and organisations that play an important role in their everyday lives, and in the maintenance of the identity of a particular community (Johnson-Bailey 1999; Johnson, Long, & White, 2001; Mac an Ghaill, 1999). Many researchers seeking to establish a sound basis for their proposed study recognise the fact that African Caribbean communities will have much in common with other minority ethnic communities in relation to broad links. This often enables statutory supported organisations to provide general support and guidance on shared issues of race equality, health, and social care (Ahmad & Atkin, 1997; Macbeth & Shetty, 2001). However, it is also important that researchers do not constrain their research before it begins by relying exclusively on well-funded and “visible” links to the African Caribbean communities. It is imperative that time and effort is devoted early on in a study to uncovering both the similarities and differences between the social networks of African Caribbean communities and other minority ethnic groups in a locality (Narayanasamy, 1999a; Pilcher, 2001).

Achieving this may mean investing time in uncovering the often less well-known (outside the African Caribbean community), but well-respected voluntary projects (Price & Cortis, 2000; Robinson, 1998). With this in mind, researchers seeking to conduct research with African Caribbean communities would be well advised to invest time and effort in determining who the community stakeholders are, from the perspective of the people who make up this specific section of the communities they wish to study. Once identified these individuals and groups need to be approached in the first instance and informed of the aims of the research and the nature of the involvement required from their communities (Silverman, 2000; Stanfield & Dennis, 1993).

This simple step, which is very effective in helping to avoid confusion and other difficulties at a later stage in the research, is often omitted from the research strategies of many researchers. In this case, a restrictive approach to planning may be reflected in an over-emphasis on the (essential) need to secure ethical approval for studies involving African Caribbean communities, without the culturally congruent approach of seeking local community agreement in advance (Afshar & Maynard, 2000; Harrison, MacGibbon, & Morton, 2001).

African Caribbean communities and other community-based stakeholders may be reluctant to become involved in a study in which the researcher appears to have given little consideration to anything more than getting the study completed. Researchers must provide clear evidence to all stakeholders that their needs have been considered alongside those of the project (Harrison et al., 2001; Humphries, 1997; Mason 2002). While this has

been documented by some authors as essential good practice for researching marginalised groups, information rarely goes beyond this point. What is also required is that researchers ensure that the community in which the research takes place is aware of any associated benefits of the project. In the case of African Caribbean communities this means providing jargon-free information, addressing the basic question “What’s in it for us?” on an individual, social group, or whole community level in the African Caribbean community.

By including all appropriate stakeholders from the outset, researchers are better able to monitor on-going attitudes to the research, provide reassurance as required, and consider the views of particular stakeholders as the research progresses (Maggs-Rappart, 2001; Stanfield, 1998). In this way stakeholders are encouraged to continue active participation in the research and develop some interest in the progress of the study (Ribbens & Edwards, 1998). This may have unexpected benefits for the researcher, particularly when working with African Caribbean groups with whom they may have little affinity. As full participants in the research, African Caribbean people may be able to offer the researcher different insight into his/her findings and alternative viewpoints to consider in relation to his/her research.

#### *Gain trust of the community/recruitment*

Contacting the African Caribbean community stakeholders, as suggested above, is the first step in gaining the trust of the community and maximising the possibility of success in recruitment. However, it is not the only consideration in gaining the trust of the African Caribbean community and securing their co-operation in research.

As the literature suggests, minority ethnic communities may be reluctant to engage in research due to research fatigue (Afshar & Maynard, 2000; Andersen, 1993). African Caribbean communities are no different than other minority ethnic groups in this respect. Research fatigue is often noted in populations who have been investigated in detail, in the past utilising non-inclusive methods of research (Punch, 1986; Stanfield & Dennis, 1993). Historically and politically the experience of participating in such research witnessed by these populations is one in which researchers “come-research-then leave” with “participation” diminished to the level of “being there.” In these scenarios, what communities experience is at best a little change that occurred as a consequence of the research; or at worst, they are left divided and degraded by the experience. In these circumstances, it is therefore not surprising that researchers may find that while permission to research may be granted on a community level, individual African Caribbean people may be reluctant to take part in further studies, for fear of making a bad situation worse (Kaufman, 1994).

For African Caribbean communities whose experience is one of marginalisation and discrimination in health, education, and welfare there may be a degree of distrust of the motives underpinning a research project (Andersen, 1993). Gaining trust under these circumstances is difficult but not impossible. The efforts taken to build professional relationships with communities are usually well-rewarded. For individual researchers the key requirement is to make clear and obvious efforts, to highlight the ways in which the research study will be useful to the community in the shorter or longer term (Bhatti, 1995). In short, the researcher must be clear as to how the proposed research fits into the

reality of the lives of the African Caribbean community and its people. After all, they are asked to give up or make time in their busy schedules to accommodate *your* project.

In essence, what is required may be viewed as a reciprocal arrangement of donating time. This means spending time in communities, getting to know the values and expectations of the people involved. While this information can be gained from books, this should not be regarded as the only or most important resource. Far too many researchers rely simply on the information in texts to equip them with this knowledge only to find, when they enter the field, that the information they gained is a guide rather than a true record of lived experience (Kaufman, 1994; Narayanasamy, 1999b; Serrant-Green, 2001b). The reciprocity involved is witnessed in the fact that time spent in communities as a researcher, prior to the study, simultaneously allows the people of the African Caribbean communities time to familiarise themselves with the persona of the researcher. This is of particular importance in qualitative research studies.

### *Credibility of the researchers*

In qualitative research the researcher is an involved participant in the study rather than an objective observer (Avis, 1998; Bhatti, 1995). The inclusive role played by the researcher in qualitative approaches places more emphasis on the credibility of the researcher as a central component to the success of the study.

Researcher credibility is judged on a number of levels. At the academic level, credibility is denoted by the researcher's level of competence, the completeness of the research planning process, and incorporating the ethical aspects of the study design (Maggs-Rapport, 2001; Marshall & Rossman, 1995). The validity and reliability of the research questions, and the preferred methods of data collection and analysis are also instrumental in formulating an academic judgement of researcher and study credibility (Denzin & Lincoln, 1998). However, at a practical level in the field, the frames of reference for determining researcher credibility may be less explicit and less rigid than the above. Judgements may require acceptance of a more flexible and open approach, with more personal disclosure on the part of the researcher than may be usual (Johnson-Bailey, 1999). This is in some ways reminiscent of the nature of appraisal adopted in research methodologies, underpinned by what has been referred to as marginalised approaches such as feminism, ethnicities based research, and other criticalist based theories (Millen, 1997; Ribbens & Edwards, 1998; Seibold, 2000). In practice, this means when conducting research in African Caribbean communities, researcher credibility may be judged much more in relation to the attitudes, approaches, and relationship of the researcher to the particular community rather than the academic measure outlined above.

In determining the credibility of the researcher, African Caribbean people may also rely on the frames of reference they use in their daily lives. These include assessing what some authors have described as the "connectedness" or the degree of familiarity the researcher has with the community on a professional and/or personal level (Hasselkus, 1997; Mirza, 1995; Serrant-Green, 2002). It may also include reflection on the reputation of the employing institution of the researcher or the research funding body held by people within the community (Hammersley, 1995). By far the most important measure of researcher credibility to African Caribbean communities is likely to be the way in which the individual researcher engages with the community, and the respect shown for the

norms, values, and aspirations of its members (Bhatti, 1995; Bowes, 1996; Collins, 1998).

### *Respect of cultural norms and mores*

Much has been written in health and social care research about the need to respect cultural norms and values in studies involving minority ethnic groups (Kempadoo, 2001; Lipson, 1994; Stanfield & Dennis, 1993). In particular, emphasis is placed on negotiating distance between researchers and the study participants (Mirza, 1995). However, much of the published research provides little practical or theoretical signposting for the researcher to determine what is meant by the term “respect of cultural norms” or furthermore, how to go about achieving it.

It is difficult to begin to address the cultural norms of an ethnic group in research without first determining their relationship to the study in question. Typically, research far too often fails to make clear where the culturally relative aspects of the groups under study begin and where the culturally relevant aspects of their research end. As previously noted, African Caribbean communities have much in common with other minority ethnic groups as well as the wider majority ethnic population in a community. This similarity exists in a constant state of flux with the aspects of their experience and identity which are historically, politically, and culturally specific to them as an identifiable group in society (Hall, 1997; Khan, 1987; McGrath, 1998).

In research terms, culturally relative issues reflect the ways in which the norms, values, and expectations of African Caribbean communities differ from those of the majority ethnic community or other minority ethnic groups (Baker, 1997). Cultural relevance in research, on the other hand, is much more study specific. It plays a role in denoting the specific aspects of African Caribbean identity, social norms, or cultural values that are of interest to the research (Andersen, 1993). An understanding of the culturally relative aspects of African Caribbean experience will therefore often help researchers to clarify the culturally relevant aspects to their particular project. This in turn will assist at the planning and fieldwork stages, in identifying participant profiles and potential community contacts. It possibly can even have an impact beyond the study itself through the generation of ideas for further research.

In the health and social care field, where the authors gained much of their professional experience, respect for cultural norms refers to the effort made in practice to appraise, plan, and provide for the needs of an individual with reference to his/her personal experience, cultural norms, and values (Andersen, 1993; Bowes, 1996; Culley, 1996). This view of cultural norms provides a useful basis from which researchers may consider a possible approach to respecting cultural norms in their studies. In seeking to conduct research within African Caribbean communities then, respect for cultural norms can refer to the efforts made to plan, conduct, and evaluate the research in light of the culturally relevant and culturally relative aspects of the individual participant or social group.

In practice an approach based on respect for cultural norms should underpin the research process as a whole (Brah et al., 1999; Collins, 1998). Culturally congruent approaches incorporate this respect as an inherent part of the research process, directing and determining the process from development of the research question to evaluation and

reflection on the results (Mirza, 1995; Pilcher, 2001; Rattansi & Westwood, 1994). Taking in account the relationship between the culturally specific and shared aspects of the African Caribbean experience to the research process as a whole, the researcher is better able to equip himself/herself with the necessary information and resources required to facilitate a culturally congruent approach to the study (Serrant-Green, 2001b). Conversely, failure to do this may lead to insufficient attention being paid to the impact of African Caribbean communities lived experiences on the research and visa versa (Sandelowski, 2001; Stanfield, 1993). Without adequate attention being given to the experiences of African Caribbean people in the research, the study may suffer from a degree of theoretical and critical naivety in terms of the researcher's attempts to explore the relevance of African Caribbean culture in the finished product.

Respect for cultural norms however, is not exclusively related to giving attention to the abstract or theoretical requirements of a piece of academic research. In addition, and perhaps more importantly, failure to acknowledge the cultural norms of the African Caribbean community could undermine some of the preparatory efforts made in advance (as outlined above), and give rise to practical problems at a later date (Andersen, 1993; Bhatti, 1995; Brah et al., 1999). For example, awareness of the importance placed on food as a vehicle for communicating acceptance and shared identity in the African Caribbean community affords the researcher a different view of the practice of providing "refreshments" for research participants. This then becomes more than simple politeness, but may be used following initial meetings and consultations as an additional gesture of openness and inclusive intent. Conversely, failure to provide such an amenity could potentially be perceived as more than just simple bad manners, that is, indicative of the distancing of the researcher from the community. In essence this relatively basic example highlights the importance of the culturally relevant aspects of negotiation, social interaction, or communication to the research process (Harrison et al., 2001; Helman, 1990; Johnson-Bailey, 1999). Underestimating the significance of these issues could result in a research project or researcher to inadequately prepare to deal with the cultural nuances, challenges, and opportunities that may arise in studies involving African Caribbean communities and their people.

#### *Disclosures during the research*

The process and outcomes of qualitative research projects are to a greater or lesser degree unpredictable (Holloway & Wheeler, 1996; Hunter, Lusardi, Zucker, Jacelon, & Chandler, 2002). This attribute necessarily supports the use of an inductive approach to methods of data collection and analysis. Qualitative research design requires that the researcher spends time reflecting on the possible ethical and practical challenges posed by the research study itself and his/her own interaction with participants (Letherby, 2002; Lipson, 1994). Many authors have commented on the very real problem of dealing with disclosure of sensitive and potentially emotive information during the research process (Hughes, 1987; Ifekwunigwe, 1997; Lee, 1993; Mac an Ghail, 1999).

Researchers seeking to work with African Caribbean communities need to consider the potential impact of historical, political, and social influences on the experiences of people from this cultural group which may affect the proposed study

(Balsa & McGuire, 2002; Bhabha, 1997; Bhopal, 1997). Disclosures relating to personal and traumatic events are not uncommon in situations where individuals feel secure, or where discussions turn to subjects that have previously remained hidden or unexplored (Miller & Dingwall, 1997). In relation to work with African Caribbean communities, disclosure of such information has an inherent risk in qualitative research that may be further complicated by culturally relative issues such as racism, inequality, and discrimination.

It is imperative that if disclosures relating to any of the above issues are made during data collection, or at any other stage in the study, that the researcher is willing and able to provide effective support to the African Caribbean participants. Willingness to provide assistance, however, rarely equates to the researcher acting as a primary supporter, counsellor, or advocate on behalf of an individual or group (Mason, 2002). Few researchers, irrespective of their own ethnicity, have the professional capacity to deal with such disclosures personally. Indeed, even if this was the case, there may be an ethical objection to follow through on this by someone so involved with the research project itself.

In preparation then, researchers should be prepared to provide African Caribbean participants with appropriate and accessible sources of help. This may mean seeking out local help lines or organisations able and willing to deal with any issues of concern for participants, arising directly or indirectly as a result of taking part in the study (Andersen, 1993; Bowes, 1996). Participants should be informed of these sources of help prior to their agreement to become involved in the research and at any point following completion of the project. Good research practice also requires that the organisations and groups themselves are informed of the nature of the research and when it is taking place, so they may be able to adequately plan for any potential increase in demand for their services (Bowes).

### **Reflections**

We felt the workshops achieved the objective of enabling a group of researchers and community representatives to identify the key aspects of engaging in culturally sensitive research practice, including the sharing of examples of best research practice. Participants were asked to register for the workshops on arrival at the conference registration desks, so we were aware of the number of participants prior to commencing the workshop the number of participants and also we had some indication of their professional roles via the delegate list. Clearly, participants who participated in the workshops had an interest in conducting research with ethnic minority communities: Some participants had a great deal of experience and much to share. It is worth pointing out that the workshops participants were largely unknown to each other prior to participating in the workshops. Nevertheless, lively and interactive debates ensued following consideration of the scenarios. At the first workshop (14 participants) it was clear the debates and discussions could have continued for some time after the scheduled conclusion. We enjoyed facilitation of the workshops immensely, and positive evaluations were received from the participants. In summary, the process adopted to conduct the workshops proved to be successful and achieved the intended outcomes.

### **Limitations of the Workshop Approach**

As stated earlier, participants self-selected their participation in the workshops at the conference registration desks. In this respect, the workshop participants may be regarded as having a particular interest in the topic area. Workshops conducted with researchers who do not hold the same interest may result in very different conclusions. The findings of the workshop are not intended to be generalisable, but representative of these particular groups of participants. The interactive and group nature of sharing views and responses also meant that perhaps if the participants were interviewed individually, then different responses may have been elicited.

### **Conclusion**

All researchers need to gain the trust of their study participants, however in conducting research with minority ethnic communities in England there are specific considerations the researcher needs to reflect upon. The intersection of migration, cultural adaptation, racism, social class, and gender on the lives of minority ethnic people coalesce to bring about specific challenges for researchers. In this article we have mapped out these challenges and illustrated them with examples from our own research with African Caribbean people in England.

We have in this paper mapped out the broad areas for consideration. Spending time in the communities at the centre of the research is an excellent learning opportunity for researchers, irrespective of their own ethnic identity. We suspect that this requirement is also useful to researchers who are not members of minority ethnic groups themselves. Whilst we have highlighted the significance of cultural sensitivity and culturally congruent research practice, what is not clear is how researchers might gain these skills, as there appears to be a paucity of research training programmes in this domain. Without a cadre of researchers who possess such skills it is unlikely that the current research and policy agenda in health and social care that focuses on addressing inequalities and amelioration of social exclusion will be accomplished.

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### Author Note

Gina is Senior Lecturer at the University of Sheffield, England her research interests and portfolio focus on ethnicity and health within the context of primary health and social care. She has worked with many different communities e.g., African Caribbean, Pakistani, Bangladeshi and Somali communities. She has successfully concluded a number of externally funded local and national research projects as a principal investigator. In the UK she is a recipient of a Smith & Nephew Nursing Research Scholarship, The Mary Seacole Leadership Award and a former National Primary Care Research Fellow. Gina is convener of the Transcultural Research Group in Health and Social Care (TRG) a research network of researchers and practitioners conducting research within the field of ethnicity and health. She is a member of the international editorial board of *Ethnicity and Health* journal. Her clinical background as nurse, midwife and health visitor spans twenty years in a number of different care settings. Gina Marie Awoko Higginbottom PhD, M/A, Postgradip,B/A (Hons), RN,RM,RHV Gina Marie Awoko Higginbottom, Lecturer, School of Nursing and Midwifery, University of Sheffield, Herries Road, Sheffield S5 7AU; Telephone: 0114 2266863; Fax: 0114 2422136; Email: g.higginbottom@sheffield.ac.uk

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