**Research Proposal**

**Cultural disparities in health and healthcare**

Table of Contents

[1.0 Introduction 2](#_Toc62847340)

[1.1 Introduction 2](#_Toc62847341)

[1.2 Background to the study 2](#_Toc62847342)

[1.3 Rationale for the research 3](#_Toc62847343)

[1.4 Research aim and objectives 4](#_Toc62847344)

[1.5 Significance of the study 4](#_Toc62847345)

[2.0 Literature review 4](#_Toc62847346)

[2.1 Factors causing cultural disparities in health care 4](#_Toc62847347)

[3.0 Research Methodology 5](#_Toc62847348)

[3.1 Research paradigm 5](#_Toc62847349)

[3.2 Research design 6](#_Toc62847350)

[3.3 Research approach 7](#_Toc62847351)

[3.4 Methods of data collection 7](#_Toc62847352)

[3.5 Data analysis 8](#_Toc62847353)

[4.0 Conclusion 8](#_Toc62847354)

[References 9](#_Toc62847355)

# Introduction

## 1.1 Introduction

Engaging in delivering health care which is of high quality to a diverse population of people remains a significant challenge to the UK National Health Services (NHS), and is often noted to lead to disparity in healthcare (Jongen, McCalman and Bainbridge, 2017). The proposed study is focused on exploring how cultural disparities are impacting healthcare of minority populations in the UK, particularly in the context of the Covid-19 pandemic. While the background and rationale for this study are initially discussed, this is followed by an outline of the research aim and objectives associated with this study, while also detailing the significance of the study. This proposal then goes on to a comprehensive review of literature on the research topic, followed by a detailed outline of the research methodology through which the proposed study would be conducted.

## 1.2 Background to the study

Persisting cultural disparities in accessibility, quality as well as outcomes of healthcare are prompting considerate interest in enhancing the cultural competences of healthcare, both as a possible means of reducing cultural disparity and also as an own right of minority groups from one end (Braveman *et al*, 2011). As Sarcone (2016) identifies, bias in the context of prejudicial feelings against or for individuals and groups is an inherent aspect of human action and choice; systemic bias on the basis of ethnicity, culture and race results in the creation of inequalities among populations. Such inequality could lead to disparity within communities in relation to the quality and availability of healthcare, as well as services in other sectors.

Notably such cultural disparity in healthcare is identified to be affecting not only health and healthcare, but also quality of life; nevertheless, this is believed to be capable of being resolved (Sarcone, 2016). The purpose of healthcare is centered on improving or maintaining health by means of diagnosis, treatment and prevention of diseases, illnesses, injuries and other mental and physical impairments faced by people. Arguably though, cultural disparity in healthcare could result in the creation of patterns of inequality in the maintenance or restoration of health of certain sectors of a population. In healthcare contexts, cultural disparity often results from overlapping deficiency in social equality and cultural competency, among other factors (Newman, 2011).

Cultural disparities have been particularly evident in the recent outbreak of the Covid-19 virus which is a global pandemic; with healthcare systems of certain countries including NHS in the UK stretched beyond their maximum capacities, offering culturally congruent healthcare has been identified to be a quite a challenging aspect. Even though no part of the country has been entirely spared, distribution of burdens is noted to be unequal. From initially being affected by the virus to undergoing intensive care treatment, arguably at every point the Covid-19 pandemic has been exposing disparity related to ethnicity/race, wealth and income, as well as immigration status (Health Affairs, 2021). Notably the healthcare crisis arising due to the pandemic has exposed disparities in terms of effectiveness of efforts of public health, in preexisting vulnerability to disease, as well as the intensity and availability of medical care (Health Affairs, 2021).

## 1.3 Rationale for the research

Even though data related to mortality, morbidity and risk factors for Covid-19 in the context of race and ethnicity tends to be currently limited, CDC (2020) reports early data to be suggesting that disadvantaged groups tend to be experiencing disproportionately negative outcomes from this virus pandemic, with people of minority groups being at greater risk of being affected by the virus. In this context, this study is conducted to explore how cultural disparities are impacting the healthcare of such populations in the UK alongside the extent to which NHS depicts cultural awareness. The study supports in identifying ways how more culturally competent healthcare could be offered across the UK, particularly in the wake of the Covid-19 pandemic and also post-Covid 19, thereby enabling minority populations to have more equality in accessibility, quality and outcomes of healthcare, facilitating the maintenance and restoration of health of these populations.

## 1.4 Research aim and objectives

**Aim**

To determine how cultural disparities impact healthcare of minority populations, particularly in the context of the Covid-19 pandemic

**Objectives**

* To determine impacts of the recent Covid-19 pandemic on BAME groups in UK demographics
* To explore NHS cultural awareness when delivering care to diverse groups in the pandemic situation, in relation to NHS cultural settings
* How cultural competence could reduce cultural disparities in healthcare and provide better outcomes for minority groups

## 1.5 Significance of the study

Evidence suggests that ethnic and racial minorities have tendencies of receiving lower quality of care in contrast to nonminority groups, and due to such existent cultural disparities, these groups are experiencing greater morbidity and mortality from Covid-19 as well as from other chronic conditions (Braveman *et al*, 2011). Due to such worse outcomes, cultural disparities are considered unacceptable and this study identifies ways of promoting more culturally competent healthcare, thereby lessening inequality in healthcare due to cultural disparities. Without such culturally competent healthcare mechanisms identified through this research, the minority populations would continue to face increasingly poor access, care and outcomes, thereby emphasizing the significance of this study.

# Literature review

## 2.1 Factors causing cultural disparities in health care

In a review by Public Health England (2020), it has been clearly articulated that the Covid-19 pandemic is not creating health inequalities itself, arguably it has involved in exacerbating and exposing long-standing disparities that affect Black Asian and Minority Ethnic (BAME) groups across the UK. Notably a range of causes attributing to such cultural disparities have been identified, which range from upstream economic and social factors, racial background, education background, beliefs as well as downstream biological factors. Generally, BAME communities are identified to be having poor socioeconomic circumstances that are leading to contrastingly poor health outcomes than nonminority groups (Newman, 2011). Notably as highlighted by Public Health England (2020), data from the ONS (office for national statistics) demonstrates strong associations between incidence and disease severity of Covid-19 and economic disadvantages. In this respect it is noteworthy that economic disadvantages are closely related to risk factors for severity of disease, which includes factors like diabetes, asthma, obesity, smoking, blood pressure, etc. It can be argued that the disproportionate and severe impacts of Covid-19 on BAME populations tends to present opportunities of creating rapid and sustainable changes for mitigating further impacts of cultural disparities.

In terms of *racial background*, minority groups such as the BAME populations tend to be subject to the inherent bias and prejudicial attitude of the nonminority groups, due to perceptions of the former being different to the latter. Arguably such prejudicial attitudes when acted upon by majority populations in healthcare systems, leads to differential access, poorer quality of care and poorer healthcare outcomes towards the minority groups (Bhugra, 2021). Moreover in terms of *socioeconomic* deprivation, these BAME groups are identified to be among the more deprived communities and evidence from Public Health England (2020) suggests that such economically disadvantaged populations have a greater likelihood of being engaged in frontline occupations which involve increased exposure to risk of developing Covid-19 (and often being given inadequate or substandard quality PPE) or were less capable of taking up protective measures (including social isolation staying home).

# Research Methodology

## 3.1 Research paradigm

Research following the overarching philosophical paradigm of interpretivism tends to engage in seeking meaning in subjective experiences of individuals when involving in social interaction. With this paradigm being associated with the philosophical position of idealism, it groups together a diversity of approaches which are rejecting the objectivist views of meaning residing in the world independent of human conscience; phenomenology and constructivism are such approaches, amongst others (Saunders, Lewis and Thornhill, 2012). While this interpretivist paradigm therefore engages the researcher to involve in interpreting study elements, notably this study involves the integration of human interest by the overarching philosophy of interpretivism.

In contrast to positivism which concerns the nature of reality to be more tangible than being socially constructed and involves rigid separation between the researchers and research subjects, arguably interpretivism involves a more interactive and participative relationship between the researchers and research subjects based on the belief of a more socially constructed nature of reality. Therefore the proposed study is employing the paradigm of interpretivism as the overarching philosophical paradigm, since it enables exploring impacts of the recent Covid-19 pandemic on BAME groups in UK, as well as the cultural awareness of NHS when delivering care to diverse groups under this pandemic situation through the social construct of the perspectives of relevant studies carried out on diverse societal groups; it is therefore of relevance in accomplishing the study aim and objectives.

## 3.2 Research design

While there are a range of research designs such as exploratory, explanatory, hypothesis testing, descriptive studies, etc. While descriptive research is more focused on observing and describing subjects, and facilitates to describe characteristics of target populations accurately (Tracy, 2012), this research follows a descriptive research design since it supports to observe and describe the impacts of the recent Covid-19 pandemic on the target population of BAME groups in UK while describing their associated cultural disparities accurately. In particular, the descriptive research design is more appropriate for studies where the objectives are not involving the measurement of relations between variables like in experimental research (Nassaji, 2015). Therefore descriptive research is more suited for examining NHS cultural awareness when providing care to diverse groups under Covid-19 conditions as well.

## 3.3 Research approach

The chosen research design of descriptive research is generally associated with both quantitative and qualitative research, and this study employs a qualitative approach. This is because the quantitative approach only enables gathering of a more superficial and somewhat narrow set of data (Tracy, 2012). Notably preset responses involved in quantitative research does not offer accurate accounts of the impacts the Covid-19 pandemic on BAME groups in UK alongside NHS cultural awareness in care delivery under these conditions, as required for this study. Therefore in contrast to the less detailed numerical descriptions of data associated with quantitative studies, arguably the chosen qualitative approach enables gathering of rich, detailed data related to the research topic. Moreover while research studies could involve the gathering of primary, secondary or a combination of both, considering the scope of this study involving measuring impacts of Covid-19 on the vast BAME population across the UK as well as NHS cultural awareness in delivery of care to such diverse populations, secondary data is employed in this study.

## 3.4 Methods of data collection

Secondary data for this study will be gathered through a range of authentic and reliable journal articles, books, websites, etc. relevant to the topic of research. The following inclusion criteria will be involved for selecting studies to be included.

|  |  |
| --- | --- |
| **Keywords used in search** | ‘’Cultural disparity’’, ‘’impacts’’, ‘’healthcare’’, ‘’Covid-19’’, ‘’BAME’’, and ‘’Minority groups’’ |
| **Year of publication** | 2015 onwards (to ensure only latest data is included) |
| **Peer-reviewed** | Yes |
| **Language** | English |

Table 1: Inclusion criteria for secondary data gathering

## 3.5 Data analysis

The technique of thematic and content analysis will be used for the analysis of secondary qualitative data gathered in this study. Findings are categorized into relevant themes according to the objectives of this study, with the presentation and analysis of findings done under each relevant theme while enables in providing the reader a more meaningful understanding of this study.

# Conclusion

The proposed study focuses on determining how cultural disparities impacts the healthcare of minority populations in UK, particularly in the context of the recent Covid-19 pandemic and assesses the NHS cultural awareness in delivery of care to these diverse communities. Having established the research background, aim and objectives as well as the research rationale, a review of scholarly literature was conducted in relation to the topic of research. The proposed study was identified to follow the interpretivist paradigm, and involves a descriptive research design. Employing qualitative data as required to meet the research aim and objectives, secondary data gathering will be involved which concerns data gathered from reliable and authentic journals, books, etc. The thematic approach to data analysis will be employed, to analyse and present meaningful finds of this research.

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