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The health care needs of ethnic minority groups: are nurses and individuals playing their part?

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The health care needs of ethnic minority groups: are nurses and individuals playing their part?
The UKCC *Code of Professional Conduct* for nurses, midwives and health visitors stresses the need to have an understanding of the social and cultural determinants of health and illness There is as yet little evidence of what might constitute good practice in this area and it is difficult to ascertain why this basic philosophy is not translated into action Indeed, the nursing and midwifery professions' ability to deliver adequate and appropriate health care more generally to Britain's multiracial, multicultural population has been questioned This literature review presents evidence which strongly suggests that although we are living in a multicultural society patients from minority ethnic groups are additionally disadvantaged because the initiatives by nurses, and others working in the National Health Service, to meet their health care needs are inadequate and often inappropriate

INTRODUCTION

Britain is a multiracial and multicultural society and has been for a considerable number of years The National Health Service (NHS) was established in 1948 to meet the health care needs of a fairly homogeneous population Over the last 40 years, however, the population of Britain has become more diverse In spite of this heterogeneity in cultures, initiatives by the NHS to meet the health care needs of ethnic minority groups appear inadequate It is generally assumed that needs are similar everywhere and that established policies and priorities are equally appropriate for everyone Whilst such commitment to uniformity appears egalitarian it does not embody any meaningful concept of equality in a diverse multiracial society (Pearson 1986)

The evidence suggests that up until the late 1960s there was in the British health care field a general lack of awareness and understanding of the needs of minority ethnic groups The 1970s witnessed race-relations legislation which stimulated some awareness and forced certain actions, albeit at a superficial level During the 1980s the effects of racism and social deprivation on the production and perpetuation of health inequalities became evident (Donovan 1986)

When the English National Board for Nursing, Midwifery and Health Visiting (ENB) came into existence in 1983 they adopted the former General Nursing Council's amended syllabus of training registered general nurses (ENB 1983) This stated that the influence of the patient's cultural, home and economic background in the prevention of ill health and as an associated cause of disease must be studied Since then, this commitment has been evident in the ENB's circulars and recommendations for nursing and midwifery education For example, in 1990 a policy for equal opportunities and anti-racism was included in the regulations and guidelines for the approval of institutions and courses which emphasized the need to adopt

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principles of holistic practice to reflect a multicultural society (ENB 1990)

There is some evidence which indicates that serious efforts are being made by individuals and institutions to address the issues under discussion (McGee 1992) The literature suggests, however, that despite the numerous research studies and ENB recommendations there has been minimal impact on professional practice This paper reviews the literature related to the health care needs of ethnic minority groups and considers how nurses and health services generally might more effectively begin to meet these needs

Defining 'ethnic group'

The term 'ethnic group' refers to a 'group having a common national or cultural tradition, denoting origin by birth or descent rather than nationality' (*Education Guardian* 1992) The term 'ethnic minority' has the added emphasis of relationship to the majority 'A group differentiated from the main population of a community by origin or cultural background' (*Education Guardian* 1992) For some writers (Pearson 1986) the term 'ethnic minority' is inextricably linked to an experience of discrimination, inequality and 'racism' in reference to the majority or 'dominant' population group Williams (1989) suggests that such racism may extend to various ethnic groups Asian, African, Chinese, Caribbean, Central American, Irish, Jewish, Latin American, Middle Eastern, North American, Oceanic, Travellers and Turkish people These definitions of ethnic group and ethnic minority will be employed in this review

HEALTH CARE IN A MULTICULTURAL SOCIETY

The multicultural nature of Britain is demonstrated by the fact that 6% of the population belong to an ethnic minority group (Balarajan & Raleigh 1993) There is an uneven distribution of ethnic minority groups throughout Britain, with the greatest proportion being concentrated in the inner-city areas Ethnic minority communities are often the most disadvantaged and vulnerable groups in society yet they receive substandard care The human and economic costs of not meeting their health care needs are very real (Henley 1986) but the financial implications required to improve the quality of care to ethnic minority groups are equally considerable The benefits to be accrued from such investments, however, far outweigh the costs There are many barriers which prevent good-quality care being delivered to ethnic minority patient groups These include a lack of knowledge and information about different needs and appropriate care, a lack of appropriate education of nurses and other health care professionals, language barriers and, finally, conscious and unconscious racial prejudice and discrimination

Current health policy and ethnic minority groups

It has been suggested that the National Health Service, as part of the welfare state, is inherently racist (Williams 1989) Individual prejudice may exist but, more importantly and pervasively, institutional racism will permeate the practices of the organization The King Edward's Hospital Fund for London (1990) appears to provide some supporting evidence for this view in finding wide-ranging, deep-seated racial inequality within the nursing profession

Dr Calman (HMSO 1992), chief medical officer, Department of Health, England, states that the health needs of black and ethnic minorities are obviously different from those of the white population and demands that steps are taken to eliminate discrimination from the NHS A number of government policy initiatives and public reports in recent years have made explicit the need to address this situation, indicating that there is some appreciation of these inequalities at a central level The British government's commitment to consumerism and improving the NHS for the whole nation was reflected in the *Patients Charter* (Department of Health 1991), the first standard of which states that there should be respect for privacy, dignity and religious and cultural beliefs

Another recent government policy initiative, the *Health of the Nation* (Department of Health 1992), has also identified health problems which are specific to black and minority groups and has outlined a strategy to improve health and standards of care This has recently been followed by the document *The Health of the Nation Ethnicity and Health A Guide for the NHS* (Balarajan & Raleigh 1993), which further emphasizes the need for ethnic minority communities to share fully in the health improvements of the nation as a whole

The NHS is developing information systems to conduct ethnic monitoring of clients and staff This will enable epidemiological research on the health of ethnic minority groups and monitor the access to services and outcomes of care This initiative should go some way to redress inequalities in relation to ethnic minority groups The NHS reforms require hospitals and community units to reassess the services they provide and ensure that services are free from racial discrimination, appropriate, adequate and accessible to people from ethnic minority communities (NHS and Community Care Act 1990) The reorganisation of the NHS and introduction of an internal market with a purchaser/provider framework presents a challenge to health authorities to ensure that service provision is both equitable and of a high quality when developing contracts Integral to the contractual process should be a clear assessment of specific health care needs of ethnic minority groups (Balarajan & Raleigh, 1993) More research is needed to assist in this planning and provision of services to meet the needs of ethnic minority clients

Racial discrimination

The Commission for Racial Equality (CRE) (CRE 1991) reports that racial discrimination and disadvantage have not been eliminated in the NHS despite the existence of legislation, policies and codes of practice It recommends ways in which purchasing authorities can use contracts to pursue racial equality objectives These include a commitment to equality of opportunity in any general statement of the purchasing authority's philosophy of care which stipulates the specific equality standards both in employment and service delivery and the setting of equality targets for health care providers It also makes a number of other recommendations regarding strategies for good practice, which include training, positive action, language and communication facilities, and ethnic records and monitoring

THE PHILOSOPHY OF NURSING AND MIDWIFERY

The nursing and midwifery professions also recognize the need to deliver culturally sensitive care The *Code of Professional Conduct*, for example, for nurses, midwives and health visitors states that each practitioner must

> recognise and respect the uniqueness and dignity of each patient and client, and respond to their need for care, irrespective of their ethnic origin, religious beliefs, personal attributes, nature of their health problems or any other factors
>
> (UKCC 1992)

Some thought has been given to the future demands on nursing education which is exemplified by the changes made in the nurses' rule to ensure that nurses who undertake Project 2000 courses will be competent in appreciating the cultural, social and political influences of care (Statutory Instrument 1456, 1989 Rule 18a (d)) There is thus recognition within the nursing profession of the need for culturally sensitive care In order for nurses and midwives to satisfy this basic right and provide individualized care, they need knowledge and information about the groups they are caring for and the skills to use this to benefit in their caring work A major obligation of the nursing and midwifery professions is therefore the education of practitioners in order to enable them to provide care that is meaningful for, and sensitive to the needs of clients of all cultures (McGee 1992)

Ethnic minority groups and nursing and midwifery education

With people whose culture is broadly shared it is possible for the nurse to rely on a combination of knowledge, experience and empathy to select the appropriate caring response (Henley 1986) It becomes much more difficult to select appropriate care when caring for people of different cultures Although it has been a priority to have multiethnic and antiracist education starting at pre-school level and continuing throughout secondary education (ILEA 1983) this commitment is not so evident in nursing or midwifery education despite the ENB insistence on the need to adopt a holistic approach which reflects a multicultural society The nursing and midwifery literature suggests that the health care needs of ethnic minority clients are not being met, although there is little consensus about the reasons for this situation (Murphy & Macleod Clark 1993) Sharman (1985) has also acknowledged that the increased diversity of ethnic groups in Britain has resulted in a lack of understanding of their care needs which is exacerbated by differences in cultural patterns, health expectations and language problems This, she identifies, has implications for curriculum development

The hidden curriculum in nursing and midwifery education might be partly responsible for preventing the delivery of culturally sensitive care Hills (1982) defines the hidden curriculum as the 'many aspects of learning which go on alongside or even in contradiction to the intended or official curriculum' Robinson & Kyle (1982) focus on the way in which materials embody hidden curricular messages, thus racial stereotyping may be imparted through textbooks Weis (1986) considers the staffing patterns as mediating hidden curricular messages, and Raymond (1985) cites the examined content and other assessment procedures of a course as being of significance Both Hargreaves (1978) and Young (1971) suggest that time allocated to certain subjects and the inclusion and omission of certain subjects reveal implicit messages

The failure to address in any significant way the specific caring needs of the ethnic minority groups is taking place in a health service staffed by nurses and midwives many of whom share the ethnic and cultural backgrounds of their patients Professional nursing and midwifery education could play an important role in helping nurses to develop appropriate skills and knowledge and empower those students from different ethnic minorities to make a positive contribution, not only towards the care of patients but also in the education of their peers

The need for anti-racism

A number of writers have warned against viewing multicultural education and equal opportunities as a panacea (Torkington 1983, Bhavnani 1986, Williams 1989, Hugman 1991) They suggest that heightened awareness of cultural differences alone will not be sufficient to address the power imbalance between ethnic minority groups and the majority population The historical legacy of imperialism and racism demands a more radical restructuring of racist systems with its analysis of and commitment to reducing power inequalities Hugman writes, 'Transculturalism

without anti-racism will at best improve individual sensitivity and at worst increase the power of professionals' (Hugman 1991)

In a similar vein, Williams (1989) warns that the teaching of cultural awareness without anti-racism may serve to reinforce cultural stereotypes of 'steel bands, saris and samosas' rather than help to eliminate them In addition, the focus on 'exotic' or unusual aspects of cultural difference in health studies such as rickets, tuberculosis and hepatitis excludes the positive aspects of various ethnic groups' cultural knowledge and traditional health practices Nursing and midwifery education must attempt to challenge racism and avoid approaches which are merely confined to the reification of culture

HEALTH NEEDS OF ETHNIC MINORITY CLIENTS

Whilst a variety of approaches to needs assessment have taken place, in the past 20 years the agenda for needs assessment in the 1990 is about defining the nature and level of services required to care for and improve the health of a population In the document *Assessing Health Care Needs* (Department of Health, NHS Management Executive 1991) 'need' is defined as the population's ability to benefit from health care' The *Health of the Nation* strategy (Department of Health 1992) requires that the needs of people from black and ethnic minority groups are considered when addressing the key areas

Women

With the passage of time and an increase in the number of ethnic minority groups in the British population, it might be expected that much more would be known about their health care needs Studies using detailed interviewing techniques of the kind carried out by the Commission for Racial Equality (1993) yield helpful information in this area This study, for example, was concerned with experiences of and coping with depression among 16 Asian women The results revealed that these women frequently had no family support, were coping with racial hostility and a personal crisis such as marital breakdown or bereavement but felt they had nowhere to turn for help This perception of 'nowhere to turn for help' is perhaps an indication of ethnic minority clients' lack of knowledge concerning available services or a reluctance to use mental health services The stereotypical belief that ethnic minorities live in supportive extended families was contradicted by these results

More evidence of less favourable treatment and stereotyping of ethnic minority women by maternity services is provided by a number of writers (Cartwright 1979, Larbie 1985) Midwives, however, claim to provide a universal service which is 'colour blind' with ethnic origin making no difference to treatment (Pearson 1986) Criticism has also been levied at the provision of universal screening for phenylketonuria, a condition mainly affecting white populations, whilst neglecting screening for sickle cell and thalassaemia (Prashar *et al* 1985) Evidence of stereotyping also exists in the work of Bowler (1993) who found that midwives' views of South Asian maternity patients contained a belief in the tendency of such women to 'make a fuss about nothing' and 'lack a normal maternal instinct' Bowler believes such stereotypes contribute to inequalities experienced by ethnic minority clients

Elderly people

Elderly people in Britain face wide varieties of economic and social discrimination which become highly magnified when the elderly individual is also from an ethnic minority group The All Faiths For One Race (AFFOR) (AFFOR 1979), a multicultural community resource agency in Birmingham, England, carried out a survey in 1979 into the numbers, living conditions and health problems of 400 West Indian, Asian and white elderly people The findings present a bleak picture They showed that lack of knowledge of services and financial benefits is a serious problem, made worse by language and cultural barriers There was evidence that the ethnic minority elderly person suffers from ill health at an earlier age than whites These illnesses include chronic disorders such as diabetes, hypertension and heart disease

One problem identified by the majority of Asian and West Indians is the unacceptable diet provided by hospitals, homes and through 'meals on wheels' Although some authorities do provide Asian meals these are rather limiting (usually vegetarian), and the provision of Afro-Caribbean meals are virtually non-existent This inevitably raises the question of whether it is better to provide separate services for ethnic minority groups or to try to tailor existing services better to meet their needs Whilst it may be possible to tailor many services to 'fit' ethnic needs, where food is concerned the only possible solution is to provide a small range of separate meals This is very important because food in general and certain types of food in particular form a central place among some ethnic minority groups The unfairness inherent in the expectation that ethnic minority groups should partake of the meals provided for the majority becomes apparent when we consider that few elderly white people are prepared to eat Asian or Caribbean meals

Sickle cell disease

A great deal of information on the inability of the NHS to meet the needs of black and ethnic minority patients has been gained by focusing on the chronic organic diseases such as sickle cell disease Although there is a growing

awareness about the existence of the disorder (Prashar *et al* 1985), the evidence suggests that there is a gap in the health services in terms of appropriate care provision for people with this condition The extent to which inadequate care is a consequence of knowledge deficits has been highlighted by studies that have reported nurses' and health visitors' poor education regarding abnormal haemoglobinopathies during their training (Choisel *et al* 1988, France-Dawson 1988) This situation, together with inadequate care received by individuals with sickle cell disorder during painful crises, has possibly contributed to claims that nursing staff are insensitive and uncaring (Black & Laws 1986, Alleyne 1992, Waters 1992)

Furthermore, although it is now widely acknowledged that there are cultural differences in the expression of pain (Melzack & Wall 1988, Thomas & Rose 1991), the extent to which nurses take ethnic or cultural factors into consideration when caring for patients in pain is not clear When nurses do use cultural factors to guide this aspect of care it seems likely that such knowledge may hinder good pain management since it has been demonstrated that nurses hold misconceptions about pain, and make inferences about people's suffering (Davitz & Davitz 1981)

WORKING WITH BLACK AND ETHNIC MINORITY PATIENTS

The majority of health care professionals working in the NHS are white and, whilst it is imperative to recruit members of ethnic minority groups, the reality is that this imbalance is likely to remain in the near future If the health services are to be made equally good for all it is the health care professional who has to learn in order to change attitudes There is a gap, moreover, in the nursing knowledge concerning the extent to which nurse practitioners feel they have been or are being prepared to deliver culture-sensitive care Nonetheless, research is essential to identify critical factors which will form the basis of a framework that nurses and other health care professionals can use to assess and meet the needs of black and ethnic minority clients

A limited number of research projects exploring nurses' perceptions of working with black and ethnic minority patients has revealed some valuable information In a study to elicit health visitors' perceptions of caring for ethnic minority patients, Foster (1988) interviewed 28 health visitors from a London health authority and 20 from a home county health authority The results revealed that whilst health visitors from both areas identified cultural differences and language barriers as major problems in caring for ethnic minority clients, racism was discussed as a major problem by London respondents only Over half the health visitors from the home counties (those counties surrounding central London) considered that the health services responded adequately to the needs of ethnic minority clients, whilst only a few of the London respondents considered this to be the case Foster suggests that the availability of interpreters to health visitors in the home counties may have caused them to believe that services in general are adequate Only two health visitors from the combined sample discussed socio-economic disadvantage amongst ethnic minorities Sociology has long been an important component of health visitors' education so it is therefore rather surprising that they appeared oblivious to the well-documented evidence of the role of socio-economic factors in determining health and illness

A few studies have explored nurses' perceived ability to care for ethnic minority patients and their expressed training needs A pilot survey was undertaken by Higham (1988) in four health districts and involved 324 health care professionals The results revealed that 60% considered that their training had not equipped them for working effectively with ethnic minority patients, with most respondents experiencing communication difficulties Several respondents reported that they 'treated everyone the same' and the researchers interpreted this to mean a denial that racism can influence decision making in the NHS This finding would seem to support the notion that ethnocentric attitudes greatly contribute to the delivery of inappropriate care to ethnic minority clients

Ward-based nurses

There are only two studies which focus on the experiences of ward-based nurses In a study by Murphy (1990) using semi-structured interview approach among 18 qualified nurses in Oxford, a number of problems associated with working with ethnic minority clients were identified These included communication difficulties, approaching the client in the presence of relatives, the number of visitors, the smell of their food, lack of knowledge about cultural issues and the inability to give psychological care because of difficulties in establishing a relationship with clients The nurses in this study worked with relatively few ethnic minority clients and believed that nurses who worked in areas with significant numbers would not experience the same problems and would be better prepared Rawlings-Anderson (1992) explored this idea by replicating Murphy's study among 23 ward-based registered nurses working in an inner-London hospital that serves a community with a significant number of people from Bengali, Afro-Caribbean, Chinese, Somali and Turkish minority groups The results revealed that the nurses' experiences are strikingly similar to those found in Murphy's study, with communication difficulties being experienced by all respondents The results from this study suggested that although nurses described feelings of frustration because of communication difficulties, some of them accepted this situation as inevitable and made little attempt to improve things

Lack of communication increases the sense of alienation, helplessness and stress among ethnic minority clients The importance of effective communication for nurses is well-documented (Macleod Clark 1983, Ley 1988, Burnard 1989) and the results from this study suggest that specific sessions focused on how to communicate with patients who do not speak English as a first language need to be incorporated into pre-registration nursing education programmes

Concerning their perceived ability and level of preparation to care for ethnic minority patients, the nurses in this study believed that they did not possess relevant skills or knowledge and that their education was inadequate in this respect These studies have provided a brief insight into the experiences of clients and health care professionals and certainly point out problems that require urgent solutions

CONCLUSION

The reviewed literature suggests that although there are a number of health care policies which strongly argue for the importance of equality in health care, the health care provision for patients of ethnic minority groups is inadequate Nursing and midwifery education also subscribes to this basic philosophy of equality, however, the profession's ability to translate this theory into practice is so far ineffective since nurses and midwives believe they are not adequately prepared to deliver adequate and appropriate health care to Britain's multiracial, multicultural population

References

Alleyne J (1992) The management of sickle cell crisis pain as experienced by patients and their carers Unpublished MSc dissertation King's College, London

All Faiths For One Race (1979) *Elders of Ethnic Minority Groups* AFFOR, Birmingham

Balarajan R & Raleigh V S (1993) *The Health of the Nation Ethnicity and Health A Guide for the NHS* Department of Health, London

Bhavnani R (1986) The struggle for an anti-racist policy in education in Avon *Critical Social Policy* **16**

Black J & Laws S (1986) *Living With Sickle Cell Disease* Sickle Cell Society, London

Bowler I (1993) They're not the same as us midwives' stereotypes of South Asian descent maternity patients *Sociology of Health and Illness* **15**(2)

Burnard P (1989) *Teaching Interpersonal Skills A Handbook for Experiential Learning for Health Care Professions* Chapman and Hall, London

Cartwright A (1979) *The Dignity of Labour* Tavistock, London

Choisel M, Allen A & May A (1988) Training needs of health visitors in haemaglobinopathies *Health Visitor* **61**(7), 205–206

Commission for Racial Equality (1991) *NHS Contracts and Racial Equality A Guide* CRE, London

Commission for Racial Equality (1993) *The Sorrow of My Heart* CRE, London

Davitz J R & Davitz L J (1981) *Inferences of Patient's Pain and Psychological Distress Studies in Nursing Behaviour* Springer, New York

Department of Health (1991) *The Patients Charter Raising the Standard* Department of Health, London

Department of Health (1992) *Health of the Nation A Strategy for Health in England* CM1986 HMSO, London

Department of Health, NHS Management Executive (1991) *Assessing Health Care Needs* DOH, London

Donovan J L (1986) *We Don't Buy Sickness, It Just Comes Health, Illness and Health Care in the Lives of Black People in London* Gower, Aldershot, Hampshire

Education Guardian (1992) Skin deep *Education Guardian* 19 May, pp 1–3

ENB (1983) *Syllabus of Training Professional Register, Part 1 (RGN), Amended 1977* English National Board for Nursing, Midwifery and Health Visiting, London

ENB (1990) *Regulations and Guidelines for the Approval of Institutions and Courses* English National Board for Nursing, Midwifery and Health Visiting, London

Foster M (1988) Health visitors' perspectives on working in a multiethnic society *Health Visitor* **61**, 275–278

France-Dawson M (1988) *An Investigation in Sickle Cell Disorders Nurses' and Health Visitors' Knowledge of Conditions* Internal Report Royal College of Nursing, London

Hargreaves D (1978) The two curricular and the community *Westminster Studies in Education* **1**

Henley A (1986) Nursing care in a multicultural society *Senior Nurse* **4**(2), 18–22

Higham M (1988) *The Training Needs of Health Workers* National Extension College for Training in Health and Race, Cambridge

Hills P (ed) (1982) *A Dictionary of Education* Routledge and Kegan Paul, London

HMSO (1992) *On the State of the Public Health for the Year 1991* Annual report of the Chief Medical Officer (Calman) HMSO, London

Hugman R (1991) *Power in Caring Professions* Macmillan, London

Inner London Education Authority (1983) *Race, Sex and Class Multiethnic Education in Schools* ILEA, London

King Edward's Hospital Fund for London (1990) *Racial Equality The Nursing Profession* Task Force Position Paper Equal Opportunities Task Force Occasional Paper No 6 King's Fund Publishing Office, London

Larbie J (1985) *Black Women and Maternity Services A Survey of 30 Afro-Caribbean Women, Experiences and Perceptions* Training in Health and Race, London

Ley P (1988) *Communicating With Patients* Chapman and Hall, London

McGee P (1992) *Teaching Transcultural Care A Guide for Teachers of Nursing and Health Care* Chapman and Hall, London

Macleod Clark J (1983) Nurse patient communication an analysis of conversations from surgical wards In *Nursing Research Ten Studies in Patient Care* (Wilson Barnett J ed) John Wiley and Sons, Chichester, pp 25–56

Melzack R & Wall P D (1988) *The Challenge of Pain* Penguin Books, Harmondsworth

Murphy K (1990) Nurses' experience of caring for ethnic minority clients Unpublished MSc dissertation King's College, London

Murphy K & Macleod Clark J (1993) Nurses' experiences of caring for ethnic-minority clients *Journal of Advanced Nursing* **18**, 442–450

Pearson M (1986) Less favourable treatment racial equality in health care with special reference to maternity services *Senior Nurse* **9**(5), 15–17

Prashar U , Anionwu E & Brozovic M (1985) *Sickle Cell Anaemia Who Cares?* Runneymede Trust, London

Rawlings-Anderson K (1992) Nurses' experience of caring for ethnic minority clients Unpublished MSc dissertation King's College, London

Raymond B (1985) An investigation into the possible implicit messages incorporated by members of the course team into the curriculum of an undergraduate course in nursing studies Unpublished project submitted for BEd degree, South Bank Polytechnic, London

Robinson E & Kyle D (1982) The hidden curriculum values issues for the school counsellor *Counselling and Values* **26**, 247–258

Sharman R (1985) *Ethnic Minority Groups A Discussion Paper on Curriculum Development in Health Visiting* English National Board for Nursing, Midwifery and Health Visiting, London

Statutory Instrument 1456 (1989) *The Nurse, Midwives, and Health Visitors (Registered Fever Nurses) Amendment Rules 1989* HMSO, London

Thomas V J & Rose F D (1991) Ethnic differences in the experience of pain *Social Science and Medicine* **32**(9), 1063–1066

Torkington N P K (1983) *The Racial Politics of Health A Liverpool Profile* Department of Sociology, University of Liverpool

UKCC (1992) *Code of Professional Conduct* 3rd edn United Kingdom Central Council for Nursing, Midwifery and Health Visiting, London

Waters J (1992) Nurses' knowledge of sickle cell disease Unpublished BSc dissertation King's College, London

Weis L (1986) Thirty years old and I'm allowed to be late the politics of time at an urban community college *British Journal of Sociology of Education* **7**(3)

Williams F (1989) *Social Policy A Critical Introduction* Polity Press Cambridge

Young M (1971) *Knowledge and Control* Collier-Macmillan, London

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