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Editorial

The covid -19 pandemic and cultural competence: Global implications for managers, nurses and healthcare workers during major health disasters and emergencies

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Editorial for Journal of Nursing Management

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The covid -19 pandemic and cultural competence: Global implications for managers, nurses and healthcare workers during major health disasters and emergencies

On the 24th March 2022, ETNA (European Transcultural Nursing Association) delivered its first virtual conference titled "Global nursing, midwifery and social care responses and challenges to Covid-19 pandemic during 2020-21". As the president of ETNA, I invited speakers from every continent to address the focus of the conference from the lens of their national culture, emphasising challenges and responses of their choice. It was no surprise that they all spoke about the enormity of this health catastrophe which caught everyone unprepared. They all spoke about the confusion, the lack of guidance and resources, but surprisingly, they all spoke about the existence of inequalities, discrimination, and exclusion, all of which are inextricably linked to cultural competence (http://europeantransculturalnurses.eu/conference/).

Although cultural competence has been defined in many different ways, and it is often conceived in terms of gaining cultural knowledge about diverse population groups and having an understanding of how a group's culture or one's cultural identity influences their world view, cultural competence is also about social justice, a mechanism to assure the adoption of equality and human rights and the eradication of discrimination in the health and social care institutions.

There is no doubt that the corona virus pandemic – the largest and most deadly major health disaster of our times- exposed the best and the worse in human beings whilst also spot-lighting the fault-lines and fissures of society. At the ETNA conference, the South African keynoter (Mulaudzi, 2022) spoke about 'Ubuntu', an African philosophy which emphasises the importance of solidarity, especially during trying times. This solidarity helped the population to cope with the devastating effects of the pandemic. The compassion and support they provided to each other emanates from the Ubuntu philosophy and belief that they are connected to each other; "I am because you are" and "a person is a person through other people". A message of hope.

The speaker from India (D'souza, 2022) provided a sad and disturbing message. Her story was about the extensive level of discrimination, racism, hate, conflict, and crime endured during the peaks of the covid pandemic by ethnic and religious minorities, particularly the Muslim groups and Chinese people living in India. Minorities were stigmatised and blamed for the spread of the corona virus. They were physically and verbally attacked, they were excluded and denied treatment and care.

The speaker representing the USA (Emami,2022) praised the technological innovations adopted by the healthcare system during the pandemic. Although she did not mention the famous slogan originated by the Seattle and King County Public Health, "Viruses do not

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discriminate and neither should we", she provided statistics which clearly showed that the various ethnic minorities in the USA were far more affected by Covid-19 than the majority white population. This situation has been reported globally and it is generally attributed to discrimination which impacts on numerous socio-cultural indicators such as, limited access to health care due to poverty, place and type of residence, accessible accurate and timely information and so on.

My presentation (Papadopoulos, 2022) addressed the spiritual care provision to hospitalised Covid-19 patients in England. The two studies I conducted with my colleagues at the Research Centre for Transcultural Studies in Health (Papadopoulos et al 2020; Papadopoulos et al 2021) revealed, among many other challenges, three main issues related to equality, diversity and inclusion (EDI). The first lockdown in the UK was implemented in early 2020. Overnight all hospitals lost their volunteer chaplains as only staff members were allowed to enter them. This meant that patients from minority faiths needing specific cultural-religious support could not receive it, as customarily this was provided by volunteer chaplains. Another EDI issue reported by some of the senior nurses and chaplains we interviewed, was that of the very strict visiting policy imposed by the lockdown rules. Staff found the visiting draconian rules unacceptable, unjust and inhumane and consequently some staff did not equally adhere to them for all patients and in all hospitals. The third main EDI concern was about the provision of adequate technology and support to those spiritual providers and relatives who were not familiar with using such devices to connect with their very sick and dying relatives in hospital. It is easy to see how those with the resources and skills had a huge advantage over those without these.

One of the issues reported globally was that of vaccine hesitancy which had hugely negative implications on many aspects of the Covid pandemic. Several studies have addressed the reluctance of people to be vaccinated and reported its link to socio-cultural and economic determinants of health. For example, Cascini et al (2021) conducted a systematic review of the literature to investigate the attitudes, acceptance and hesitancy among the general population worldwide specifically about the COVID-19 vaccines. They found that overall, vaccine hesitancy rates ranged widely among different populations, across different countries and cultures. A variety of concerns were reported such as the vaccine efficacy, safety, side effects, convenience, price, beliefs that the vaccine is not necessary to combat the pandemic, that the testing for the vaccine was insufficient and that the pace of its development was too quick, as well as the financial motivation of the authorities/pharmaceutical companies. Another issue worth noting was that of mistrust with authorities. Misinformation also had a drastic effect on the public; specific reference was made about the internet and different forms of social media which did not only allowed the rapid and ubiquitous sharing of information, but also promoted conspiracy theories, myths, fake Covid treatments and so on. The same study found that many of these concerns were most prominently associated with certain socio-demographic variables such income (e.g., being low-income population), age (e.g., younger patients were more hesitant, partially as they perceived being at lower risk compared to older people), education (e.g., having a lower level of education), area of residence (e.g., those in rural areas were more hesitant), race and/or ethnicity (e.g., those who identified as minorities).

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The Cascini et al (2021) study emphasised the importance of informing the public about the rigorous process of vaccine development, using health communication techniques on a variety of media platforms as well as by utilizing community leaders and influential characters within a given community in order to provide accurate, culturally appropriate and accessible information.

Returning to the EDI findings of the two spirituality-related studies conducted during the Covid pandemic by myself and colleagues (Papadopoulos et al 2020; Papadopoulos et al 2021), we have recommended that public health policy makers, managers, nurses, and other healthcare workers including spiritual care providers, must urgently collaborate to:

- Provide training related to major health disasters and emergencies in order to enhance health workers' knowledge and culturally competent and compassionate skills for effective and equitable care, including spiritual support;
- Review policies such as visiting of patients, and accessible and effective protective equipment for health and spiritual providers as well as for the public;
- Embrace the adoption of artificial intelligent devices and robotics, making their availability equitable and their operation user friendly;
- Develop a comprehensive national strategy for major health disasters and emergencies which includes the provision of culturally competent spiritual care for patients, the public and the staff.

We all know that the world was caught unprepared for the arrival of the covid pandemic. Preparing for the next major health disaster must start now. I believe that the above recommendations could be applied globally. They have the potential to prevent deaths and suffering and will pave the way to regaining the trust of the public and of health workers thus reducing vaccine hesitancy and its huge negative impact on vulnerable groups.

Despite the death of over 6 million people globally, the repeated lockdowns, the huge vaccination global programme and the billions of pounds, dollars, euros etc spent on eradicating the corona virus, the covid pandemic is still with us, and millions of people continue to be affected by it. Many global challenges and implications have not yet been addressed, so urgent research and understanding of them is needed to illuminate effective, culturally competent responses and solutions. The pandemic experiences of 2020-2021 must not be forgotten and lessons must be learnt. This is the only way to prepare for the future major health disasters, which, as the experts repeatedly tell us, are increasing in frequency.

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