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Guest editorial

Globalisation and multiculturalism: what do they mean for healthcare?

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The United Kingdom is increasingly described as a multicultural and diverse society. For health and social care practitioners, the quest to ensure patient-centred care in this context requires a different set of skills and knowledge to ensure both quality and equality of healthcare provision when dealing with individuals, groups or populations from diverse backgrounds. Health is subject to widely variable, individual, social and cultural interpretations. We all create and recreate meanings of health and illness through our lived experiences (Jones, 1994). Consequently, it is now vital for healthcare practitioners to have an understanding of the range of cultures and social structures that they are likely to encounter in the area in which they work. This understanding should go beyond the medical model of practice to include patients' perceptions of illness and medical care, their interpretations of the reasons for illness and misfortune, the effect of medical technology on their self-concept and the socio-cultural aspects of physical disability and impairment (Helman, 2000, p. 2).

This changing context of health and illness and the ways in which it is conceptualised brings many challenges. The quest to be responsive to individual need and to be culturally sensitive blurs the boundaries of health practices and the role of practitioners, particularly in developed societies because 'modern urbanised societies, whether Western or non-Western are more likely to exhibit healthcare pluralism ... Though these therapeutic modes co-exist, they are often based on entirely different premises, and many even originate in different cultures, such as Western medicine in China, or Chinese acupuncture in the contemporary Western world. To the ill person, however, the origin of these treatments is less important than their efficiency in relieving suffering' (Helman, 2000, p. 50). It is important to understand this pluralism, particularly within an increasingly globalised society, as caring for people with different health beliefs becomes the norm. The challenge is for healthcare practitioners to elicit these health beliefs from their patients and plan care that works for them. Meeting this challenge creates a new agenda for research, investigating patients' beliefs and values. A recent study by Horne *et al* (2004), about the links between culture and beliefs regarding medications, illustrates the type of knowledge that is needed if care is to be appropriate and meaningful to recipients.

Professional education is one of the key factors in enabling practitioners to provide such care. Irrespective of the discipline involved, curricula should be directed towards:

- developing knowledge of cultural difference
- integration of the multicultural context into practice
- providing experiential opportunities which enable the learners to develop their caring approach (Abdullah, 1995).

Inherent in these three aims is the need for practitioners to examine their own cultural biases and behaviours as a foundation for progressing towards becoming culturally competent both in individual practice and at an organisational level. The concept of cultural competence has been growing among health practitioners, influenced by pioneers such as Madeline Leininger who has undertaken extensive cultural and ethnographic studies in an attempt to identify the nature of culturally competent care. She argues that today's world situation is challenging us to understand the links between culture, health and illness at a deeper level than ever before, in order to meet the needs of each individual (Leininger and McFarland, 2002). As we face a world where globalisation and multiculturalism are dominant agendas, there is the temptation to stereotype individuals. We need to ensure that, as healthcare practitioners, we do not do that (Tlou, 2001).

Globalisation and multiculturalism present a fundamental challenge to the ways in which Western healthcare practice is understood and designed. This system represents a repository of tradition and culture, language, knowledge and skill that is frequently at odds with changing local and national contexts, that in turn are the product of globalisation and multiculturalism. There is a new orthodoxy requiring new approaches to healthcare planning based upon the theories of macro-economics and health (Editorial, *The Lancet*, 2002).

The last decade of the 20th century saw significant changes in the global environment that bear heavily on the role, functions, shape and mode of operation of healthcare systems. Among the most influential changes is the increasing importance of knowledge as a driver for growth in the context of the global economy, the information and communication revolution, the emergence of the worldwide labour market and global socio-political transformations.

Clearly, the impact on healthcare and the education of practitioners in the global knowledge economy requires much more than simply establishing curricula on international issues around languages, history and culture. Healthcare systems must now compete with other systems in other countries for both patients and staff. These patients and staff are crossing borders at an escalating pace in search of lifestyle changes, opportunities and choice and, in doing so, affecting quality indicators on a global level. Alongside these positive outcomes, we have to recognise that the gap between rich and poor nations is increasing. The global labour market encourages a brain and skill drain that hits developing or transitional economies hardest of all, and in doing so creates a series of moral dilemmas with which health professionals have yet to grapple.

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