Culturally Safe and Ethically Relevant

Supplement for the NEARBC co-sponsored workshop: Culturally Safe and Ethically Relevant

October 28 and 29, 2009
Kamloops, BC

Developed by Katrina Ludwig
Welcome to the *Project Planning* workshop brought to you by The Network Environments for Aboriginal Health Research BC (NEARBC – Northern Node) in collaboration with the University of Northern British Columbia, BC Rural and Remote Health Research Network, Canadian Cancer Society & Partners, and Northern Health.

This workshop brings together researchers, community, organizations, students and concerned individuals in an effort to provide a foundation, or a bridge of skills, to create increased capacity in project planning.

The format of the workshop is one of integrated team building skills, knowledge and education. This workbook is a supplement to your workshop instruction and you will be provided with handouts during the workshop.

Several icons will draw your attention to specific actions throughout the day:

- 🌍 Means a group or individual exercise
- 📝 A section for your notes
- 🧬 Take away
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What is Culture?
Models of Practice
Evaluation

**MODULE TWO - PRACTICE**

Practice Skills Breakout
Individual Reflection

**APPENDIX**

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Evaluation
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<th>Activity</th>
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<tr>
<td>9:30 – 10:15</td>
<td>Round Table Team Introductions (5 of 5) Exercise in Cultural Identity - Naming Pg. 4</td>
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<tr>
<td>10:15 – 10:30</td>
<td>BREAK</td>
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<tr>
<td>10:30 – 11:30</td>
<td>What is Culture? Presented by Dr. Tina Fraser  • Defining Discussion &amp; Why is it Important?  • International Experience – New Zealand  • Ethics of Cultural Inclusion  • Definitions and Examples (Culture, Competency, Cultural Competency, Sensitivity, Safety)</td>
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<td>11:30 – 12:00</td>
<td>The Iceberg Skill Building Exercise Pg. 7</td>
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<td>12:00 – 1:00</td>
<td>Lunch Break</td>
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<td>1:00 – 3:00</td>
<td>Models &amp; Practices  • Continuum  • BESAFE  • Making it Relatable</td>
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<td>3:00 – 3:15</td>
<td>BREAK</td>
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<td>3:15 – 3:45</td>
<td>Practice Skills Breakout</td>
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<td>3:45 – 4:00</td>
<td>Debriefing &amp; Closure for DayPg. 6</td>
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<tr>
<td>Time</td>
<td>Session</td>
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<tr>
<td>9:00 – 9:30</td>
<td>1. Greetings and Introduction</td>
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<td>9:30 – 10:15</td>
<td>Domains &amp; Focus Areas of Cultural Safety</td>
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<td>10:15 – 10:30</td>
<td>BREAK</td>
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<td>10:30 – 11:30</td>
<td>Communication</td>
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<td>11:30 – 12:00</td>
<td>Practice Skills</td>
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<td>12:00 – 1:00</td>
<td>Lunch Break</td>
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<td>1:00 – 3:00</td>
<td>Culturally Relevant and Ethics</td>
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<td>Speaker: Martha Lovsin</td>
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<tr>
<td>3:34 – 4:00</td>
<td>Debriefing &amp; Closure for Day</td>
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NAMING – GETTING TO KNOW EACH OTHER:

1. **How were you named and what is the history behind your first and last names?** For example: Were you named after someone? Is this a common practice in your families? Is your first name reflective of a particular ethnic or linguistic heritage? Is your first name spelled or pronounced differently in various cultural groups?

2. **Does your last name reflect a particular ethnic or linguistic heritage?** Was your family surname changed in any way throughout your family history?

3. **Does anyone have a name that is frequently mispronounced?** If so, how does this make you feel?

4. **What names have you given your children?** Did you have special reasons for naming your children what you did? Do your children’s names reflect any ethnic or linguistic heritage? Did you deliberately anglicize your children’s names?

5. **Did discussing your names and naming practices reveal anything about your cultural heritage?** If so, what aspects of culture were reflected in names and naming?

**YOUR NOTES:**
WHAT IS CULTURE?

WHAT DOES IT ALL MEAN?

The language of cultural knowledge has many different degrees of Interpretation. You will find that many of these terms are used in your current practices but do not necessarily mean the same things for others.

BUILDING YOUR TOOL BOX

<table>
<thead>
<tr>
<th>Concept</th>
<th>Defining</th>
<th>Example</th>
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<tbody>
<tr>
<td>Culture</td>
<td>“Culture is an integrated pattern of human behavior which includes but is not limited to—thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of an ethnic group or social groups whose members are uniquely identifiable by that pattern of human behavior.” (National Center for Cultural Competence 2001)</td>
<td></td>
</tr>
<tr>
<td>Cultural Awareness</td>
<td>NCCC defines “cultural awareness” as being cognizant, observant, and conscious of similarities and differences among and between cultural groups (National Center for Cultural Competence citing: Goode, 2001, revised 2006).</td>
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<td>Cultural Sensitivity</td>
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<td>Cultural Relevance</td>
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<td>Cultural Competence</td>
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<td>Cultural Safety</td>
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<td>Cultural Intelligence</td>
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</table>
CULTURAL COMPETENCY: An Indigenous Worldview

Web of Life

“All things are in relationship. We have only to look at the web of life”
Chief Seattle
What is Culture?

“Learned, shared and transmitted values, beliefs, norms, and lifeways of a particular group that guides their thinking, decisions, and actions in patterned ways”

(Leininger, 1991: 47)
What is Cultural Competency?

Cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviours, attitudes, policies and structures that enable them to work effectively cross-culturally.

- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.

- Incorporate the previous in all aspects of policy-making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

- Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (adapted from Cross et al., 1989).
Cultural Terms:

- **Cultural Awareness**: is a beginning step towards understanding that there is difference. Many people undergo courses designed to sensitize them to formal ritual rather than the emotional, social, economic and political context in which people exist.

- **Cultural Sensitivity**: alerts people to the legitimacy of difference and begins a process of self-exploration as the powerful bearers of their own life experience and realities and the impact this may have on others.

- **Cultural Safety**: is an outcome of (in this case) nursing and midwifery education that enables safe service to be defined by those that receive the service (Ramsden, 1992a).

- **Culturally Unsafe Practices**: as “any actions that diminish, demean or disempower the cultural identity and well-being of an individual” (Nursing Council of New Zealand).
Rationale for Cultural Competence

- Demographic realities (cultural connections)
- Disparities in health care outcomes based on race, class or gender
- Improved quality of services
- Legislative, regulatory and accreditation mandates
- Needs and interests of constituents, state and stakeholders
- Gives the service a competitive edge

An Indigenous World View

- Indigenous ways of knowing and being
- Indigenous health
- Healing and wellness
- Indigenous knowledge
Challenges

• Recognize the impacts of colonization
• Address the challenge of communication
• Respect Culture and traditional knowledge
• Overcoming challenges

Cultural Safety and Pedagogy

• Cultural Safety – building trust
• Cultural Safety – teaching and learning
• Trust is critical to development
• Cultural Safety – strategic planning
• Literature
• Culturally safe delivery – community
• Transformative Praxis
Contact

Dr. Tina Ngaroimata Fraser, PhD
Adjunct Professor – First Nations Studies & Nursing
BC Initiatives Research Manager for Aboriginal Health
Cultural Advisor for the National Collaborating Centre
For Aboriginal Health, Network Environments for Aboriginal Research BC, &
Centre of Excellence for Adolescents and Children with Special Needs
The University of Northern British Columbia
333 University Way,
Prince George, BC., V2N 4Z9
Phone: (250) 960-6721
Cell: (250) 612-7567
Fax: (250) 960-5644
E-mail: frasert@unbc.ca
Group Reflection Session:

- Discuss what your experiences with culture are…
- What are some examples?

YOUR NOTES:
**Tip-of-the-iceberg (Observed)**

Culture is anything you can perceive with your five senses:

- Language
- Architecture
- Food
- Population
- Music
- Sports
- Clothing
- Art and literature
- Pace of life
- Emotional display
- Gestures
- Leisure activities
- Eye contact

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**Bottom-of-the-iceberg (Interpreted)**

**Values, Beliefs, Foundations**

- Notions of time
- How the individual fits into society
- Beliefs about human nature
- Rules about relationships
- Importance of work
- Motivations for achievement
- Role of adults and children within the family
- Tolerance for change
- Importance of face, harmony
- Preference for leadership systems
- Communication styles
- Attitudes about men's/women's roles
- Preference for thinking style—linear or systemic

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Discussion question: What about language?
MODULE TWO 1|MODEL

A Model of Progression:

- Cultural Safety & Action
- Cultural Skills & Interactions
- Cultural Knowledge
- Cultural Sensitivity
- Cultural Awareness
- Individual Culture

YOUR NOTES:
Continuum Models:

1. Mason’s Continuum of Cultural Competence (Ministry of Health, 2008)

- Cultural Destructiveness
- Incapacity
- Blindness
- Pre-Competence
- Competence

YOUR NOTES:
**Skill Based:**


   - Understanding your cultural identity
   - Checking cultural lenses
   - Global consciousness
   - Managing cultural conflict
   - Intercultural communication
   - Shifting perspectives
   - Cultural learning
   - Dealing with bias
   - Understanding the dynamics of power
2. **BESAFE (Ministry of Health, 2008)**

Developed by the National Minority AIDS Education and Training Centre (NMAETC), the BESAFE Model is based on a culturally pluralistic approach. The BESAFE model is focused within six core elements or practice.

<table>
<thead>
<tr>
<th><strong>Barriers</strong></th>
<th>Barriers to care address real and perceived gaps to providing quality care/services and the impact of race and ethnicity on each of them.</th>
</tr>
</thead>
</table>
|              | • Mistrust of systems or programs  
• Lack of access  
• Stigmas, lack of awareness  
• Lack of support systems  
• Poverty, crime, violence  
• Drug abuse; risk behaviors  
• Clinician bias, lack of objectivity  
• Stereotyping, racism, "isms" |

<table>
<thead>
<tr>
<th><strong>Ethics</strong></th>
<th>Ethics addresses the morality of beliefs, values, and behavior. Providers must give priority to professional duty, valuing of different cultures, and issues relevant to honesty, confidentiality, and research.</th>
</tr>
</thead>
</table>
|            | • Morality, values  
• Belief systems  
• Behaviors driven by individual experiences and social influences  
• Professionals ethic is "to do no harm"  
• Truth telling; honoring individual perspective and autonomy  
• Confidentiality |

<table>
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<tr>
<th><strong>Sensitivity</strong></th>
<th>Sensitivity addresses the need for providers to examine their own prejudices and biases toward other cultures and determine where they are along a continuum that ranges from unconscious to conscious competence. It is important that they conduct an in-depth exploration of their own cultural background and work to avoid engaging in the phenomena of cultural imposition - the tendency to impose their values on another culture (Leninger 1978).</th>
</tr>
</thead>
</table>
|                | • Examine one's own biases and prejudices, race, ethnicity, sexual orientation, language, gender, etc.  
• Explore/one's cultures  
• Avoid cultural imposition  
• Create shared understandings and shared context |

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<tr>
<th><strong>Assessment</strong></th>
<th>Assessment addresses the need to be able to collect relevant data regarding a patient's health history and problems within the context of the patient's cultural background. This should be done with an understanding that patients have a right to hold their specific cultural beliefs, values, and practices (Campinha-Bacote 1998).</th>
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</table>
|                 | • Collects relevant patient information  
• Uses systemic appraisal approach  
• Presents to the patient in the context of the patients own cultural background |

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<tr>
<th><strong>Facts</strong></th>
<th>Facts pertains to the necessity of having an understanding of physiology, behavior, and the individual’s perception in order to provide comprehensive assessment. Providers must seek to master biological variations based on</th>
</tr>
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</table>
|            | • Biologic variations based on ethnicity, worldviews (metaphorical explanations), and culturally specific behavioral patterns; variations in virologic and immunologic interpretations  
• HIV sub types  
• Variations in drug interactions and efficacy |
<table>
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<tr>
<th>Encounters</th>
<th>Ethnicity, worldviews, and culture-specific behavioral patterns for each patient, and design approaches based on that knowledge</th>
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<tbody>
<tr>
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<td>Influence of spirituality, discrimination and stigmas, support systems</td>
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<tr>
<td>Encounters</td>
<td>Encounters relates to the need for providers to achieve effective encounters with all individuals. Factors such as language, cultural norms, the role of spirituality, and concepts of personal space should be discussed with the individual when unsure of how best to proceed.</td>
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<td>Face to face, personal space, eye to eye contact, touch</td>
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<td>Norms, language</td>
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**YOUR NOTES:**
Module Two
Focus
Ethics
Practice & Skills
MODULE TWO – DIRECT PRACTICE

Group Reflection Session:

As a group, discuss some of the personal/organizational indicators that you have encountered – put these into the chart below?

BUILDING YOUR SKILL BOX:

<table>
<thead>
<tr>
<th>FOCUS</th>
<th>SKILL</th>
<th>ACTION</th>
<th>EXAMPLE</th>
</tr>
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<tbody>
<tr>
<td>Language</td>
<td></td>
<td>• Learn the language</td>
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<td>• Find a interpreter</td>
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<td>• Ask for clarification</td>
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<tr>
<td>Non verbal cue</td>
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<td>• Do not assume you understand any nonverbal signals or behavior unless you are familiar with the culture.</td>
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<td></td>
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<td>• Don’t take a stranger’s nonverbal behavior personally, even if it is insulting in your culture.</td>
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<td></td>
<td></td>
<td>• Develop an awareness of your own nonverbal communication patterns that might be insulting in certain cultures.</td>
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<td>Stereotypes “fit people into our perceptions”</td>
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<td>• Acknowledge your lack of knowledge.</td>
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<td>Evaluating Perspective</td>
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<td>Stress</td>
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Discussion question: Explore competency; are there limitations?
"Cultural competence is a developmental process that evolves over an extended period. Organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum" NCCC, 2001.

YOUR NOTES:
INDIVIDUAL REFLECTIONS (ADAPTED FROM THE WORKS OF BUCHER, 2008)

1. Describe who you are. What is culture and what is not? Develop your mind map!

2. Why is cultural safety important?

3. How does culture affect me? My workplace? My community?

4. Where am I right now?

- Whom do I identify with?
- What are my values?
- How would others describe you?
- How would the media describe you?
- What does tradition mean to you?

- I understand how my culture influences the way I think about myself.
- I understand how my own cultural identity influences how I see and interact with others.
- I am aware of the different groups and cultures of which I identify with.
- I often reflect on how my own cultural experiences may limit, restrict or hinder my thinking and influence my actions.
- I am aware of what is important to me.
5. Is culture a choice?

6. From the perspective of you, your community / workplace / school:
   - How do I/we interact with people from different cultures?
   - How do I/we seek to expand my knowledge about other cultures?
   - How do I/we check the accuracy of my knowledge regarding other cultures?
   - How do I/we demonstrate my ability to shift my perspectives?
   - How do I/we demonstrate my respect for cultural diversity?
   - When I/we learn something new about a culture, in what way do I use that?
   - When I/we encounter a person from another culture, how do I approach the situation?
REFERENCES


