

# **Cultural Competence and Cultural Safety: A Knowledge Translation Symposium**

*Courtyard by Marriott Downtown Toronto Hotel*

Monday, March 19<sup>th</sup>, 2012 and

Tuesday, March 20<sup>th</sup>, 2012





Welcome  
Bienvenue



***Special thanks to the Aboriginal Health  
Human Resource Initiative, First Nations and  
Inuit Health Branch for funding this project,***

***and***



# Advisory Task Force on Cultural Competence and Cultural Safety

Name	Representing
Baker, Cynthia	Canadian Association of Schools of Nursing (CASN)
Barton, Sylvia	University of Alberta
Bourque-Bearskin, Lisa	Aboriginal Nurses Association of Canada, and University of Alberta
Bowen, Denise	CASN, Board of Directors
Boyd, Joni	CASN
Cook, Elizabeth	Assembly of First Nations
Ford, Elizabeth	Inuit Tapiriit Kanatami
Ford, Joyce	Inuit Tapiriit Kanatami
Graham, Cathy	Trent University
Gregory, david	University of Regina

Invest in nursing faculty supply and nursing program infrastructure  
Foster innovative initiatives to sustain an appropriately prepared nursing workforce  
Invest in nursing research and knowledge translation



# Advisory Task Force on Cultural Competence and Cultural Safety Con't

Name	Representing
Mahara, Star	Thompson Rivers University
Moseley, Jane	St. Francis Xavier University
Newton Mathur, Denise	Laurentian University
Pierson, Wanda	Langara
Reimer-Kirkham, Sheryl	Trinity Western University
Smye, Vicki	University of British Columbia
Stewart, Maureen	Health Canada
Turner, Gail	Nunatsiavut Government
Varcoe, Colleen	University of British Columbia
Voyageur, Evelyn	Aboriginal Nurses Association of Canada
Fjola Hart Wasekeesikaw	Aboriginal Nurses Association of Canada

# Symposium Agenda

Time	Item	AGENDA	Presenter
09h00-09h20	4.	Call to Order and Introduction	<i>Cynthia Baker and Sanja Visekruna</i>
09h20-10h40	5.	Panel Discussion: Sharing Emerging Perspectives on Concepts of Cultural Competence, Cultural Safety, and Equity	<i>Colleen Varcoe david Gregory Victoria Smye Star Mahara</i>
10h00-10h15		Morning Break	
11h00-11h30	6.	Promoting Indigeneity Through a Cultural Safety Lens	<i>Lisa Bourque-Bearskin and Evelyn Voyageur</i>

Time	Item	AGENDA	Presenter
11h30-12h45	7.	<b>Learning from Previous Initiatives of Cultural Competence and Cultural Safety</b>	<i>Sylvia Barton Cathy Graham Jane Moseley Wanda Pierson Terry Penny Gail Turner</i>
12h45-13h45		<b>Lunch</b>	
13h45-15h00	8.	<b>Knowledge Café: Building on Lessons Learned in Cultural Competence and Cultural Safety to Advance Nursing Curricula</b>	<i>Sanja Visekruna All Participants</i>
15h00-15h30		<b>Afternoon Break</b>	
15h30-16h00	9.	<b>Knowledge Café: Small Group Synthesis of Key Themes</b>	<i>All Participants</i>
16h00-16h45		<b>Report-Back to Large Group</b>	<i>All Participants</i>
16h45-17h00	10.	<b>Closing Remarks</b>	<i>Cynthia Baker and Evelyn Voyageur</i>

# **Promoting Indigeneity Through a Cultural Safety Lens**

Dr. Evelyn Voyageur RN, PhD

R. Lisa Bourque Bearskin RN, PhD (C)

Aboriginal Nursing Association of Canada





# Promoting Indigeneity Through a Cultural Safety Lens

- Individual
  - Honoring our Indigenous knowledge systems
- Community
  - Engaging community stakeholders
- Academic
  - Contributing to research

# Promoting Indigeneity Through a Cultural Safety Lens

- Individual
  - Identity is foundation for wellness.
  - Understanding the historical, political factors that impact our connections and existence in the world.
  - Resisting the effects of colonization and working to decolonize our thinking.
  - Language is key to uncovering cultural meanings of our Indigeneity
  - Commitment to advocating to a national level to promote cultural safety.

# Promoting Indigeneity Through a Cultural Safety Lens

- Community
  - “Remembering where who you are and where you come from - describing your connection to your roots and your responsibility to be healthy as representative of yourself, your family and your community” (Paul Willie, 2010).
  - Community led means that the community is actively involved in constructing their own health model representing their own cultural values and beliefs.
  - Engaging community stakeholders is key to successful and sustainable health related programs.

# Promoting Indigeneity Through a Cultural Safety Lens

- Academic
  - Contributing to research
  - Strengthening and creating community capacity to promote a sense of ownership & leadership.
  - Opening up spaces for people to talk about strongly held assumptions in health care.
  - Transferring of power from the health care provider or educator to the client, or student/community.

# Cultural Competence and Cultural Safety in Nursing Education: Follow-up Interviews with Canadian Schools of Nursing

## Research Team

Margret Rowan, PhD (Consultant) University of Ottawa and Rowan Research and Evaluation

Ellen Rukholm, PhD (Principal Investigator) Laurentian University, Centre for Rural and Northern Health Research

Evelyn Voyageur, PhD (Co-Investigator) Aboriginal Nurses Association of Canada

Cynthia Baker, RN, PhD Executive Director Canadian Schools of Nursing

Lisa Bourque-Bearskin, PhD Candidate (Co-Investigator) Aboriginal Nurses Association of Canada

# Definitions

**Cultural competence** generally refers to the attitude, knowledge and skills necessary for providing quality care to diverse populations.

**Cultural safety** extends beyond cultural awareness, sensitivity and skills-based competencies. It is predicted on understanding the power differentials inherent in health service delivery and redressing these inequities through educational processes.

## **References:**

Aboriginal Nurses Association of Canada Framework (2009a):

<http://www.anac.on.ca/Documents/Making%20It%20Happen%20Curriculum%20Project/FINALFRAMEWORK.pdf>

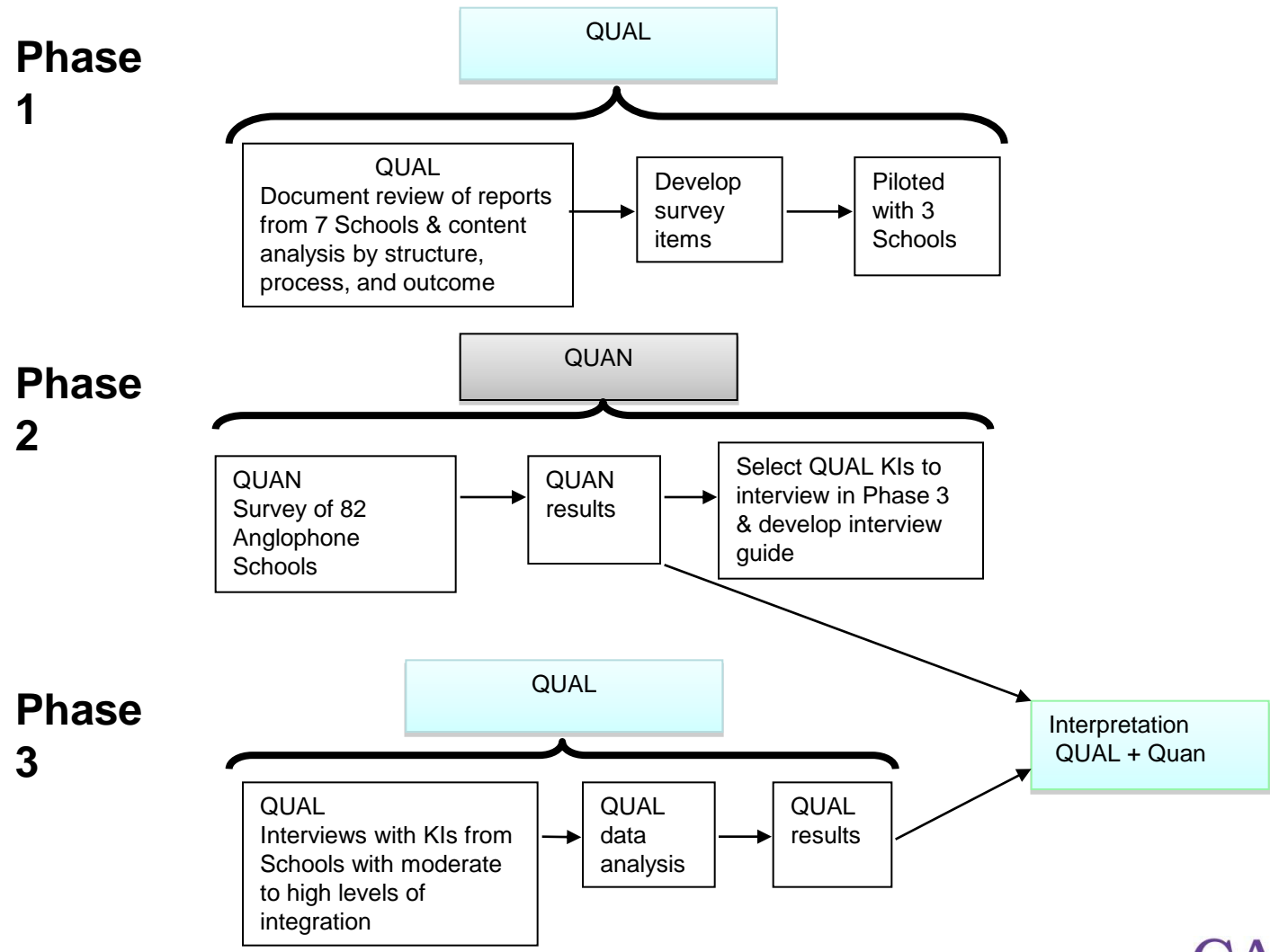
Aboriginal Nurses Association of Canada Literature Review

(2009b): <http://www.anac.on.ca/Documents/Making%20It%20Happen%20Curriculum%20Project/FINALReviewofLiterature.pdf>

# Design Influences

- **Worldview:** Emphasis on listening, understanding and accepting differences, finding common ground.
- **Grounded in experience:** Starting point is the reality of what schools are actually doing rather than a “theoretical best practice approach”.
- **Macro level of study:** Organizational/system level.
- **Ethics:** In-line with issue of cultural appropriateness and safety.

# Figure 1 - Study Design: Mixed Methods Sequential Triangulation Design (Creswell & Clark, 2007)



Note: QUAL: Qualitative; QUAN: Quantitative



# Phase 1

- **Document review** of reports on cultural competence and safety strategies provided by six pilot sites from across Canada and one other exemplar University.
- Developed a **table of potential items** based on strategies identified in reports and grouped them into **structure** (funding, community partnerships, committees), **process** (staff education, student delivery methods and content, A.N.A.C. framework), and **outcome** areas (indicators or measurement processes) (Donabedian, 1988; Watts, 2008).
- **Pilot tested** draft survey with 3 Schools of Nursing.

## Phase 2

- In March 2011, **82 Anglophone Schools of Nursing** were contacted electronically and asked to complete on-line survey.
- **Mostly closed ended dichotomous or likert scale items**: Background items, and Structural, Process and Outcome questions.
- Focus on the **Undergraduate Curriculum**.

## Phase 3

- Apply for ethics approval over summer.
- Approximately 12-14 KI interviews with those who indicated a moderate to high level of integration of cultural competence and cultural safety at their School.
- Begin in late summer/early Fall 2011.
- Questions will focus on reflective experiences with integration, use of frameworks, facilitators, barriers, perceived impacts on educators and students, and future plans.
- Results were analyzed using Nvivo.

# Preliminary Findings

- Contextual Factors
  - 89% of schools of nursing reported integrating both cultural competency and cultural safety in UG curriculum.
- Structural Factors
  - 50 % of schools had policy to recruit and retain Aboriginal students
  - 16 % had policy to recruit and retain Aboriginal faculty
- Process Factors
  - 77% reported being aware of the CC/CS Framework
  - 41 % reported using other frameworks ie Leininger
- Outcome Factors
  - Least developed but primarily completed by reviewing course outlines to assess the the integration of CC/CS into UG curriculum.

# Dissemination of Results

## Review by A.N.A.C:

- Final report on Phases 1-3.
- Draft article on integrated findings from Phases 2 & 3.

## Publications:

- International Journal of Nursing Education
- Journal of Transcultural Nursing
- Journal of Aboriginal Health