

How Creating a Safe Space for Cultural Safety Conversations Can Bring about Innovative Ideas and Inform Change

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In the Emergency Department
in a rural northern community

Innovation &
Development
Commons
Brown Bag
Lunch
Sept 24, 2020

With Gratitude...



Prince Rupert



The Context

“...the needed transformations in the healthcare system will not come from Western concepts or Indigenous concepts alone, but will require embracing both in the spirit of Two-Eye Seeing. This means that non-Indigenous health organizations, systems and service providers must create space – ethical space- ... (Greenwood, Lyndsey, King and Loewen, 2017, p. 186)

What is a safe space?

- Mutually negotiated
- Indigenous and Western ways of seeing woven together
- Engagement of head and heart

Privileging Indigenous Voices

- ▶ Traditional opening, prayer and introduction to protocols
- ▶ Head and heart approach (Kanjjer, et al 2011)
- ▶ Elder at all sharing circles
- ▶ Modified invitation
- ▶ Dismantling power imbalances
- ▶ Interviews to address travel challenges

- ▶ Guidance and support during personal loss
- ▶ Honouring verbal consents (Goodman et al., 2018)
- ▶ Welcoming space that included Indigenous art
- ▶ Grounding exercise
- ▶ Traditional tea and bannock
- ▶ Presentation of data in a way that does no harm (Allan, 2013)



Methods

Qualitative Study

Asynchronous Advisory Committee

Interviews

Single and Combined Sharing Circles

Skeena River Ooligan Run

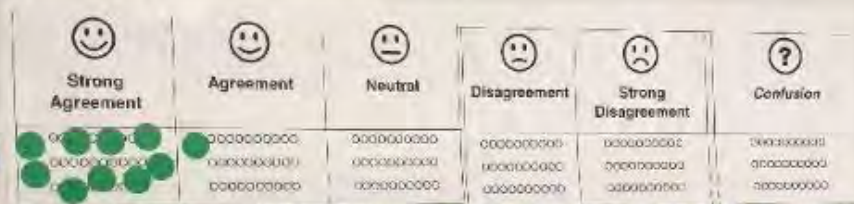
Participation



Data/Analysis

Collaborate together to better address the needs of specific populations
eg. mental health + addictions, suicidal, elderly, chronic pain, women with trauma, etc.

DO YOU AGREE?



Explain: Understanding the impacts of trauma/addiction on mental health will improve quality of care; often these populations experience punitive attitudes.
Collaboration will better address people's needs

- ↑ empathy beneath the surface of vulnerable ppl

we often share mutual clients ∴ better service

- Those who experience MH/A issues not only need Referral/Advocacy in Community but Understanding in ER. — They are experiencing Crisis — often interaction w/ care providers in ER can be further traumatizing

- UNITE THE CLANS!

Find better ways to proactively identify clients who have multiple ^{risk factors} ^{comp} complexity in their care needs across departments and with physicians.
- Collaboration with community providers will help improve care and address needs of specific high risk populations

Results

- ▶ What culturally safe and unsafe care feels like
- ▶ Current culturally safe practices
- ▶ Factors that challenge cultural safe care
- ▶ Six priority suggestions to enhance culturally safe care

Attributes of culturally safe care provision

- ▶ Feeling heard
- ▶ Plain language
- ▶ Willingness to learn
- ▶ Empathetic
- ▶ Going the extra mile
- ▶ Genuine caring
- ▶ Mutual trust
- ▶ Not taking client behavior personally
- ▶ “two-eyed” seeing
- ▶ Meeting the patient needs

- ▶ Compassion
- ▶ Conversation
- ▶ Relationships
- ▶ Flexibility
- ▶ No assumptions or judgements
- ▶ Holistic approach
- ▶ Kindness
- ▶ Respect
- ▶ Team work
- ▶ Reflect on own biases

How do we make these more consistent?

What are is already going well?

- ▶ Family involvement, escorts and advocates
- ▶ Establishing relationships between NH staff, families and care providers
- ▶ Cultural safety training and understanding of lived reality of First Nations communities
- ▶ Indigenous communities, families & individuals health & wellness roles
- ▶ Meeting the patient needs, providing relief to the patient's suffering
- ▶ Education and communication
- ▶ A representative workforce

*How can we do more of this?
How can we make these systemic?*

What unsafe care is like: feeling dismissed or not getting the care needed

- Feeling pushed aside
- Feeling not heard, believed or taken seriously
- Believing the weren't checked over thoroughly, were misdiagnosed or did not received the right treatment
- Treated like we are all the same (assumptions)
- Treating only the symptom not the underlying problem

Challenges to cultural safety?

- Impact of Colonial history
- Geographical barriers
- General communication problems
- Person's preconceived expectations or behaviours
- Felt dismissed
- Unintentional harm
- Policy and system barriers
- Physician access

How do we share hard lessons?

Challenges for staff and physicians

- ▶ Expecting poor care and looking for it/ defensiveness
- ▶ Rudeness or “crankiness”
- ▶ Being intoxicated
- ▶ Verbal and physical assault
- ▶ Wanting to be seen NOW
- ▶ Being overworked and tired



How to enhance cultural safety?

“I do think there are some things locally that we have some influence over, whether that is our direct interactions with clients we provide care for, or the leadership that maybe governs what happens...” (sharing circle three participant).

Suggestions to enhance cultural safety (Top six priorities)

1. Enhance communication and support
2. Expand on existing cultural safety training and support opportunities
3. Grow the education and tools offered to patients
4. Collaborate together to better address the needs of specific populations
5. Indigenous people building their own health and wellness
6. Address access to physician challenges

How do we try new ways?



1. Enhance communication and support between the hospital, physicians & providers in communities



2. Expand on existing cultural safety training and support opportunities to understand lived reality

“ So there is a long way to go but at least these type of conversations is opening up that and hopefully you know if we spearhead it in this way then it opens this up and makes this bridge a bit broader and more people can cross” (sharing circle three participant).

A close-up photograph of several bright yellow daisy-like flowers with multiple petals, growing on green stems. The background is a soft-focus green field of similar plants.

3. Grow the education and tools offered to patients

“The concept of non-compliance...that language is problematic because it assumes that people are making a choice not to follow medical advice when there are may be a million things that stand in the way of them being able to follow that advice or a million reasons why following that advice doesn't work” (sharing circle two participant).

4. Collaborate together to better address the needs of specific populations



“My big concern is over prescribing drugs...so many pills, so many pills. Not Ibuprofen but Tylenol 3’s, OxyContin, Chlorazepam, ...” (interview participant).



5. Center Indigenous communities, families and individual health and wellness roles

- *“In my mom and dad’s days they were self-sufficient. They worked together, I mean. They did what they had to do to make everybody comfortable in the community. They utilized our traditional medicines.”* (Sharing circle three participant).

6. Address physician access challenges

- Challenges getting/seeing family doctor
- No physician in ED at night
- walk in clinic on weekends?
- Nurses in First Nations need to speak to the ED doctor
- Have a NP or physician in the ED to focus on prescription refills?
- Physician shortages/burnout



Self Assessment Questionnaire

Hope

I am not alone

Communication and sharing

Education

Leveraging...

North Coast BC

Conclusion of the research

Supportive Dialogue can contribute to cultural humility while informing system change

Learnings in Creating Safe Spaces for Cultural Safety Conversations

- Utilize sharing circles
- Build relationships
- Include Indigenous Advisors
- Creatively address geographical challenges and other barriers
- Honour local Indigenous protocols and approaches
- Apply a head and heart approach
- Dismantle power imbalances
- Create a welcoming space



Recommendations

Provide opportunities for supportive dialogue by privileging Indigenous voices to support “an Ethical Space” and “Two eyed seeing” discussions

Implement the recommendations for enhancing culturally safe care in the Emergency Department and beyond

Poem

Our Journey to Cultural Safety

Unity is the core

Respect is the tool

The journey will be bumpy

But culture will lead our way

Self-sufficient we become

Finding destiny the place you started from

Through breathing in the wisdom of our ancestors

The goal, a healthier, happier people

(Poem created by members of the 3rd sharing circle -
June 23, 2108)

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Thoughts?

- Implications?
- How can we integrate these learnings into our work?