Integrating Cultural Safety into Community Nursing Education: An Evidence-Based, Social Justice Inspired, Curricular Change

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Objectives

After the presentation learners will be able to:

• define cultural safety

• identify the intersection of two community health concepts with cultural safety concepts

• describe one curricular change possibility for their course
What is cultural safety?

The effective nursing practice of a person or family from another culture, and is determined by that person or family.

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognize the impact that his or her personal culture has on his or her professional practice. (Nursing Council of New Zealand, 2005, 2011)
Background

• “I don’t have a culture. I’m just normal.”
• “What about your culture should we know so that we can take better care of you?”
• Culture=race/ethnicity
• Lack of awareness of power/privilege
• Tendency to ascribe illness to individual’s “poor choices”
Research (Evidence Based) Findings

- “Reflection is key”
- “Know who you are and where you come from”
- “Walk along side”
- Getting it right
- Cultural safety is evolving (change over time)
What changed with the research?

• The NZ nurses said “reflection is key”
  • Make a safe environment for the student to reflect, especially on who they are and where they came from
• The NZ nurses said “look to your own broken treaties” and “know your own genocidal history.”
Changes in the curriculum

• The RN to BSN program

• The 5 curricular threads
  • Cultural Safety
  • Fostering Inquiry
  • Advocacy
  • Genomics
  • Information Management & Technology
What we do with the threads

- Faculty vote on the threads each year
- Commit to including them in each course in the 30 semester credit RN to BSN program
- Talk about a different thread and how it is being implemented and assessed in each faculty meeting (1 per month)
- Share techniques/resources/teaching strategies for thread content
- “Cultural moments” added to agenda
Our example—cultural safety

• N440—Community concepts for the RN to BSN student
• Cultural safety research is included along with work from other health care writers on culture and assessment (including Dr. Campinha-Bacote, Kleinman’s Explanatory Model)
• Research gives backbone to the “next steps” and reinforces not only cultural safety implementation but also reinforces fostering inquiry
Strategies—Connections with what students know

- Students are invited to share where they come from—through personal narrative, digital story
  - Opportunity to discuss where they come from with relatives (sometimes for the first time)
  - Most do a personal genogram/data table for their own communities
  - Articulating their values allows them to know that others have values that differ
  - Teaching strategy: modeling that difference is something to celebrate
Strategies—Connections with what students know

• Use of “Unnatural Causes” videotreams to shift students away from “blame” towards social determinants of health
• Present information on power/economics/health connections and Socio-ecological model
• Cultural Moments—take the shame out of not being “culturally competent”
• Celebrate learning
“Look to your own broken treaties”

- Historical trauma/PTSD
- Nez Perce colleague (Dr. Robbie Paul) talks about her family’s history and health implications
- WhiteBison URL (info on NA boarding schools)
- Connection with PTSD issues of some returning veterans
- Students’ workplace and personal preparedness plans
- Relationship to global disasters
Students report surprises

• Understandings about the historical treatment of First Peoples is shocking and deeply moving for some
• Situates healthcare treatment/education within a sociopolitical context--“why hasn’t this been a part of every class?”
• Identifies the nature of partnership in nursing and nursing education
• Examines power differentials, conflict, and “the learning that happens on the margins of discomfort”
• Explores tension between social justice for oppressed group members and others, expressed as an issue of equity versus equality
• Empowers student members of under-represented groups
Conclusions

• Provides faculty with a motivation to engage in our own culturally safe, reflective practice
• Encourages personal narrative and reflection in all programs
• Reflection through “Cultural Moments” for faculty, is “institutionalized”—each meeting
• Introduces US Native American research, African American historical context, and community healing
• Links cultural safety with patient safety, patient/family centered care, health literacy, and ethical practice

Art show, Wellington, NZ, 2008
References

Questions? What can you use?

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Fish with the inquiring mind- hair salon, Luang Prabang, Laos, 2008