CULTURAL SAFETY THROUGH RESPONSIVE HEALTH PRACTICE

Background

Indigenous Allied Health Australia (IAHA), is a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation. IAHA recognise that a culturally safe and responsive health system is imperative to ensure that Aboriginal and Torres Strait Islander Australians receive the healthcare required to significantly improve health and social and emotional wellbeing outcomes.

Applying cultural safety to transform practice requires understanding the centrality of culture for Aboriginal and Torres Strait Islander peoples and nations; and respect for the diverse cultures, languages, practices and beliefs across Australia. More importantly, it requires self-understanding, truly knowing and accepting our own culture and its influence on how we think, feel and behave. The impact of one's dominant culture on another is complex - and often goes unquestioned - but lies at the heart of cultural safety.

"Culture has been defined as 'that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capacities and habits acquired by man as a member of society.' In other words, culture is a patterned way of life shared by a group of people.

Culture encompasses all that human beings have and do to produce, relate to each other and adapt to the physical environment. It includes agreed-upon principles of human existence (values, norms and sanctions) as well as techniques of survival (technology). Culture is also that aspect of our existence which makes us similar to some people, yet different from the majority of the people in the world… it is the way of life common to a group of people, a collection of beliefs and attitudes, shared understandings and patterns of behaviour that allow those people to live together in relative harmony, but set them apart from other peoples" State of the World's Indigenous Peoples[1]

Culture can be described as a set of complex beliefs and behaviours acquired as part of relationships within families and other social groups[2]. It is important to recognise that culture is expressed at both group and individual levels. It is dynamic rather than static and the complex beliefs and behaviours of cultural groups are not held or expressed uniformly by all members of those groups. Most people live in more than one cultural setting and perceive, experience, and engage with all aspects of their lives and the world around them through the lens of our cultures[3].

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Cultural Safety

It is well recognised that people who live or work within a culture other than their own need to recognise that their own beliefs and behaviours (i.e. 'culture') will have an impact upon their treatment and care of, or service provision to, their clientele. Cultural safety represents a key philosophical shift from providing a service regardless of difference to providing care that takes account of peoples' unique needs. It requires all people to undertake an ongoing process of self-reflection and cultural self-awareness and an acknowledgement of how these impact on interactions and service delivery.

Cultural safety is central to Aboriginal and Torres Strait Islander peoples and their relationships with the health system. Cultural safety describes a state, where people are enabled and feel they can access health care that suits their needs, are able to challenge personal or institutional racism (when they experience it), establish trust in services, and expect effective, quality care.

The process of seeking cultural safety, like most forms of study and development, is lifelong. It is the receiver of services who determines whether the service is culturally safe or not. Cultural safety is experienced by Aboriginal and Torres Strait Islander

people when individual cultural ways of being, preferences and strengths are identified and included in policies, processes, planning, delivery, monitoring and evaluation.

Critically, cultural safety does not necessarily require the study of any culture other than one's own: it is essentially about being open-minded and flexible in attitudes towards others. Identifying what makes others different is simple – however, understanding our own culture and its influence on how we think, feel and behave is much more complex, and often goes unquestioned.

"Cultural safety is a philosophy of practice that is about how a person does something, not what they do, in order to not engage in unsafe cultural practice that '… diminishes, demeans or disempowers the cultural identity and wellbeing of an individual[4]"

The effective care of a person/family from another culture requires a health care provider to have undertaken a process of reflection on their own cultural identity and recognise the impact of the health care professionals' culture on their practice.

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If cultural safety describes the state we are aiming to reach – safe, accessible, person-oriented and informed care – cultural responsiveness is the practice to enable it.

Cultural Responsiveness

Cultural responsiveness is the active approach taken by individuals, organisations and systems to promote and maintain cultural safety. Cultural responsiveness is a term that has origins in Canada and North America and is a relative of the earlier work of transcultural nursing and the later work of cultural competency.[5]

IAHA has listened, discussed, debated and shaped cultural responsiveness as strengths-based, action-orientated approaches that enable Aboriginal and Torres Strait Islander people to experience cultural safety. It is a negotiated process of what constitutes culturally safe health care as decided by the recipient of that care. It is about the centrality of culture and how that shapes individuals, their worldviews, values, beliefs, attitudes, and interactions with others. It requires strengths-based approaches and recognises that if culture is not factored into health care and treatment, the quality and probable impact of that care and treatment is likely to be diminished. Cultural responsiveness is needed to transform systems and how health care providers and individual health practitioners work to deliver and maintain culturally safe and effective care. It is innately transformative and must incorporate knowledge (knowing), self-knowledge and behaviour (being) and action (doing). It is about the approaches we take in engaging with people and how we act to embed what we learn in practice. This requires genuine dialogue to improve practice and health outcomes. Cultural responsiveness is the means by which we achieve, maintain and govern cultural safety.

Culturally responsive care is about the 'centrality' of culture to people's identity and working with them to determine what is culturally safe care for them as individuals. It goes far beyond notions of cultural awareness and cultural respect.

The emphasis on action in cultural responsiveness cannot be overstated: it is not enough to be well motivated or understand the need for change. Many of the architects and agents of policies designed to 'improve' Aboriginal and Torres Strait Islander health and wellbeing will have understood the symptoms and extent of disadvantage they sought to address. The inadequacy of many approaches is rooted in assumption, notions of cultural superiority and, often, well-meaning but culturally self-referenced approaches. Cultural responsiveness goes beyond knowing change is needed, to enabling safe approaches that deliver genuine impact.

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Conclusion

Responsibility to ensure Aboriginal and Torres Strait Islander people receive culturally safe and responsive care sits in many connected spheres: with education providers, service providers, organisations, and health professionals. Each must be capable of responding to the needs of Aboriginal and Torres Strait Islander peoples. Systems, organisations and individuals are at different stages in their journeys to develop these capabilities.

Cultural responsiveness places the onus onto the individual, organisation, and system to respond appropriately to the unique attributes of the people, families and communities with whom they work. Supporting Indigenous leadership and working in partnership is essential. Cultural responsiveness is transformational and is how we achieve cultural safety, by facilitating access to affordable, available, appropriate, acceptable and high-quality health care, which is the right of every Aboriginal and Torres Strait Islander person.

We support the development of capabilities in cultural safety and responsiveness for all Australians, both non-Indigenous and Aboriginal and Torres Strait Islander people. IAHA sees the development of high-level capabilities in cultural responsiveness as a lifelong cycle of reflection, learning and action as we base our relationships on dialogue, communication, power sharing and negotiation.

Nicole Turner, IAHA Chairperson

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Updated and Re-Endorsed by the IAHA Board on XX MONTH 2019

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