Introduction to Cultural Safety and Cultural Humility

KNOWLEDGE MOBILIZATION HUB

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Introduction

This guide, Introduction to Cultural Safety and Cultural Humility, is one in a three-part series to support Research Teams (RTs) who are members of the Canadian Institutes of Health Research's Knowledge Mobilization Hub. Other guides in this series include:

Building Respectful Relationships and Engagement with First Nations, Inuit and Métis Individuals, Communities and Organizations in Health Research

Knowledge Mobilization Approaches and Strategies for First Nations, Inuit and Métis Communities

Historical Context for Cultural Safety

Cultural safety, as a framework, was first championed by Dr. Irihapeti Ramsden, a Māori nurse and educator in Aotearoa (the Māori term for New Zealand) in the late 1980s. She observed power imbalances and the lack of safety in the health interactions between non-Indigenous providers and the Māori people they served. Her work on the importance of cultural safety to address these power differentials and health inequities is internationally recognized. Since this time, much work has been done within the Canadian context on how to create culturally safe healthcare environments for First Nations, Inuit, and Métis people.

What are Cultural Safety and Cultural Humility?

The First Nations Health Authority has defined cultural safety and cultural humility in the following ways for the healthcare system, but it can be similarly understood in the research environment.

Cultural Safety

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. Cultural safety, and culturally safe care, is wholly determined by the person receiving care and/or their family, or by the relevant community.

Cultural Humility

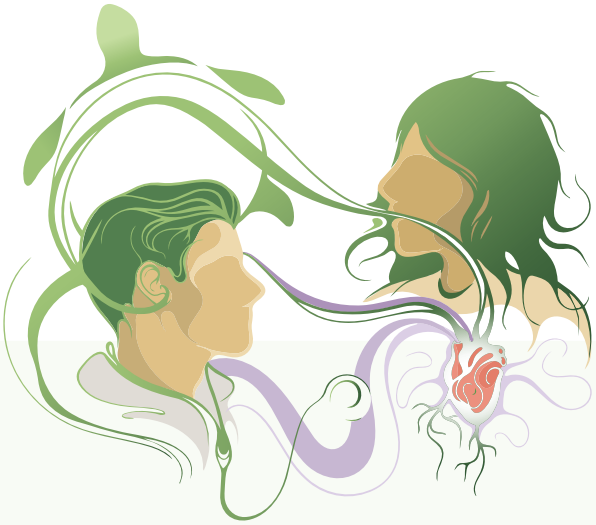
Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Researchers cannot simply 'do cultural safety', but there are actions, starting with cultural humility, that facilitate a culturally safe experience. The Public Health Agency of Canada has compiled a *continuum of cultural safety and humility* (see image below) which breaks down contributing actions into a series of components.

Cultural safety is built by ensuring a foundation of **anti-racism, cultural humility, and trauma-and-violence-informed care.** These are processes and actions that can be done by individuals and research teams, be built into research ethics, and included in knowledge mobilization strategies to foster cultural safety. Cultural awareness, cultural competence, and cultural sensitivity are important to understand and integrate when applicable – but alone do not create a culturally safe environment.

Cultural Safety in Health Research

Past and on-going colonization, anti-Indigenous racism and harmful, deficit-based research have led to poorer health outcomes and create distrust of research and researchers among First Nations, Inuit and Metis people and communities. Working toward cultural safety, and practicing cultural humility, helps ensure health researchers are contributing to healing and health equity rather than reinforcing historical harms. Although this guide is specific to cultural safety for First Nations, Inuit, and Métis people, communities, and organizations, environments free of racism and discrimination create cultural safety for everyone. As cultural safety is determined by the person, community or organization involved in the research, there is no one formula for safety that can be applied, but there are best practices. Some of these recommended elements are included below, and in the other guides in this series.



Cultural Humility Starts with You.

- Learn about Canada's colonial history and the policies, structures and systems at the root of historical intergenerational trauma, such as the residential school system, and Indian hospitals.
- Consider the social, political and historical contexts of First Nations, Inuit and Métis people, communities and organizations as they relate to health research, and the specific project.
- Reflect on your own personal biases and privilege. Critically examine how these biases have been influenced by stereotypes and deficits-based media reporting or health research.
- Plan time to learn about, and from, the people, communities and organizations that will be part of the research project. Involve them early, include their feedback in every stage of the project, and facilitate meaningful participation rather than tokenism.
- Be responsive to feedback, and be willing to examine, identify, and change practices that are harmful or rooted in racist or colonial assumptions, practices, and structures.
- Cultural humility includes taking responsibility for mistakes or missteps when they happen. It demonstrates accountability through ongoing reflection, honest dialogue about gaps or harmful impacts, and a commitment to making necessary changes.
- Commit to ongoing learning about cultural safety, including how to disrupt anti-Indigenous racism.

Strengths-and-Distinctions-Based Language and Approaches

There is incredible diversity amongst and between First Nations, Inuit and Métis people and communities, including cultures, language(s), histories, geographies, and constitutional rights. While not a homogenous group, all are deeply impacted by colonization. Strengths-based language about First Nations, Inuit and Métis health and wellness actively counters racism and stigma. Distinctions-based approaches may help ensure that the experiences and realities of First Nations people, Inuit, and Métis people are separately considered, and equally represented, in research. For example, striving for diverse participant and geographic representation and tailoring knowledge mobilization strategies rather than having one 'Indigenous' perspective, all contribute to cultural safety. For more information on how to appropriately use the term Indigenous, see Gregory Younging's *Elements of Indigenous Style*.

Trauma-and-Violence-Informed Research Approaches

Cultural safety is further strengthened through trauma-and violence-informed approaches to health research, beginning with the ethics process. Applying a trauma-and-violence-informed lens acknowledges historical harms, supports healing, reduces the risk of further harm, and improves the likelihood of culturally safe experiences for participants. The following are important considerations.

- Understand that some health research topics can be triggering for First Nations, Inuit, and Métis people.
- Be respectful and careful of the emotional needs of First Nations, Inuit, and Métis people involved in the project.
- Never leave First Nations, Inuit, and Métis people in a triggered or re-traumatized state. Have culturally appropriate mental health resources available for project participants (i.e. cultural/mental health support workers present or readily accessible through community-based services).

For additional reading and tools for learning see the resource list provided.

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