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Teaching Matters

The UBC School of Nursing Teaching Scholarship Blog site



Welcome to the Elizabeth Kenny
McCann Journal Club!


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Cultural Competence & Safety in the Nursing Curricula

- Rowan et al. describe the cultural competence & safety content that should be included in the undergraduate curriculum.
- Are their assumptions that these are both universally accepted aspects of Canadian care provision valid?


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Cultural Competence


- CC refers to an ability to interact effectively with people of different cultures and socio-economic backgrounds
- Is this a problem in contemporary healthcare and nursing education?


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Issues with Cultural Competence

- Problematic Practice still very evident:
 - [Bias and discrimination in healthcare still exists](#)
 - [Sikh man has beard shaved by a nurse in 2010](#)
 - [..and in 2003!](#)
 - [Aboriginal Canadians face racism in urban healthcare](#)


(see links at end for sources)



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Cultural Safety

- Cultural Safety is a concept originally developed in New Zealand by nurses working with Māori people
- Focused on analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers (Williams 1999, & Doutrich 2012)

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Critique of CS includes

- Employs a divisive dichotomy of “oppressed” and “oppressors”
- A postmodern analysis/deconstruction of healthcare power differentials works on the macro scale but it is difficult to see how it can be practically enacted at the micro level within a multicultural healthcare system.
- Promotes victimary thinking?

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Paper Analysis

- Why only Anglophone School's of Nursing?
- Theoretical Framework:
 - Donabedian's framework is adapted from the general to a specific application
 - Is this justified?

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What can we conclude?

- CC and CS are not well delineated or have universally agreed definitions
- There is significant conflation of ideas/assumptions between CC & CS in the paper
- The ANAC principles were generally applied in practice but not necessarily using their own framework
- Recruitment policies still do not address access issues for aboriginal peoples
- Leadership is needed to promote curriculum integration
- 41% of SoNs responding had committee structures to address cultural issues in the School's
- Outcomes measurement: These are complex multi-factorial issues that can probably not be resolved with simple “fixes” or measures


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References

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Reimer-Kirkham, S., Varcoe, C., Browne, A. J., Lynam, M. J., Khan, K. B., & McDonald, H. (2009). Critical inquiry and knowledge translation: Exploring compatibilities and tensions. *Nursing Philosophy*, 10(3), 152-166.

Williams, R. (1999). Cultural safety—what does it mean for our work practice? *Australian & New Zealand Journal of Public Health*, 23(2), 213-214.


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Links on Slide 4

- <http://www.wellesleyinstitute.com/health-care/colour-coded-health-care-the-impact-of-race-and-racism-on-canadians-health/>
- <http://www.cbc.ca/news/canada/british-columbia/apology-issued-after-nurse-cuts-sikh-s-beard-1.923803>
- http://www.sikhtimes.com/news_071103b.html
- <http://www2.macleans.ca/2012/12/11/aboriginal-canadians-face-racism-stereotyping-in-urban-health-care/>