

Why you should read this article:

- To understand the concept of cultural safety
- To consider ways to ensure that your practice incorporates cultural safety
- To contribute towards revalidation as part of your 35 hours of CPD (UK readers)
- To contribute towards your professional development and local registration renewal requirements (non-UK readers)

Using cultural safety to enhance nursing care for children and young people

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Abstract

People from minority groups frequently experience adversity in various aspects of their lives, including when accessing healthcare services. Culture has a significant role in all healthcare encounters between nurses, multidisciplinary teams, and children and young people and their families.

This article defines culture and explains the importance of considering people's cultural values, beliefs and practices when providing care. It outlines the principles of cultural safety – an approach that incorporates ideas such as cultural awareness, sensitivity and competence – and describes how it can enhance the care of children and young people from a wide range of backgrounds.

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Keywords

child health, cultural competence, culture, discrimination, diversity, equality, inclusion, professional, transcultural care

Aims and intended learning outcomes

The aim of this article is to enhance children's nurses' understanding of culture and the idea of cultural safety, and to support them to recognise these as crucial components of the care they provide to children and young people and their families from a range of backgrounds. After reading this article and completing the time out activities you should be able to:

- » Recognise the ways in which people from minority groups experience disparities in healthcare.
- » Explore the meaning and components of culture.
- » Outline the principles of cultural safety and how these can be applied in practice.
- » Describe the potential advantages of implementing cultural safety in the care of children and young people.

Introduction

People in minority groups of all kinds, particularly black, Asian and minority ethnic

groups, continue to face daily adversity. In the UK, the Equality Act 2010 was introduced to deter prejudice and discrimination on the basis of nine protected characteristics – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. However, while the act has been beneficial for some families in terms of providing reasonable adjustments for children and young people (De and Richardson 2015), disparities remain in a broad range of areas, including healthcare.

Disparities in healthcare have been highlighted by the coronavirus disease 2019 (COVID-19) pandemic which has affected disproportionately people in various minority groups, including people with learning disabilities and those from black, Asian and minority ethnic communities (Office for National Statistics 2020, Public Health England 2020a). According to Khunti et al (2020), these disparities may be

linked to employment in front-line services, social living circumstances and vitamin D deficiency compromising immune responses. Further, there have been higher levels of COVID-19 vaccine hesitancy in certain groups, such as black African, Pakistani, Bangladeshi, white non-British and Gypsy and Traveller communities (NHS 2021). It has been suggested that cultural factors and misunderstandings can influence people's willingness to take up vaccination opportunities (Karan and Katz 2020). However, further research is required to understand the reasons why certain groups have been affected disproportionately during the COVID-19 pandemic and in healthcare generally.

If nurses fail to understand the reasons why such disparities in healthcare exist for minority groups, then they may miss opportunities to protect and improve child and family health. It is important for nurses to be aware of these groups' perceptions of threats, security and fairness to attempt to understand the lived reality of individuals and their varying circumstances and what health, illness and care means to them. Open dialogue about the structural injustices and unconscious biases that affect minority groups can provide an opportunity to address these issues in a constructive and appropriate manner. It is essential that healthcare professionals assure all patients, including those from minority groups, that they have regard for their experiences and needs.

The Nursing and Midwifery Council (NMC) (2020) Code in Action: Caring with Confidence advocates recognising diversity and includes a section designed to support nurses to be inclusive and to challenge discriminatory behaviour. Similarly, the Royal College of Nursing (RCN) (2017) Equality and Inclusion Strategy 2017-2020 encourages nurses to be 'bolder and more courageous in advocating for the centrality of equality and inclusion'. The authors of this article suggest that to treat people impartially and with respect for their individual needs, conditions and living circumstances is the ethos of a cohesive society as well as the foundation of effective, compassionate care.

Defining culture

Defining the precise meaning of culture can be challenging, in part because the term and its context are highly complex and nebulous, alluding to refinement, linguistics, values and beliefs. Helman (2007) defined culture in a broad sense as 'a set of guidelines (explicit

and implicit) that individuals inherit as members of a particular society, and that tell them how to view the world, how to experience it emotionally, and how to behave'.

Each person emerges into a culture at birth and throughout their life they continue to accrue and be shaped by it. Culture helps each person to manage their expectations of daily living, which may guide their aspirations and affirm who they are (Neuliep 2015). It also links an individual to others who seem like them – by whatever criteria – and serves to distinguish them from others who perhaps live differently. Culture can help a person to feel secure, define progress and success and enable them to relate to wider society (Neuliep 2015). The authors of this article suggest that culture:

- » Is an accumulated way of understanding the world, living, perceiving needs and experiencing fears.
- » Supports people to identify their core beliefs and fundamental values.
- » Influences people's traditional customs and habits and provides them with patterns of living.
- » Assists people to negotiate help and offer appropriate support to others.

Purnell (2012) listed several factors that may contribute to a person's 'cultural being', including family, community, aspirations, spirituality, foods, religion, rituals, illness, education and positive and negative life experiences.

Culture is particularly important for those who belong to groups that are a statistical minority. Although people in such minority groups may come from different backgrounds and cultures, they often share common ground in experiencing a lack of enquiry about their needs and expectations in relation to healthcare (Neuliep 2015).

TIME OUT 1

Imagine that you are supporting a family from a different culture to yours. Consider how to adjust the way in which you respond to them. Enquire about their needs and preferences. What part might culture play in relation to the following:

- » Providing advice on dietary modifications for a patient with diabetes mellitus
- » Exploring optimal approaches to alleviate pain
- » Understanding how to engage with a patient's family carers effectively
- » Arranging rehabilitation after an injury

Role of culture in healthcare

The experience of health and illness is cultural since patients, families, nurses and other healthcare professionals perceive notions of

Key points

- Children's nurses should be attentive to the cultural experiences, needs and expectations of children and young people and their families
- Cultural safety is based on the notion that the cultural assumptions and expectations of a majority group inadvertently oppress and disadvantage minority groups
- Awareness of cultural safety can help children's nurses to work with people from within complex, diverse communities to empower them and promote their needs and autonomy
- Practising cultural safety requires nurses to reflect continually on their attitudes and address the potential effects of these on the people they care for
- Practising cultural safety can enable healthcare services to become more accessible to children and families from minority groups

care, support, comfort and health promotion in cultural terms (McMullin and Rushing 2018). Giger and Davidhizar (1995) explained that culture shapes the behaviours people use to protect, maintain and improve their health and that of their children. Therefore, culture affects people's responses to illness and their expectations of how it should be prevented or treated. Customs and rituals can be important when prescribing treatment products, as these may be codified in religious and/or other beliefs. Patients' expectations of nursing care are also often cultural, as are nurses' expectations of patients. It is important that all healthcare professionals recognise the effect that an individual's social conditions and living circumstances may have on their responses to questions about their health. In addition to the standard care they provide, therefore, it is crucial that children's nurses pay attention to the cultural experiences, needs and expectations of children, young people and families.

Many people who access healthcare services may believe that their culture is ignored or adversely affects how they are treated (All-Party Parliamentary Group on Sickle Cell and Thalassaemia 2021). In stressful circumstances such as illness, it is crucial to respect a person's culture and enable them to manage issues in accordance with their values and beliefs. People who feel oppressed need reassurance that they are valued and that their concerns are heard. If children and young people's voices are not listened to or prioritised, services become inequitable. Nurses need to consider that if health is experienced in cultural terms and diverse ways, then so too are healthcare and services.

Clinical policies and guidelines, such as the RCN's equality and inclusion strategy (2017), The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (NMC 2018a), and Standards of Proficiency for Registered Nurses (NMC 2018b), acknowledge the role of cultural factors in nursing. Furthermore, discrimination based on perceived difference is widely condemned and regarded increasingly as intolerable by professional bodies such as the NMC (2020).

Incorporating cultural aspects into clinical management can improve the efficiency of interventions (Blanchet Garneau et al 2018). This affects not only the overall quality of care received by the child and their family, but also their lived experience (National Institute for Children's Healthcare Quality 2022) which will influence whether they access healthcare services in the future. Therefore, there must

be a focus on inclusive care that is based on professional curiosity, with consideration given to values and priorities, culturally sensitive communication and appropriate decision-making, actions and goal setting.

TIME OUT 2

Consider an interaction you have had in your practice where there was some form of miscommunication. What assumptions might each person have made that could have contributed to the misunderstanding? What do you think might have prevented each person from conveying their concerns or needs clearly?

Cultural differences and assumptions

Each person's cultural self is internalised and usually so ingrained that they do not think about it consciously. Therefore, there is a risk that people will unwittingly bring expectations to healthcare encounters that are then used to judge whether or not their experiences were satisfactory (Teal et al 2012, Bellack 2015). Further, it is possible that nurses' approaches towards patients, families and other healthcare staff may be culturally limited which can lead to incorrect assumptions and unconscious bias.

Cultural differences can represent a threat, opportunity or resource; people can be either adversarial or welcoming of diversity. For example, children's nurses may demonstrate displeasure in subtle ways when families choose not to act on their advice which, the authors suggest, could be due to a lack of cultural awareness, listening or understanding. Nurses should therefore reflect on whether they may subconsciously expect parents to respect their 'authority' and use this realisation to consider acting differently.

Attitudes can be interpreted through facial expressions, posture, body position or the way an adult relates to a child. However, this carries a risk of misinterpretation or mistaken assumptions about what others feel or need. As nurses have a duty of care to empathise with and understand the experiences of children and their families, it is important that they check that their interpretations are accurate. Problematic intercultural communication in nurse-patient relationships, for example those not based on mutual respect, can be a contributory factor to negative health outcomes (Armah et al 2020).

The way that individuals respond to challenging, sensitive or highly charged situations, such as grief or the loss of a young person, are often shaped by culture. However, it is often 'gut reactions' that can lead people to judge others and events (De and Richardson 2015). Children's nurses must recognise

that they have the power to influence others significantly and should reflect on their own cultural premises. For example, a nurse may assume that a young person's mother is their primary caregiver or make assumptions about how a child's family manages their child's pain in terms of administering medicines. In reality, family roles are diverse, while sometimes pain may be managed according to custom and traditions such as homeopathy or homemade tinctures passed down through generations (Fadiman 1997).

In nursing, there are various approaches to considering culture and encouraging inclusivity in healthcare. For example, Prosen (2020) emphasised the importance of mutual understanding of one another's cultural values, beliefs and practices, which is known as cultural congruence. When using such approaches, nurses support healthcare choices that are personally and culturally meaningful to the service user. However, they may also unwittingly prescribe ways to consider and resolve issues that might disadvantage the family and/or lead to feelings of resentment.

Cultural safety

The concept of cultural safety was developed by Irihapeti Ramsden and other Maori nurse leaders in New Zealand to meet the diverse needs of Maori healthcare users (Papps and Ramsden 1996) and has since become established in global policy (Blanchet Garneau et al 2018). Cultural safety incorporates ideas such as cultural awareness, sensitivity and competence. It is based on the notion that the cultural assumptions and expectations of a majority group can unthinkingly lead to the oppression and disadvantage of minority groups (Ramsden 1996). In this respect, it may be worth considering that everyone could be vulnerable to forms of unconscious bias or prejudice. Using a cultural safety approach is about respecting diversity and individualising care and it serves to celebrate uniqueness and neurodiversity rather than dismissing or oppressing others due to differences and diverse thinking (Syed 2021). Box 1 details the characteristics of culturally safe thinking.

Cultural safety builds on the principle of professional curiosity and supports a family-centred approach to care, with which children's nurses are familiar. This can help to better inform children by signposting them to appropriate support and empowers them to take responsibility for their own health (Public Health England 2020b). There is also evidence that promoting community engagement, for

example through Sure Start or Flying Start programmes, can increase people's sense of belonging, improve risk assessment and reduce health inequalities for those who are most vulnerable (Murthy et al 2017).

Cultural safety can be applied to children and young people with any acute or chronic condition. For example, when caring for a child or young person with type 1 diabetes, standard dietary advice would typically relate to Western mealtimes and food groups and their effects on blood glucose levels. However, in addition to this advice healthcare professionals need to explore dietary restrictions in accordance with a child or young person's cultural or religious beliefs and consider food that the family can realistically afford or access and that they usually consume. To facilitate cultural safety, efforts would have to extend to the food industry and advertisements and the messages which promote people's food and drink choices.

Ball (2007) described five principles to promote cultural safety (Table 1). Practising these principles can increase the likelihood that a child or young person seeking care will feel respected, included and protected in terms of their cultural identity, and can support care planning by promoting mutual goal setting.

TIME OUT 3

Children's nurses may be perceived by some children, young people and their families as authority figures. How might differences in perceived power affect the quality of interactions with others and how could this issue be addressed?

Box 1. Characteristics of culturally safe thinking

- » Promotes healthcare professionals' self-analysis and awareness of the effect of their actions during any therapeutic encounter
- » Recognises that a power gradient exists between the healthcare professional, the child or young person and their immediate family
- » Encourages the use of fundamental interpersonal skills that can be applied sensitively by all healthcare professionals. An example is active listening to gain mutual understanding
- » Rejects ideas about what constitutes a traditional family and the method of rote learning the cultural characteristics of a particular ethnic group or applying stereotypical assumptions. Do not make assumptions about an individual's needs but instead enquire about these
- » Enables healthcare professionals to appraise and reflect on their role during social interactions, learn from positive cultural encounters and use negative experiences to make improvements in the future
- » Recognises that all interactions must be based on dignity and respect for every individual and family's needs
- » Attempts to see and hear other people's experiences holistically and from the perspective of those receiving care
- » Ensures that all care is person-centred, culturally sensitive and safe
- » Socialises ideas for possible care improvements by leading other team members when introducing planned changes
- » Measures effectiveness through clinical audit and clinical governance

(Adapted from De and Richardson 2015)

Importance of culturally safe communication

Communication can be considered one of the most important means of achieving cultural safety, since people who feel disempowered can find it challenging to communicate with healthcare professionals who they may perceive as uninterested or having power and authority over them.

Social interactions between children, young people, families and healthcare professionals require the use of interpersonal skills which are defined by cultural orientation (De and Richardson 2008). This incorporates not only the language a person speaks most fluently and comfortably, but also health literacy and the use of appropriate colloquial expressions in place of professional jargon and medical acronyms. It also includes non-verbal forms of communication such as body language, gestures and facial expressions. All these aspects of communication must be acknowledged and an environment that favours mutual dialogue needs to be established (Armah et al 2020).

Effective communication is particularly important when caring for children and young people because culturally mediated nuances are learned throughout childhood and may not only be used imperfectly but may also be susceptible to disrespect from people outside the cultural group. Early on in their development children have an incomplete sense of who they are as cultural beings. They are also vulnerable to confusion if they see the cultural norms of their family treated with disrespect or prejudice or ignored. It is a vital part of anti-discriminatory practice and diversity awareness that a child or young

person's developing cultural self is treated with respect and sensitivity. This requires insight, reflection and self-awareness on the part of children's nurses.

TIME OUT 4

Reflect on a time you spent working with a colleague who was an influential role model, for example a mentor, practice supervisor or practice assessor. Did this colleague exhibit awareness of people's cultural needs and did they facilitate cultural safety?

Advantages of cultural safety

One advantage of cultural safety is that it aims to ensure that aspects of culture are considered in every encounter between nurses and children and their families. Culture should become the reference point for care, progress, how the family feels about accessing healthcare services and the support that children's nurses provide.

An important characteristic of cultural safety is that it is the person receiving the care who determines whether it feels culturally appropriate and safe and whether they feel adequately listened to and informed (Ramsden 1996). Therefore, cultural safety can supplement everyday practice to enhance the quality of healthcare encounters through sensitive communication which promotes empathy, improved access to care and participation. This encourages children's nurses to develop their enquiry-based skills and to work autonomously and with others to mutually influence decisions about children's healthcare.

Previous approaches to cultural care have tended to focus on establishing the cultural orientation of the group to which the family belongs. However, such approaches fail to recognise diversity and the degree to which individuals vary within cultural groups – not every child behaves or experiences illness, pain or bereavement in the same way. In addition, autistic children may express pain in a way that is different from those who are neurotypical (National Autistic Society 2020), so such approaches also fail to consider neurodiversity.

There can be a risk of inadvertent stereotyping of people by making assumptions about what children or families should do or believe based on generalisations or myths about the cultural groups to which they belong. However, there are patterns in communication and behaviours that could be useful to consider. For example, there may be an expectation that fathers will be more forthright and assertive in their communication patterns and that mothers will be more tentative in presenting their views and needs (De and Richardson 2008). Nurses may need to consider such biases or factors

Table 1. Five principles to promote cultural safety

Principle	Actions that nurses can take
Protocols	Find out about cultural forms of engagement and respect these. An example of this would be using the preferred form of a child's name
Personal knowledge	Become mindful of your own cultural identity, socio-historical location in relation to service recipients, commitments to certain beliefs and ways of conceptualising health and wellness. Be prepared to share information about your own background if this will help to establish equity and trust with the child and their family
Partnerships	Promote collaborative practice, whereby a child is welcomed into a joint problem-solving approach as an expert patient who has important information and knowledge
Process	Engage in mutual goal setting with frequent checking in to ensure that proposed action plans align with the values, preferences and lifestyle of the child and their family
Positive purpose	Ensure that positive steps can be taken to achieve a child's goals or resolve issues and that these are likely to be beneficial to their health and well-being

(Adapted from Ball 2007)

in their therapeutic encounters and cultural safety, which recommends enquiring about people's roles (Ramsden 1996), may assist in deconstructing gender-based assumptions. This is an important advantage because working in this way places the responsibility for cultural appropriateness on the children's nurse, while giving families the opportunity to report when care does not feel culturally safe (Ramsden 1996).

TIME OUT 5

Contemplate an encounter with parents who are refusing to allow their child to receive vaccinations. What is your role in such a scenario? Would you:

- Discuss with them the evidence for, and risks associated with, vaccination?
- Explore their beliefs, values and aspirations in the context of the evidence on the benefits and risks of vaccination?
- Simply challenge them to think again?

Conclusion

Cultural safety can be an effective way for children's nurses to work with people from within diverse and complex communities to

empower them and promote their needs and autonomy. At a time when healthcare services and staff are stretched to their limits, it may be reassuring to be aware that cultural safety does not require significant resources, training or documentation. Instead, it requires healthcare professionals, including nurses, to reflect continually on their attitudes and to address the potential effects of these on the people they care for. This will enable healthcare services to become increasingly accessible to children and families from minority groups. When considering the optimal approach to care for various patient groups, listening to children, young people and families can provide a useful starting point.

TIME OUT 6

Identify how cultural safety applies to your practice and the requirements of your regulatory body

TIME OUT 7

Now that you have completed the article, reflect on your practice in this area and consider writing a reflective account: rcni.com/reflective-account

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How cultural safety can enhance care

TEST YOUR KNOWLEDGE BY COMPLETING THIS MULTIPLE-CHOICE QUIZ

1. Culture has been defined as:

- a) A set of guidelines for how to view the world, how to experience it emotionally and how to behave
- b) A system of ordering society whereby people are divided into sets based on perceived social or economic status
- c) A set of instructions that outline the correct procedure or behaviour in any given situation
- d) The system of rules that a country or community uses to regulate the actions of its members

2. Culture:

- a) Is an accumulated way of understanding the world, living, perceiving needs and experiencing fears
- b) Supports people to identify their core beliefs and values
- c) Influences people's traditional customs and habits, and provides them with patterns of living
- d) All of the above

3. Which of these is not considered a factor that can affect a person's 'cultural being'?

- a) Education
- b) Illness
- c) Genetics
- d) Aspirations

4. Which statement is false?

- a) Culture shapes the behaviours of people protecting and improving their and their children's health
- b) Patients' expectations of nursing care are rarely cultural and nurses' expectations of patients will never be
- c) Patients, families and healthcare professionals perceive care, support and health promotion in cultural terms
- d) Cultural factors are increasingly acknowledged in clinical policies and guidelines

5. Cultural safety is based on the notion that:

- a) Cultural differences should be ignored to provide equitable care
- b) Minority groups should assume the values, behaviours and beliefs of the majority group
- c) Healthcare professionals should determine when care is culturally appropriate
- d) The cultural assumptions of a majority group can lead to the oppression and disadvantage of minority groups

6. Which of these is a characteristic of culturally safe thinking?

- a) Ensures that all care is person centred, culturally sensitive and safe
- b) Recognises that a power gradient exists between the healthcare professional, the child or young person and their immediate family
- c) Promotes healthcare professionals' self-analysis and awareness of the effect that their actions may have during any therapeutic encounter
- d) All of the above

7. Which of the following is not a principle to promote cultural safety?

- a) Personal knowledge
- b) Proficiency
- c) Partnerships
- d) Positive purpose

8. What action can nurses take when implementing the 'protocols' principle to promote cultural safety?

- a) Find out about cultural forms of engagement and respect these
- b) Promote collaborative practice, whereby a child is welcomed into a joint problem-solving approach as an expert patient
- c) Engage in mutual goal setting
- d) Ensure that positive steps can be taken to achieve a child's goals or resolve issues

9. Nurses can aid culturally safe communication by using:

- a) Professional jargon
- b) Appropriate colloquial expressions
- c) Medical acronyms
- d) Long words

10. One advantage of cultural safety is:

- a) It focuses on establishing the cultural orientation of the group to which the family belongs
- b) It encourages nurses to use generalisations to save time
- c) It enhances the quality of healthcare through sensitive communication, which promotes empathy and access
- d) It applies a standardised 'one-size-fits-all' approach to care regardless of an individual's culture

How to complete this assessment

This multiple-choice quiz will help you test your knowledge. It comprises ten multiple choice questions broadly linked to the previous article. There is one correct answer to each question.

You can read the article before answering the questions or attempt the questions first, then read the article and see if you would answer them differently.

You may want to write a reflective account. Visit rcni.com/reflective-account

Go online to complete this multiple-choice quiz and you can save it to your RCNi portfolio to help meet your revalidation requirements. Go to rcni.com/cpd/test-your-knowledge

This multiple-choice quiz was compiled by Alex Bainbridge

The answers to this quiz are:

1 a 2 d 3 c 4 b 5 d 6 d 7 b 8 a 9 b 10 c

This activity has taken me ___ minutes/hours to complete. Now that I have read this article and completed this assessment, I think my knowledge is:

Excellent Good Satisfactory Unsatisfactory Poor

As a result of this I intend to: _____

