

Towards culturally safe practice

Requirement

You will record evidence of at least one action in each recertification year that you have taken as evidence of your progress towards pharmacy practice that is culturally safe in every workplace interaction.

What is culture?

Culture can be defined as the set of values, conventions, or social practices shared by people in a place or time. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

What is cultural safety?

The effective care of a person or family by a practitioner who is from another culture. In any care situation cultural safety is determined by the person or family. Cultural safety focuses on the patient and provides space for patients to be included and involved in decision-making about their own care and to contribute to the achievement of positive health outcomes and experiences.

Cultural safety can also apply to interactions with colleagues from different cultures and includes the environments in our workplaces.

Cultural safety is strongly linked to the principles within the Treaty of Waitangi of participation, protection and partnership.

In order to practise in a culturally safe way pharmacists (and other workplace colleagues) need to reflect on their own cultural identity, biases and the potential power imbalance due to your position and recognise how these impact on people from other cultures.¹ Culturally safe practice is informed by a knowledge or awareness of other cultures' customs and practices. It is worth noting that not everyone from the same culture will have the same needs and expectations.

Why is cultural safety in my practice important?

We live in an increasingly diverse society and as a pharmacist you will provide health care to people who identify with cultures different to your own. The acknowledgement by a pharmacist that imposing their own cultural beliefs may disadvantage the person receiving health care is fundamental to the delivery of culturally safe care.

Embedding culturally safe care into your daily practice is important to enable people to feel valued, listened to and respected and that their sense of self, identity and wellbeing are maintained as they navigate the health system towards better and more equitable health outcomes.

¹ Elaine Papps, Irihapeti Ramsden, Cultural Safety in Nursing: the New Zealand Experience, *International Journal for Quality in Health Care*, Volume 8, Issue 5, 1996, Pages 491–497, <https://doi.org/10.1093/intqhc/8.5.491>

How does cultural safety relate to other similar concepts?²

Cultural competence

Cultural competence is the development of behaviours, attitudes and understandings related to Hauora Māori and practice in New Zealand's culturally diverse environment that allow you to work effectively in cross cultural situations.

Cultural awareness

Cultural awareness means being aware of, and developing sensitivity to, cultural difference and cultural diversity. It involves knowledge, attitudes and values that demonstrate an openness and respect for other people and other cultures, languages, religions, dress, communication styles and so on.

Cultural capability

Cultural capability is a broad term that encompasses cultural awareness, cultural safety and cultural competence and builds continuously over time.



Health equity

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage may require different approaches and resources to get equitable outcomes.³

Health equality

Equality can be described as the state of being equal, especially in terms of status, rights or opportunities.⁴



Equality vs Equity in healthcare⁵

² Aboriginal Cultural Capability Toolkit (December 2020) Victorian Public Sector Commission. Accessed 8 Feb 21.

[Introduction - Aboriginal Cultural Capability Toolkit - VPSC](#)

³ Ministry of Health. 2018a. A Strategic Framework for Achieving Equity: Draft for discussion. Wellington: Ministry of Health. Accessed at [Achieving equity in health outcomes](#)

⁴ Ministry of Health. 2018. [Achieving Equity in Health Outcomes](#): Highlights of important national and international papers. Wellington: Ministry of Health.

⁵ [health equity bike graphic - National Academy of Medicine \(nam.edu\)](#)

How can I complete my requirements?

The key to completion of your requirements starts with reflection on your practice, your own culture and biases, and the interactions you have with patients and colleagues of other cultures. From this you can identify what learning or changes in attitude, knowledge or skills you need to work towards. Consider what outcomes do you hope to see and how will you use your learning in everyday practice?

You could meet your requirements in any of the formats outline for other recertification requirements

- as part of your reflection to identify your learning goals for your **professional development plan**
- as your **written reflection**
- during discussion within your **peer support group**
- in discussion and debrief with colleagues, friends or family, or verifier
- as your activity to **keep up to date**

It is acceptable to use one activity to be used towards more than one requirement so long as it fulfils the requirements and intent of each.

What can I use to help me reflect on my cultural safety?

The following safety standards have been adapted, with permission, from those published by the Medical Council and can be used to help you reflect on aspects of your cultural safety.⁶

See written reflection guidance for more information on reflection.

When considering the needs of your patients, cultural safety requires you to reflect on, take ownership of, and consider in your practice

- a. The effect of your own culture, history and attitudes
- b. The ongoing development of your own cultural awareness and an understanding of how your social-cultural influences inform biases that impact your interactions with patients, whānau, and colleagues
- c. Consciously not imposing your cultural values and practices on patients
- d. Recognising that there is an inherent power imbalance in the pharmacist-patient relationship, and ensuring that this is not exacerbated by overlaying your own cultural values and practices on patients
- e. Challenging the cultural bias of individual colleagues or systemic bias within health care services, which may contribute to poor health outcomes for patients of different cultures

Cultural safety requires you to engage in ongoing self-reflection and self-awareness. This includes

- a. Being aware that there are limits to what you know and being open to learning from your patients
- b. Understanding how our colonial history, systemic bias and inequities have impacted Māori and Māori health outcomes, and ensuring that your interactions with and care of patients do not perpetuate this
- c. Acknowledging that general cultural information may not apply to specific patients and that individual patients should not be stereotyped

⁶ Statement on cultural safety (Oct 2019) Medical Council of New Zealand. Accessed 8 Feb 21. Available at [Statement-on-cultural-safety.pdf \(mcnz.org.nz\)](https://www.mcnz.org.nz/Statement-on-cultural-safety.pdf)

- d. A respect for your patients' cultural beliefs, values and practices
- e. Understanding that your patients' cultural beliefs, values and practices influence their perceptions of health, illness and disease; how they respond to and manage their health; and their treatment decisions and interactions with pharmacists, other health care professionals and the wider health system
- f. Understanding that culture is dynamic and evolves over time, extends beyond ethnicity, and that patients and their whānau may identify with multiple cultural groupings at any one point in time.

Cultural safety requires you to consider the sources and determinants of inequities and to implement reflective practice so that you are able to:

- a. Build a relationship and provide a health care environment that supports the cultural safety of all patients
- b. Self-assess and learn to recognise when your actions might impact on or not be acceptable to patients
- c. Develop treatment plans in partnership with patients that fit within their cultural contexts, and are balanced by the need to follow the best clinical pathway
- d. Include the patient's whānau in their health care when appropriate
- e. Communicate effectively with all patients and
 - Recognise that the verbal and non-verbal communication styles of patients may differ from your own and that you will need to adapt as required
 - Work effectively with interpreters when required
 - Seek help when needed to better understand what your patient needs in order to achieve cultural safety

Being culturally safe within your own culture

We all belong to one or more cultures, however, being a member of a culture doesn't necessarily mean you are automatically culturally safe practicing within it. A culture can include a wide spectrum of sub-cultures whose individuals who may require specific actions from their healthcare professionals to be culturally safe. This is also true for people who identify with more than one culture simultaneously. Learning from your own broader culture may be beneficial if it addressed needs in your population you serve.

An example would be a pharmacist identifying as part of the LGBTQIA+ community needing more education to be culturally safe with transgender or takatāpui (intimate companion of the same sex) patients.

How do I know if I am culturally safe?

Culturally safe practice or cultural competence is a journey, not a destination. Your experiences and insights through reflection (potentially challenging the status quo) may be confronting but is likely provide you with more growth and change that may be possible from structured learning.

Honest reflection on your interactions with patients and colleagues is key. It is your patient and their family or colleague in the interaction who assesses if the interaction is culturally safe so seek feedback where appropriate and accept this humbly without defensiveness. Recognise it is not their responsibility to then teach you although they may choose to help you in your learning journey.

What should I start with?

Any learning about cultural safety is good and is to be encouraged but with limited time it would be prudent to focus on either the cultures you are most likely to interact with, or those you feel you know the least about. Deciding what to start with will be a result of your own self-reflection but you could consider looking at available data that indicates the makeup of your local population to focus your learning to impact the greatest number of your patients.

Where can I look to find out more?

The following resource documents can help you with ideas of where to look get started

Resources to support learning towards cultural safety

Scenarios to trigger discussion in peer support groups

Documentation and links with other recertification requirements

Discussions within your **peer support groups** may be focused on cultural safety for some meetings.

You may wish to discuss the cultural safety of your practice with your **verifier**.

Your **written reflection** may be on an aspect of the cultural safety of your practice or a reflection on one of the cultural competence standards.

Your **professional development plan** may include a goal to work on an aspect of your cultural safety.

One or more of your **keeping up to date** activities may be related to cultural safety.

See the guidance for professional development plan and cycles, keeping up to date, written reflection and peer support groups to assist you in your documentation of this requirement.



Acknowledgements

This guidance and associated resources were developed in collaboration with the Māori Pharmacists Association and Pacific Pharmacists Association.