

Reflective writing (ERA model)

Experience

Cultural safety is defined as “ a concept whereby we think more about the power relationships between the patient or professional. We like the professional person to think about their own culture, their own biases, the way they think about the interaction and how their biases affect the outcomes for the patient” - David Tipene-Leach (Professor in Maori and Indigenous research).

There is a shift from focusing on cultural competency to cultural safety in healthcare. Cultural competency is having awareness of the diverse cultural backgrounds of our patients, showing respect and having the knowledge the skills to achieve a mutual understanding in the patient-health professional relationship. Cultural safety is important to all health professionals as it challenges us to think about how our own cultural background, upbringing, personal values, beliefs or biases may affect health outcomes for our patients.

As pharmacists practicing in multicultural Aotearoa, we may have encountered situations where we have provided a culturally safe environment for our patients. On the other hand, we may have faced challenges in practicing cultural safety as a result of our biases or preconceptions.

Reflecting on our personal experiences of cultural safety in the community pharmacy setting is important, as the nature of our workplace often enables us to come encounter a variety of cultural learning opportunities and further build upon, or even challenge our existing knowledge and bias to improve the patient journey and experience.

Cultural safety can be considered and applied in many situations in our workplace. Being a pharmacist of Korean ethnicity, I am grateful to have the ability to counsel the patient about their medication and translate any information they may need to take their prescription medicines and over the counter remedies in a safe manner. As a health professional from the same cultural background to my patients, when I explain the medications and any other health related queries they may have, I can see that the patients and family members feel more at ease, knowing that the information has been translated in the language they feel most comfortable speaking and reading.

Reflection

As a New Zealander, I am glad to be able to relate to our patients and mirror the way in which they feel comfortable in communicating, such as adjusting my speech in a way that may feel more approachable (e.g., colloquial language) or trying my best to pronounce the patient's name correctly and respectfully (e.g., when calling out patient names in Te Reo Maori).

Being from the same or similar cultural background as the patient may enable us health professionals to better understand the values and attitudes by which patients of that particular background approach their healthcare and medicine management. An observation I have made during my six years of practice is that patients from non-English speaking backgrounds often appreciate having the translations of the prescription label instructions written or typed in their preferred language. This gives them the confidence to manage their own health and in turn, we are able to ensure patient autonomy.

As a result of this, I have implemented a process in my practice to check with the patient if they would like the English label instructions written in Korean or any other language of their choice. I will handwrite the instructions in Korean or utilise visual and verbal translation apps to communicate with the patient what they may need.

It is my personal continuing professional development and lifelong learning goal to be able to communicate effectively with our patients and family members and achieve better health

outcomes by providing a culturally safe environment. I believe this is where patients, regardless of whether they are able to speak fluent English or not, can feel comfortable to visit our pharmacy, speak to our pharmacists and feel like they have been looked after and cared for.

I believe each situation is a good learning experience to build on for the future and there is always something to learn from the even the unpleasant experiences we often face as community pharmacists in practice. Often, patients or family members may express their dissatisfaction with the service received or waiting times involved. As health professionals working in pressuring situations with time constraints, we may feel undervalued or unappreciated. One thing I wish to continue improving on is trying to understand the patient's perspective and what potential factors may have led to the patient or family feeling unhappy. It could be a myriad of reasons; in the hospital outpatient pharmacy setting, our visitors are often under immense amounts of stress and pressure, going through or witnessing life's most difficult moments and are often very overwhelmed with emotions.

Our bias as health professionals may be assuming that the patient is impatient or grumpy when we do not fully understand their individual situation and just witness the frustrations felt at face value. However, at times I have found when engaging in a more meaningful conversation with the patient and explaining the prescription journey, they are in fact upset at their current situation, not at the pharmacy staff and may need some additional support and comfort, which could be as simple as giving them a safe space in the consultation room with a cup of tea or sweets. It is possible to turn around a negative situation into a positive one by trying my best to put myself in the patient's shoes, consider their cultural background, health journey, personal values, beliefs and health literacy and show them empathy and compassion.

Action

This self-reflection activity on cultural safety has enabled me to look back on my past few years of working in the community pharmacy environment and re-emphasised the importance of how vital it is to consider how my own cultural beliefs and values may inadvertently affect the way I practice and influence our patient's health outcomes. As a pharmacist, I will need to be more open and understanding to learning about practicing cultural safety in multicultural Aotearoa.

Prompt questions

Stage of cycle	Prompt questions
Experience	<ul style="list-style-type: none"> • What happened? • When and where did this happen? • Who was involved? • What did I and others do? • What was the context? • What was the result of this situation?
Reflection	<ul style="list-style-type: none"> • How did I feel and think at the time? • What impact did my emotions, beliefs and values have? • What do I think other people were feeling? • What did I feel and think about the incident afterwards? • What went well? What didn't go so well in the situation? • What did I and other people do to contribute to the situation (either positively or negatively)? • Were there things that were difficult? Interesting? Surprising? Upsetting? • If I am writing about a difficult incident, did I feel that the situation was resolved afterwards? • Provide some judgement about the event and its possible consequences • Why did things go well? Badly? • How do my past experiences compare to this? • How does theory or evidence fit with this? • Could I have responded in a different way? • What might have helped or improved things? • What else could I have done? • What insights, thoughts, or conclusions, about my role within this event that I can now take away? • What have I learnt for the future? • What skills might I need to develop, so that I can handle this type of situation better?
Action	<ul style="list-style-type: none"> • What would I do if a similar situation arose again? • What are some indicators that would help me recognise a similar event? • What are some changes I would make? • How /where can I use my new knowledge and experience? • How will I adapt my actions or improve my skills?