Saskatchewan Health Authority’s values of safety, accountability, respect, collaboration and compassion lay the foundation of a commitment to creating a positive experience in the way we care for people and communities, in how we work and interact with each other, and in how we deliver quality service. Best practice indicates that to fulfill this promise and achieve our vision, we must focus on building health care relationships based on cultural respect, empowerment, and empathy.

This document provides an overview of the terms and how Saskatchewan Health Authority is using them, as we move towards creating the conditions that support culturally safe care experiences and workplaces.

**CULTURAL AWARENESS** is acknowledging difference. It is the first step in understanding and observing cultural differences. Cultural awareness considers ‘culture’ something ‘others’ have. For this reason, cultural awareness is not necessarily the same thing as self-awareness of one’s own biases and privileges. It does not consider social or economic influences on cultural difference, nor does it require individuals to reflect on their own cultural perspectives.

**Example:** A health care worker noticing that people with ethnic backgrounds different from the mainstream culture may not eat the hospital meals prepared for them.

**CULTURAL SENSITIVITY** recognizes the need to respect cultural differences. It involves making choices that are considered respectful for the benefit of others based on their culture. Like cultural awareness, sensitivity focuses on the ‘other’ culture and it does not require an individual to consider broader cultural dynamics.

**Example:** Culturally sensitive health care workers may discuss alternate diet choices that take into account people's background, beliefs, habits, etc., with hospital staff or family members and ultimately provide more food choices.

**CULTURAL COMPETENCY** includes a set of consistent behaviours, attitudes, and policies as they come together in a system, agency, or among professionals to enable that system, agency or those professionals to work effectively in cross-cultural and diverse situations.

**Example:** An organization makes a commitment to providing education and opportunities for its care providers to increase their awareness, skills, and knowledge of cultural considerations.

**CULTURAL SAFETY** is an outcome, a feeling of safety defined and experienced by clients. It is based on respectful interaction, an understanding of the power dynamics inherent to health service delivery, of institutional discrimination, and is driven by the need to create equity through education and systems-change. It acknowledges that we are all bearers of culture, and must all reflect on and challenge our own attitudes, beliefs, assumptions, and values. It means moving beyond the other concepts by analyzing power imbalances, institutional discrimination, colonization, and colonial relationships as they apply to health care.

**Example:** Advocacy in providing alternate food choices and staff discussions about this could involve critical reflection on how health care access is denied because hospital policy reflects only the values of the dominant culture. These actions could lead to changes in dietary policy, including engaging patients in decision-making about their diets.
What does cultural competency and safety mean for the Saskatchewan Health Authority?

Cultural safety refers to the clients’ feelings as they encounter the health care system, while cultural competence refers to the skills required by a care provider to ensure that clients feel safe. To practice in a manner that is culturally safe, care providers must reflect on the power they hold in their roles. This involves reflecting on personal and cultural privilege, as well as understanding Canada’s colonial history – the primary root cause of culturally unsafe care. Creating cultural safety also implies advocacy for the conditions of health: working to improve access to care; exposing the social, political, and historical context of health care; and interrupting unequal power relations.

Why is this important?

Our province is changing. Approximately 16% of our province’s population is Indigenous, which reflects a 23% increase in this population between 2006 and 2016 (during this same period, the increase in the non-Indigenous population was 10%). Growth patterns show that this is likely to continue in the years to come.

Cultural awareness and sensitivity focus on the benefit of cultural considerations to health outcomes, and cultural competency considers the skills needed to improve care. Cultural safety focuses on the risks of not developing these skills and implies both self-reflection and systems-level action to address the root causes of health inequity.

When we do not consider culture in health services and programs, we put our clients at risk for poorer outcomes. Cultural safety is integral to overall client care, safety, and population health outcomes.

What can I do to promote cultural safety in the Saskatchewan Health Authority?

To foster cultural safety for your patients, clients, and colleagues incorporate five basic principles into your everyday work.

**PROTOCOLS**
- Show respect by seeking consent
- Seek cultural knowledge by asking questions
- Demonstrate reciprocity by answering questions
- Engage community accompaniment and find allies

**PROCESSES**
- Engage in authentic relationships
- Seek collaborative problem-solving by sharing knowledge instead of ‘telling’
- Co-construct ways to move supports into place

**PARTNERSHIPS**
- Ensure equity and dignity for all parties
- Negotiate goals and activities and remember to talk less, listen more

**PERSONAL KNOWLEDGE**
- Hone critical consciousness of social location/power
- Consider your own cultural identity

**POSITIVE PURPOSE**
- Build on strengths and avoid negative labelling
- Be accountable by ensuring real benefit

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1 Statistics Canada, 2016 Census of Population.