

## Expectations for clinical and ethical practice

# Interpretation Guidelines: Cultural Safety and Humility

Applies to Dental Hygienists

There are three main ways that the BC College of Oral Health Professionals protects the public:



The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Hygienists of British Columbia and will be updated to reflect the amalgamation.

# Cultural Safety and Humility

May 5, 2020 Update: The CDHBC Interpretation Guidelines are under review. The content of these guidelines remains in place at this time; however, they need to be applied in the context of the new Dental Hygienists Regulation and CDHBC Bylaws. Readers are welcome to contact the CDHBC office if they have questions about the application of these guidelines in the interim time.

## PURPOSE

To enhance awareness of cultural safety and humility, and assist dental hygienists in applying these concepts in their practice settings.

## BACKGROUND

It is respectfully acknowledged that prior to the European settlement in and colonization of the territory now known as Canada, populations known as Indigenous were thriving and living autonomously under their own governance, having lived on this land since time immemorial. Section 35 of the Constitution Act of Canada 1982 defines an “Aboriginal” (Indigenous) person in Canada as identifying with one or more of three distinct cultural groups: First Nations, Métis, and Inuit. It is recognized that Canada’s history of colonization continues to have profound impacts on Indigenous peoples and their communities and has created vulnerabilities in social determinants of health that have spanned generations. It is also acknowledged that Indigenous individuals and communities are disproportionately subject to discrimination and trauma in various ways, and societal efforts towards reconciliation are ongoing.

In March 2017 the [“Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in BC”](#) was signed by the BC Ministry of Health, the First Nations Health Authority and the 23 provincial health regulators. This declaration pledged a commitment to advancing cultural safety and humility among all regulated health professionals in BC.

Cultural humility focuses on delivering care in a culturally safe manner that respects Indigenous clients’ role as decision makers regarding their own care. [2] By virtue of their education and training, health care providers are generally in a position of power relative to their clients in terms of knowledge of the discipline and the delivery of care. While this power imbalance broadly exists between health care providers and clients, some groups are more vulnerable than others. A particularly unjust power imbalance can exist between a health care provider and a client of Indigenous ancestry based on differences in cultural values and experiences, as well as the impacts of colonization. Historic and ongoing social determinants of health caused by colonization and ongoing colonialism can make it further

difficult

for Indigenous populations to access healthcare services in equity to non-Indigenous Canadians. The

practice of cultural humility and safety in health care positively contributes to reducing unjust power imbalances and ensuring that each client receives health care free from indirect or unintentional discrimination.

Cultural safety includes but is not limited to awareness of the different world views between cultures and sensitivity to how cultural differences are perceived.[1] It has been identified by the First Nations Health Authority as “an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system”. [1] In addition to addressing power imbalances, providing culturally safe care “results in an environment free of racism and discrimination, where people feel safe when receiving health care”.[1] Key elements of cultural safety identified by the First Nations Health Authority include [2]:

- Recognizing the role of history and society and past traumatic experiences, and their impacts in shaping health, wellness and health care experiences;
- Understanding that culture is related to history and society, and is understood as something that is complex and dynamic, rather than a static set of beliefs or practices. It requires having an understanding of how colonization has impacted and continues to impact First Nations peoples' health, rather than just having an understanding of specific cultural practices;
- An understanding of what health and wellness means to First Nation individuals with recognition of the diversity of these understandings;
- Health care professionals' self-reflection on their own assumptions and positions of power within the health care system;
- Emphasizing peoples' experiences of safety within the health care system and during interactions with health care professionals.

Cultural humility focuses on delivering care in a culturally safe manner that respects Indigenous clients' role as decision makers regarding their own care.[2] Cultural humility has been identified by the First Nations Health Authority as “a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience”.

It is important to recognize that some Indigenous people and communities have suffered past traumatic experiences specifically in conjunction with the delivery of health services, which may adversely impact their ability to form trusting relationships with health professionals.

Dental hygienists can foster cultural safety in their practices by engaging in respectful dialogue with clients and taking the time to listen and learn about their clients' backgrounds in order to understand how it may potentially impact care delivery. For some clients it may be appropriate to ask whether they would like to involve a family member, community support person, or another trusted health professional in discussions about their dental hygiene diagnosis, proposed care, consent (or informed refusal to consent), and/or referrals.

## POLICY

Dental hygienists have an ethical responsibility to practice in a manner that is culturally safe for the diverse clients in their care. This is underpinned in a number of principles contained in the CDHBC Code of Ethics, including that dental hygienists shall:

- Hold paramount the health and welfare of those served professionally (Principle #1);
- Provide competent and appropriate care to clients (Principle #2);
- Treat clients with respect for their individual needs and values (Principle #4);
- Regard the clients' right to control their own care (Principle #5);
- Inform clients of the dental hygiene care available to them, clearly advise them of probable consequences of not following recommended action, but respect the clients' right of informed choice (Principle #6);
- Uphold the principle that the public should have fair and equitable access to dental hygiene services (Principle #8);
- Represent the values and ethics of dental hygiene before others, and maintain the public trust in dental hygienists and their profession (Principle #12).

Examples of ways in which dental hygienists can enhance their knowledge and practice of cultural safety and humility include:

- Learning about the history of colonization in a given Canadian region and the impacts on Indigenous individuals and communities, including the residential school system

and segregated hospital system\*,

- Completing education on cultural safety, such as the San'yas Indigenous Cultural Safety Training Program (Core ICS Health stream) offered by BC's Provincial Health Services Authority,
- Reviewing the First Nations Health Authority Policy Statement on Cultural Safety and Humility, and watching some of the publicly available webinars on the First Nations Health Authority website on cultural safety and humility,
- Learning about health programs offered by the First Nations Health Authority and BC's regional Health Authorities regarding potential unique referral options for Indigenous clients (e.g. Aboriginal Liaison Nurse services).

The College of Dental Hygienists of British Columbia gratefully acknowledges the First Nations Health Authority for reviewing this Interpretation Guideline while it was being developed.

\* At the time of their existence hospitals in the segregated system were referred to as "Indian hospitals".

## REFERENCES

1. Cultural safety and humility: key drivers and ideas for change. Coast Salish Territory – West Vancouver: First Nations Health Authority. Available from: <https://www.fnha.ca/Documents/FNHA-Cultural-Safety-and-Humility-Key-Drivers-and-Ideas-for-Change.pdf>
2. FNHA's policy statement on cultural safety and humility. Coast Salish Territory – West Vancouver: First Nations Health Authority. Available from: <https://www.fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf>

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