



Indigenous Cultural Safety, Humility and Anti-Racism

Standard Implementation Research Study

Summary of Results – April 20, 2023

Agenda

- Research Methodology
- Response Rate and Reliability of Results
- Who Participated
- Key Findings
- Detailed Results
- Q and A

Research Methodology

- **Survey instrument:** The following topics were covered in the survey
 - Self-identification (Indigenous / Non-Indigenous)
 - Attitudes and perceptions of Indigenous-specific racism
 - Perspectives on Indigenous-specific racism in health care settings
 - Implementation of Cultural Safety, Humility and Anti-Racism Standard of Practice
 - Overall perceptions of the standard and perceived barriers for standard implementation
 - Stereotypes of (resultant behaviours toward) Indigenous patients/clients
 - Demographics
- **Instrument validation:** Several members of the Indigenous consultancy (Qoqoq) provided input into the survey instrument development and validated the final draft before data collection
- **Census approach:** All registrants were invited to participate
- **Data collection method:** Pivotal Research invited registrants for 2 colleges to participate in the survey. The remaining colleges opted to invite registrants directly. Data collection took place between February 9th, 2023 and March 15th, 2023
- **Reminder:** A reminder was sent to registrants on March 9th to encourage more participation.

Response Rate and Reliability of Results

➤ **Response rate and margin of error:**

- 3,361 individuals responded to the survey representing a 12.2% response rate
- Response rate per college varied from 6% to 35%.
- Overall margin of error : +/- 1.76%, 19 times out of 20

➤ **Number of completed questions:**

- Questions were non-mandatory

➤ **Average survey completion time:**

- Survey took on average: 30 minutes

➤ **Comparison among colleges and between Indigenous and non-Indigenous**

- Comparison among participating colleges are not provided in this report
- Comparisons between Indigenous and non-Indigenous should be interpreted cautiously given the sensitivity of the topic and the relatively small number of Indigenous respondents

Who Participated

- **Cross section of registrants:** Based on all years in practice and years in practice in BC
- **3% self-identified as Indigenous.** This percent varied between 1% and 7% Indigenous across the various participating colleges
- **One-in-five reported to be internationally trained**
- **About one-in-five as part of racially marginalized community**
- **Close to one-in-ten reported being involved in board/committee work**

Key Findings

Overall Observations

Indigenous

- Indigenous respondents perceive their colleagues to:
 - lack cultural sensitivity, most commonly when it comes to “performative allyship” by having their support to Indigenous Peoples acknowledged.
 - Frequently display behaviours that tend to reflect Personal-led Care while they lag on the concepts of Building Knowledge through Education as well as Self-reflective Practice
 - Minimize concerns of Indigenous patients (12%); failed to communicate adequately with Indigenous patients (11%).

Overall Observations

Non-Indigenous

- Almost one-in-ten respondents have been told they have been engaged in Indigenous stereotyping, using racial biases, or behaving in a racist manner.
- At least one-in-ten non-Indigenous respondents believe that: *we spend too much time and resources on Indigenous specific racism (15%)* and *we're being too accommodating to Indigenous Peoples (10%)*.
- Indigenous stereotype which received the highest level of agreement: *Indigenous people have issues with drugs and alcohol (20%)*
- Non-Indigenous respondents indicated their current behaviours least reflect: *Building Knowledge Through Education*

Overall Observations

Comparisons/Commonalities Indigenous and Non-Indigenous

- Non – Indigenous respondents rated themselves higher concerning implementation of the core concepts than Indigenous counterparts
- Both groups of respondents conveyed a similar appetite toward learning how to implement the new standard.
- Indigenous and non-Indigenous respondents (eight –in-ten) disagreed that that Indigenous-specific racism is not prevalent in private practices (they acknowledge there is an issue)
- Only four–in-ten Indigenous/non-Indigenous respondents agreed that leaders in the workplace have set outcomes to eliminate Indigenous based racism in the workplace

Overall Observations

Years in Practice

- In general, the longer a health professional is in practice they are:

MORE LIKELY TO...

- Say leaders in the workplace setting have set accountability outcomes to ensure the elimination of Indigenous-specific racism.
- Agree with the stereotype that Indigenous people have issues with drugs and alcohol.
- Indicate they learn about Indigenous communities located where they work.

LESS LIKELY TO...

- Report acts of racism to leadership and/or the relevant health regulatory college.
- Believe the new Standard should have been adopted much sooner.

Behaviour and Implementation of Standard of Practice

Principles Indigenous Respondents Believe Their Non-Indigenous Colleagues Current Behaviours Reflect the Most/the Least

Top 5 Principles	Top Two Box Score	Concept
Engage with the patient/client and their identified supports to identify, understand, and address the patient's/client's health and wellness goals.	83%	Person-Led Care (Relational Care)
Treat the patient/client with respect and empathy by treating them and their family with compassion.	81%	Creating Safe Health Care Experiences
Respectfully learn about the patient/client and the reasons they have sought health care services.	81%	Person-Led Care (Relational Care)
Actively support the patient's/client's right to decide on their course of care.	80%	Person-Led Care (Relational Care)
Communicate effectively with the patient/client by providing clear information about the health care options available, including information about what they may experience during the health care encounter.	78%	Person-Led Care (Relational Care)

Bottom 5 Principles	Top Two Box Score	Concept
Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health care experiences.	27%	Building Knowledge Through Education
Learn about the disproportionate impact Indigenous-specific racism has on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.	26%	Building Knowledge Through Education
Learn about Indigenous communities located where they work, recognizing their languages, histories, heritage and cultural practices.	26%	Building Knowledge Through Education
Reflect on and identify any stereotypes or assumptions they may hold about Indigenous Peoples.	22%	Self-Reflective Practice (It Starts with Me)
Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.	22%	Self-Reflective Practice (It Starts with Me)

Principles Non-Indigenous Respondents Current Behaviours Reflect the Most / the Least

Top 5 Principles	Top Two Box Score	Concept
I treat the patient/client with respect and empathy by treating them and their family with compassion.	98%	Creating Safe Health Care Experiences
I treat the patient/client with respect and empathy by being open to learning from them and others.	96%	Creating Safe Health Care Experiences
I actively support the patient's/client's right to decide on their course of care.	96%	Person-Led Care (Relational Care)
I communicate effectively with the patient/client by ensuring information is communicated in a way that they can understand.	96%	Person-Led Care (Relational Care)
I respectfully learn about the patient/client and the reasons they have sought health care services.	94%	Person-Led Care (Relational Care)

Bottom 5 Principles	Top Two Box Score	Concept
Reporting acts of racism to leadership and/or the relevant health regulatory college.	45%	Anti-Racist Practice (Taking Action)
I evaluate and seek feedback on my own behaviour towards Indigenous Peoples.	44%	Self-Reflective Practice (It Starts with Me)
I learn about Indigenous communities located where I work, recognizing their languages, histories, heritage, and cultural practices.	44%	Building Knowledge Through Education
I learn about the disproportionate impact Indigenous-specific racism has on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.	42%	Building Knowledge Through Education
I undertake ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.	37%	Building Knowledge Through Education

Desired Topics for Learning

Topic	Do you require further guidance and/or education to implement	Learning intention %*
Strengths-Based and Trauma-Informed Practice	31%	54%
Creating Safe Health Care Experiences	27%	57%
Building Knowledge Through Education	24%	52%
Anti-Racist Practice	23%	59%
Self-Reflective Practice	21%	59%
Person-Led Care	13%	60%

*(immediately or 1 to 3 months)



Webinar



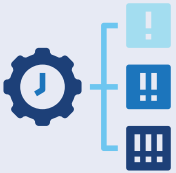
Short Reads

(10 mins reading time or less)

Barriers to Implementation of Standard



- Not knowing what opportunities are available / appropriate



- Too many competing priorities



- Overwhelmed with workload / patients

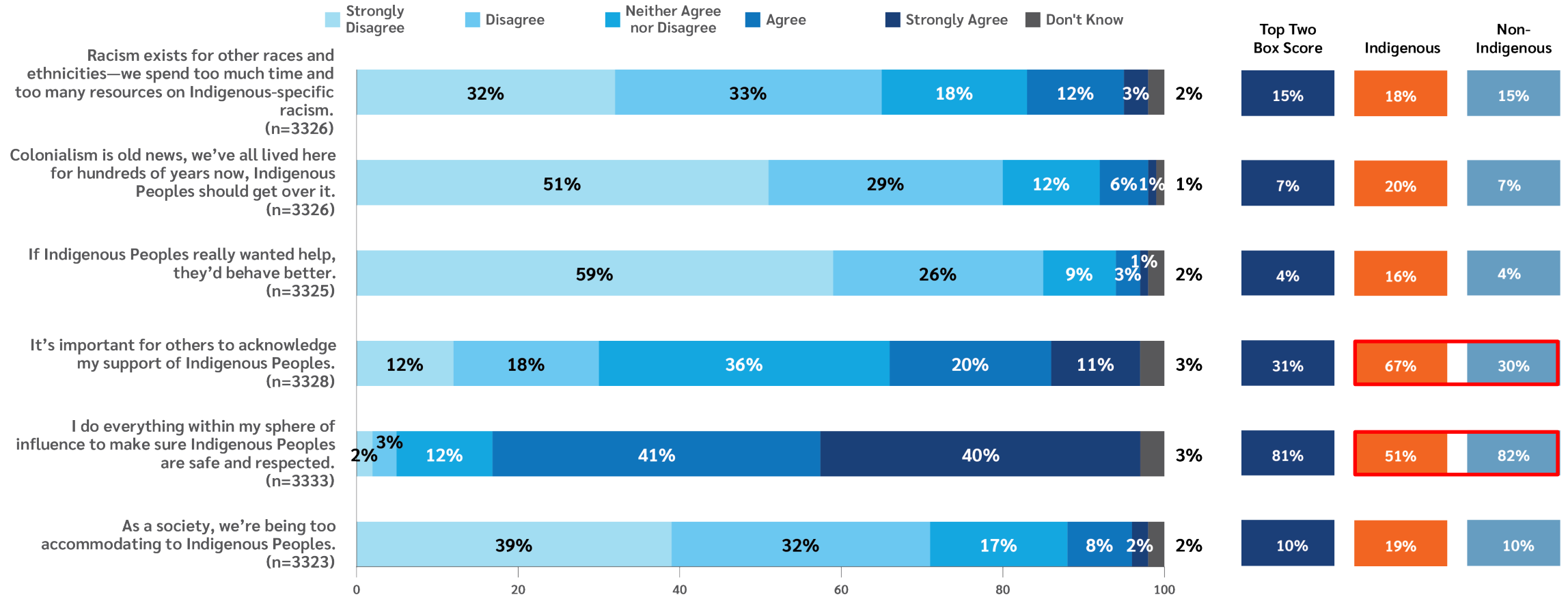


- Close to one-third have no barriers

Attitudes, Perceptions, and Perspectives on Indigenous-specific Racism

Attitudes and Perceptions

Please indicate your level of agreement with the following statements: (Q2) / Please indicate the level to which you agree the following statements represent the thoughts and feelings of your colleagues within your health profession: (Q3 – Self-Identified Indigenous Respondents only)

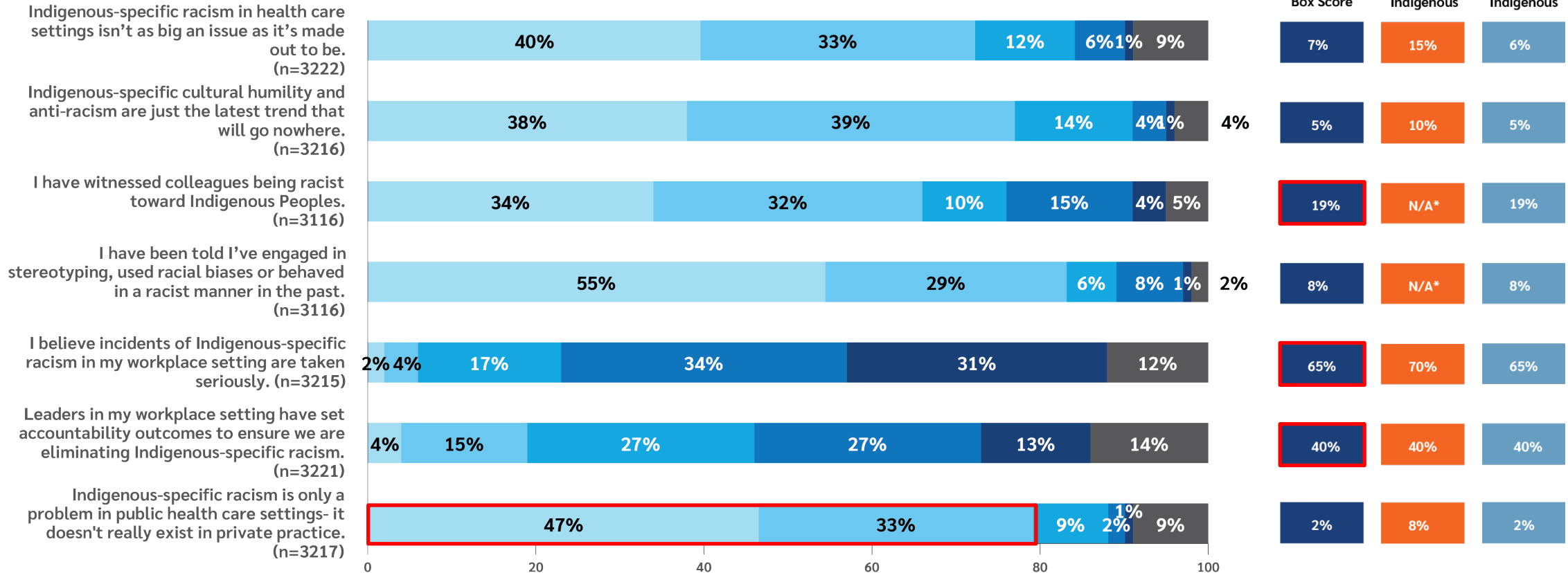


Indigenous (n = 106 to 107); Non-Indigenous (n = 3217 to 3226)

Perspectives about Indigenous Racism in Healthcare settings

Please indicate your level of agreement with the following statements: (Q4)

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know



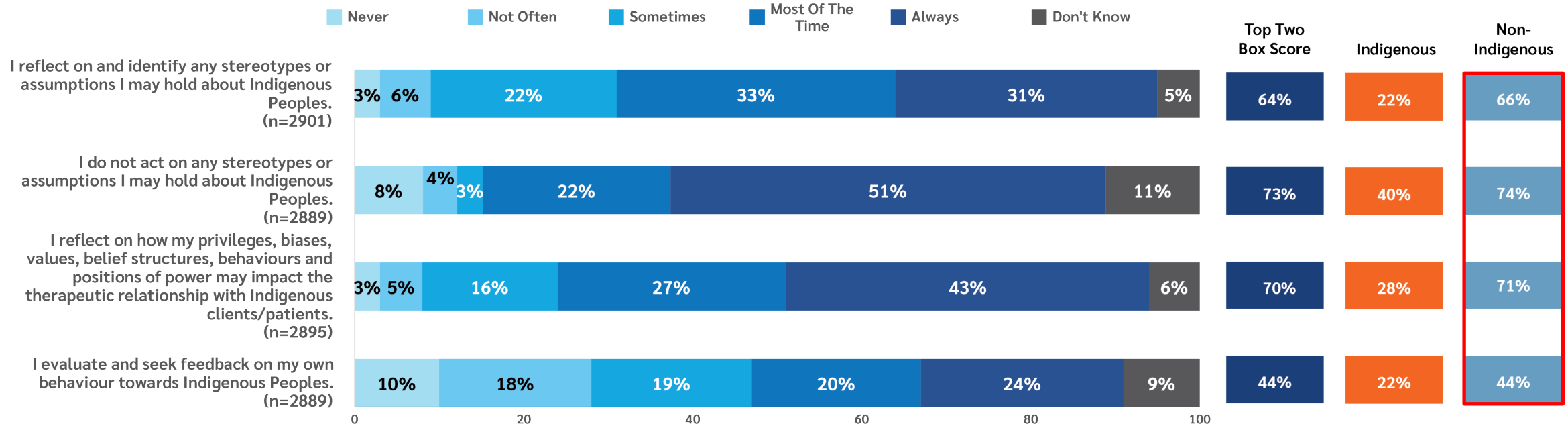
*Some questions were not asked to Indigenous registrants; these appear as N/A in the top box scores.

Indigenous (n = 104 to 105); Non-Indigenous (n = 3110 to 3117)

Detailed Feedback by Concept

Current Behaviour – Self Reflective Practice

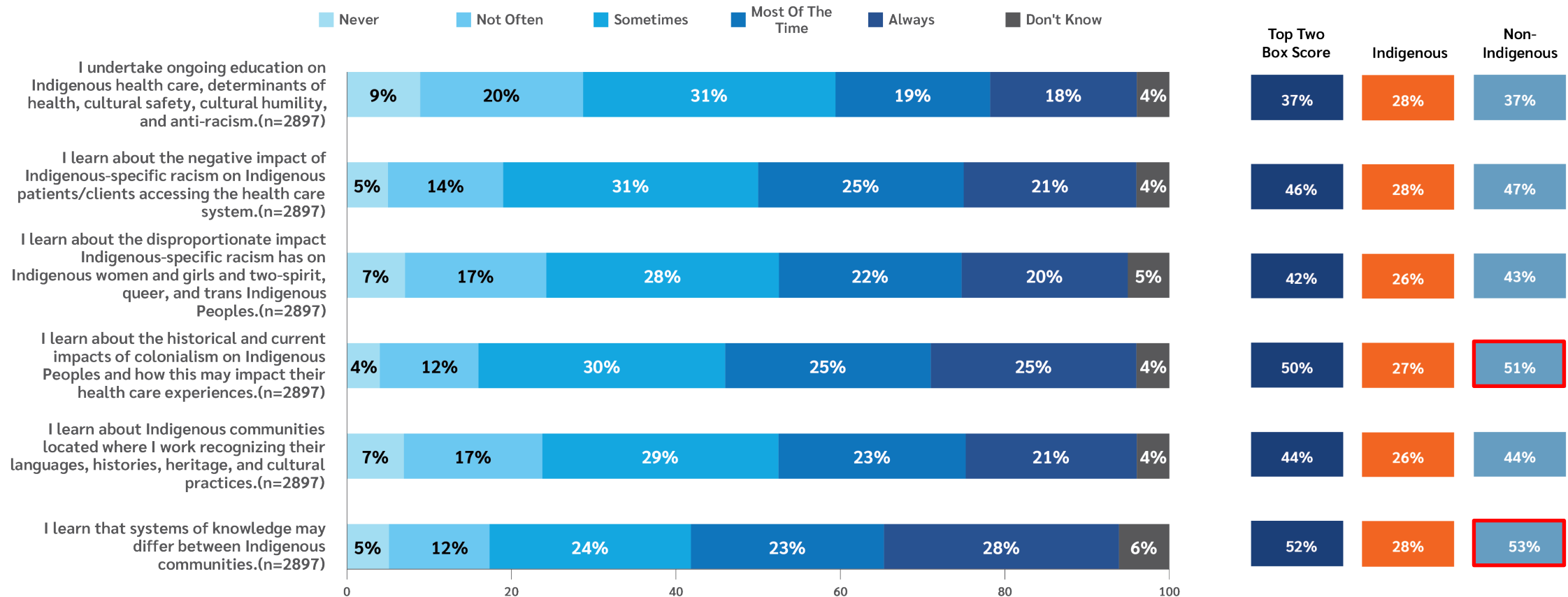
Please indicate how frequently your/your professional colleague's (Q5 Self-identified Indigenous Respondents only) current behavior reflects each principle of **Self-Reflective Practice**: (Q6)



Indigenous (n = 95 to 96); Non-Indigenous (n = 2794 to 2805); All College (n = 2889 to 2901)

Current Behaviour – Building Knowledge Through Education

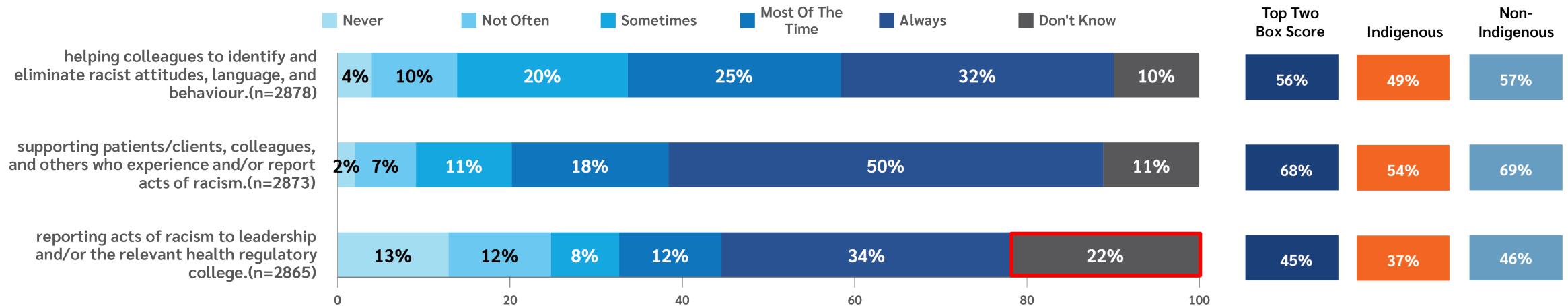
Please indicate how frequently your/ your professional colleagues' current behaviour (Q10 Self-Identified Indigenous respondents only) reflects each principle of **Building Knowledge Through Education**: (Q10)



Indigenous (n = 95 to 96); Non-Indigenous (n = 2793 to 2801); All Colleges (n = 2888 to 2897)

Current Behaviour – Anti-Racist Practice

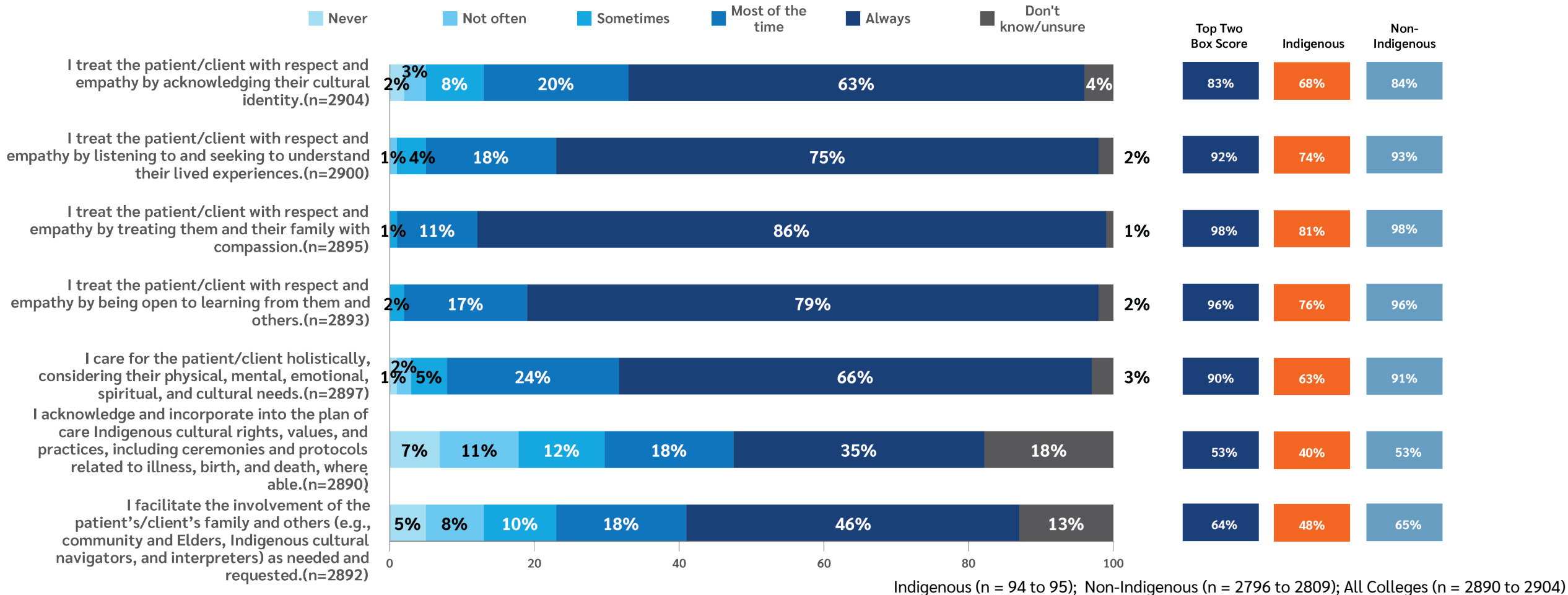
Please indicate how frequently your/ your professional colleagues' current behaviour (Q15 Self-Identified Indigenous Respondents only) reflects each principle of **Anti-Racist Practice (Taking Action)**: (Q16)



Indigenous (n = 94 to 96); Non-Indigenous (n = 2771 to 2782); All Colleges (n = 2865 to 2878)

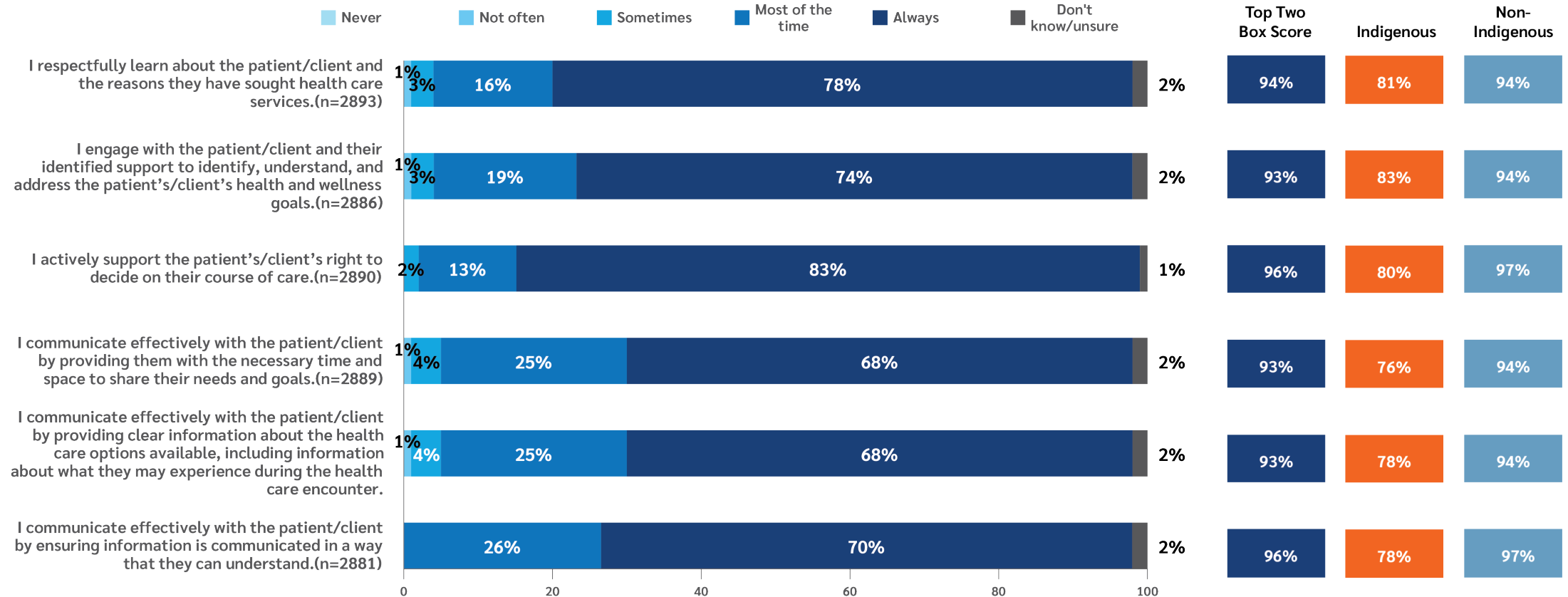
Current Behaviour – Creating Safe Health Care Experiences

Please indicate how frequently your/ your professional colleagues' (Q20 Self-Identified Indigenous Respondents only) current behaviour reflects each principle of **Creating Safe Health Care Experiences**: (Q21)



Current Behaviour – Person Led Care

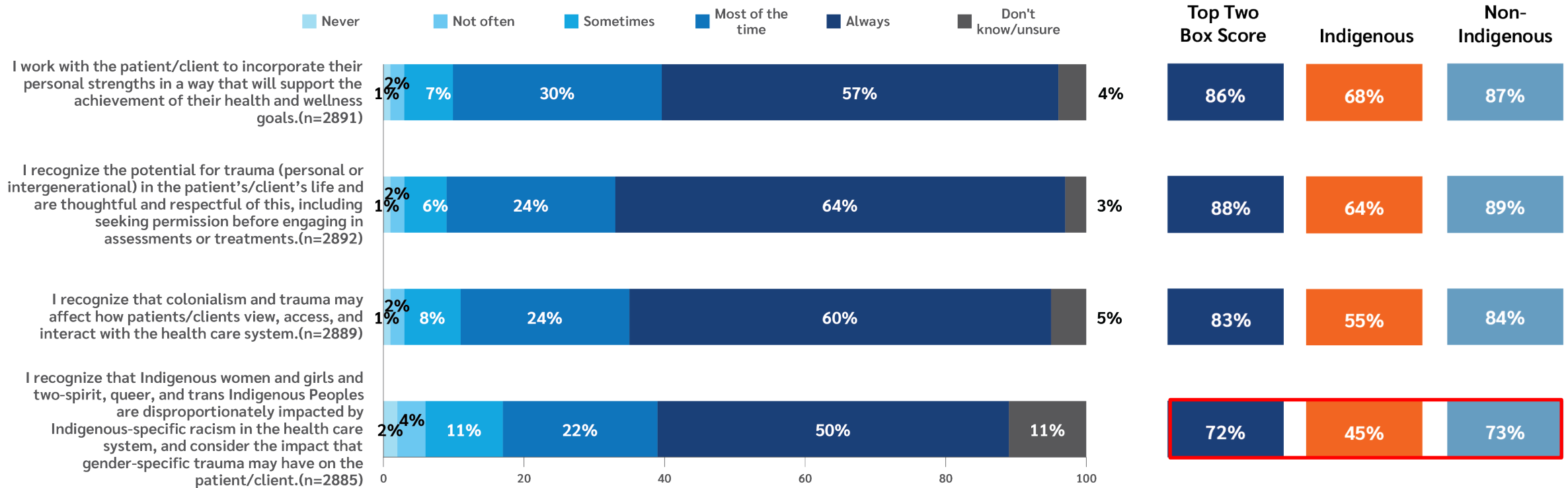
Please indicate how frequently your/ your professional colleagues' (Q25 Self-Identified Indigenous Respondents only) current behaviour reflects each principle of **Person-Led Care**: (Q26)



Indigenous (n = 94 to 95); Non-Indigenous (n = 2787 to 2798); All Colleges (n = 2881 to 2893)

Current Behaviour – Strengths-Based and Trauma Informed Practice

Please indicate how frequently your/ your professional colleagues' (Q30 Self-Identified Indigenous Respondents only) current behaviour reflects each principle of **Strengths-Based and Trauma-Informed Practice: (Q31)**



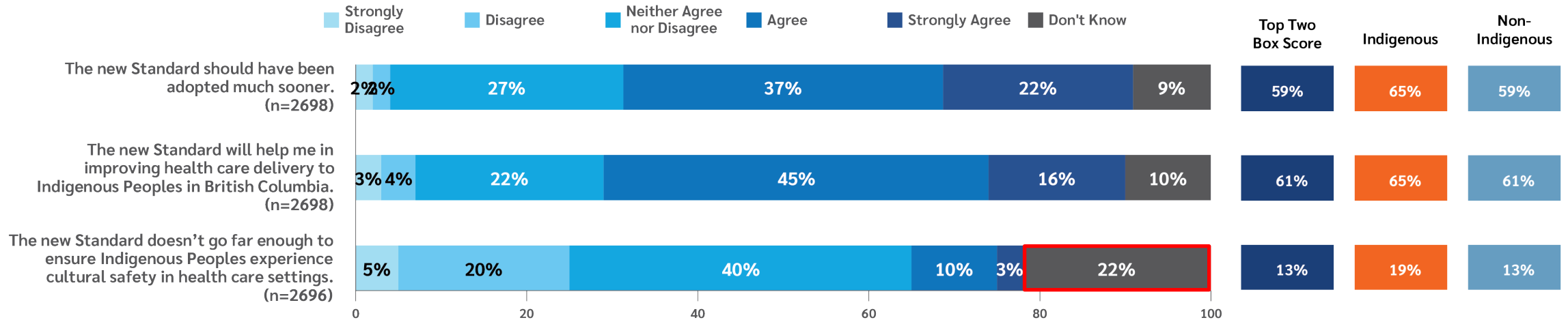
Indigenous (n = 97 to 98); Non-Indigenous (n = 2788 to 2795); All Colleges (n = 2885 to 2892)

Overall Perceptions of the New Standard



Perceptions About the New Standard

When considering your overall perceptions of the new Standard, please indicate your level of agreement with the following statements: (Q35)

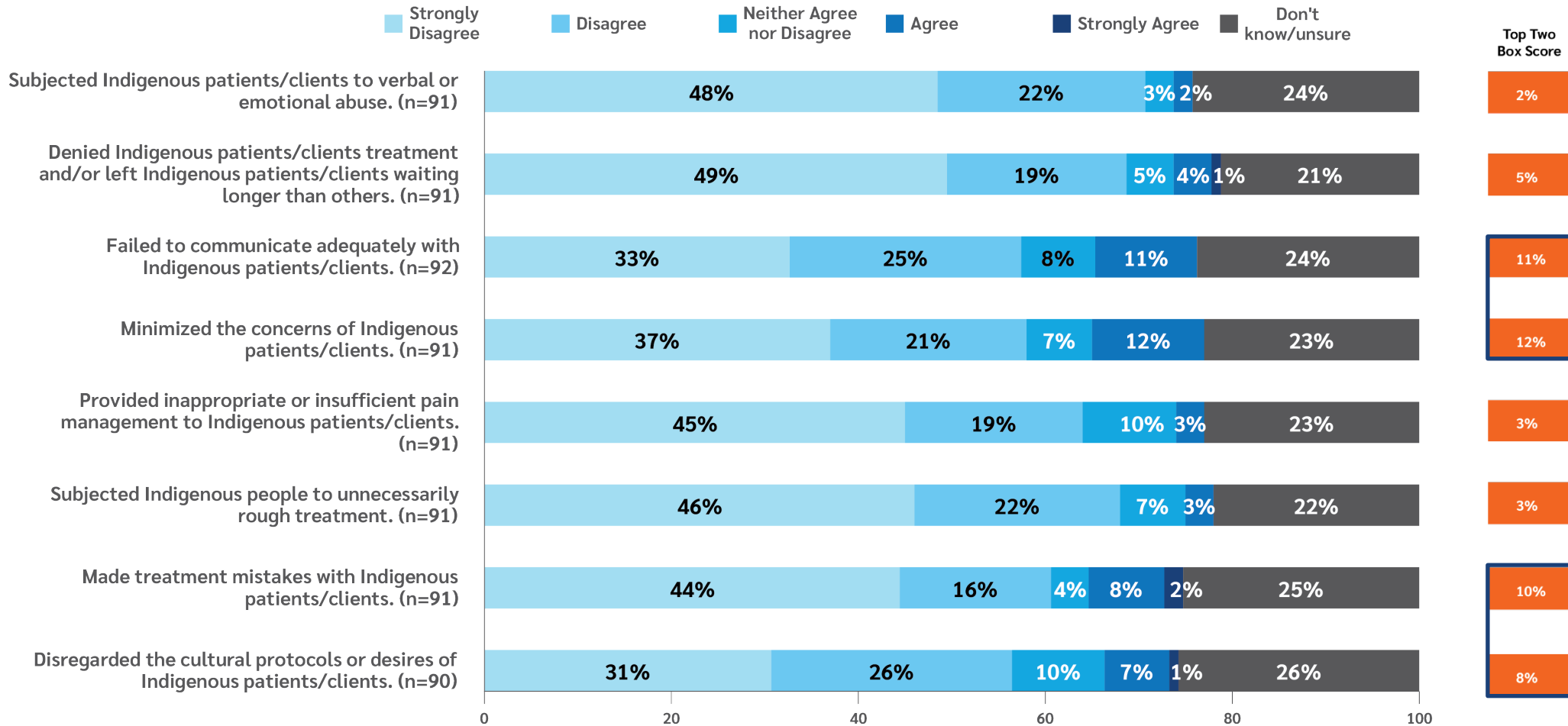


Indigenous (n = 91 to 92); Non-Indigenous (n = 2605 to 2607)

Stereotypes (Resultant Behaviours of Colleagues)

Resultant Behaviours (Self-Identified Indigenous Respondents)

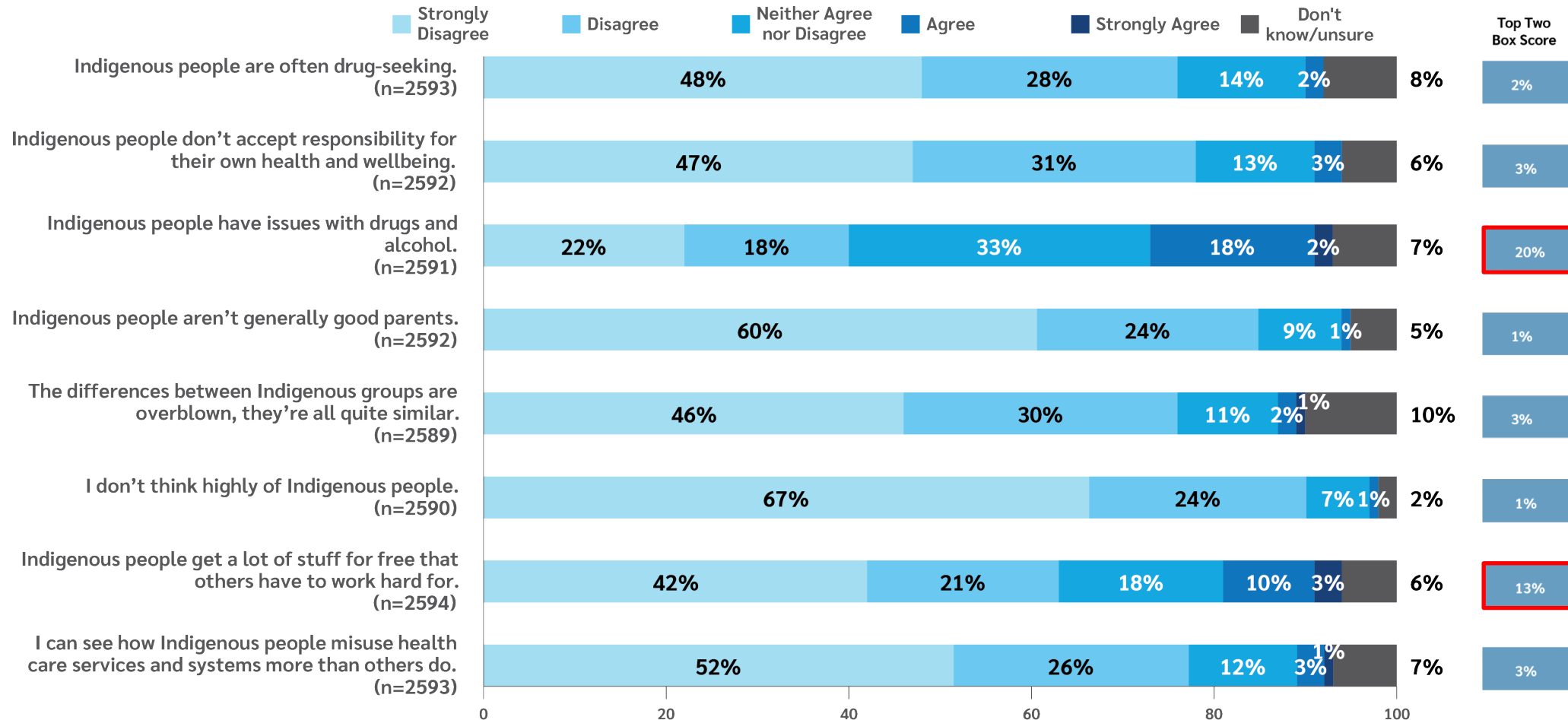
In your professional experiences **within the last year**, please indicate the level to which you agree **your professional colleagues** have **displayed the following behaviour** within your health profession: (Q38)



*Self-Identified Indigenous Respondent data reflect All Colleges data exclusively; sample sizes by College are small enough to warrant suppression for privacy

Stereotypes (Non Self-Identified Indigenous Respondents)

Please indicate your level of agreement with the following statements: (Q37)



Thank you!

Questions and Answers

Pivotal Research Inc. is grateful for the opportunity to contribute to reconciliation in Canada through work on this project and others, made possible through the guidance and support of Indigenous consultants and others. Pivotal Research is headquartered on the ancestral land of the Nêhiyawak (Cree), Anishinaabe (Saulteaux), Niitsitapi (Blackfoot), Métis, Dene and Iyãhé Nakoda (Nakoda Sioux) in Treaty 6 Territory and Métis Region 4.