Indigenous Cultural Safety Training in Health, Education, and Social Service Work: A Scoping Review Protocol

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ABSTRACT

Background: Indigenous Cultural Safety (ICS) training is a growing field of study; however, little consensus exists about how ICS is conceptualized and operationalized. This lack of consistency can lead to misinterpretation and misappropriation of Indigenous knowledges and histories that can further perpetuate colonial harms.

Objective: The objective of this scoping review is to explore and characterize the academic literature related to the conceptualization and operationalization of ICS training within the fields of health, social services, and education.

Methods: This scoping review protocol employs the Joanna Briggs Institute's three-step search strategy to identify articles in the following databases: MEDLINE, EMBASE, CINAHL, ERIC, and ASSIA. This protocol follows the PRISMA guidelines for Scoping Reviews (Joanna Briggs Institute, 2015; Tricco et al., 2018).

Discussion: This review will add new knowledge by offering insights into the historic and contemporary approaches to defining and operationalizing ICS training in the health, education and social services fields. The results produced will be of interest to scholars and health, social services, and education providers looking to apply the most current and appropriate concepts and practices of ICS.

Keywords: cultural safety, Indigenous, health, education, social services, scoping review

1. Background

The 1.6M Indigenous people in Canada (Government of Canada, 2017a) interact regularly with western systems including health, social, and educational services, interactions that may perpetuate the harms of colonization by the settler state. Though historic and ongoing impacts of colonization are documented, less is published about how education, health, and social service professionals can be trained to help decolonize system policies and services and to deliver culturally safe services to Indigenous peoples (Baba, 2013; Greenwood, de Leeuw, & Fraser, 2008; National Aboriginal Health Organization, 2006; Truth and Reconciliation Commission of Canada, 2015a).

Indigenous cultural safety (ICS) is a developing field of study, and how ICS is conceptualized, operationalized, and evaluated continues to evolve through the tireless efforts of Indigenous communities (Churchill et al., 2017). Due to the diverse landscape of ICS training across borders and between disciplines, a lack of consensus exists surrounding

proper terminology, conceptualization, and operationalization of ICS. The absence of a unified and informed understanding of ICS can be problematic as ICS training risks perpetuating colonial harms if its content is inaccurate or it is delivered ineffectively or insensitively.

In 2015, the Truth and Reconciliation Commission released its Calls to Action clearly outlining the need for culturally safe health, education, and social services (2015b). Considering these Calls to Action, along with the calls of Indigenous communities demanding culturally safe public services (Owens, 2019), the paucity of published work on ways to engage education, health, and social service professionals in ICS interventions is jarring (Government of Canada, 2017b). For instance, there is little written on the impact of ICS training on professional practice, particularly outside the fields of medicine and nursing (Kirmayer, 2012; Guerra & Kurtz, 2016; Churchill et al., 2017). Therefore, the objective of this scoping review is to explore and characterize the academic literature related to the conceptualization and operationalization of ICS training within the fields of health, education, and social service work.

1.1 Definitions

Indigenous Cultural Safety Training – this review is guided by the definition of ICS from the National Aboriginal Health Organization quoted in Baba (2013):

Cultural safety within an Indigenous context means that the educator/practitioner/ professional, whether Indigenous or not, can communicate competently with a patient in that patient's social, political, linguistic, economic, and spiritual realm… [cultural safety] moves beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization, and colonial relationships" (p.8). Cultural safety "is met through actions that recognize, respect, and nurture the unique cultural identity of (especially marginalized) cultures and safely meet their needs, expectations, and rights" (de Leeuw, 2016, slide 9).

For the purpose of this review, the term *ICS training* will be used as an umbrella term that encompasses the full continuum of ICS conceptualizations (Koptie, 2009; Ramsden, 2002), namely ICS, cultural competency, cultural sensitivity, and/or cultural humility.

Social Service Workers – the umbrella term *social service worker* will be used in this review to include social workers, criminal justice workers, child and youth workers, housing support workers, and employment service workers.

Educators – for the purpose of this review, the term *educator* refers those instructing at primary, secondary, and post-secondary education levels.

Health Professionals – the term *health professional* will be used to encompass those working within the field of health including nurses, physicians, allied health professionals, and public health professionals.

1.2 Scoping review questions

This review aims to answer the following questions:
1. What is the general state of knowledge surrounding ICS training in the fields of health, education and social service work?

2. What methods are used for developing, implementing, and evaluating ICS trainings for students and professionals in the fields of health, education, and social services?
3. What content is included in existing ICS trainings for students and professionals in the fields of health, education, and social services?

2. Methods/Design

This scoping review was informed by the Joanna Briggs Institute Reviewers Manual (Joanna Briggs Institute, 2015), and developed following the PRISMA-ScR Guidelines (Tricco et al., 2018). Additionally, as is proper protocol in Indigenous literature, the authors provide the following positionality statements to allow readers a better understanding of the perspectives that informed this protocol. Andrea Bowra is a PhD student from white settler ancestry currently working as a Research Coordinator in Indigenous health; Lisa Howard, a racialized cis settler who holds a PhD in Pharmacology and is completing a Master of Public Health in the field of Indigenous Health; Angela Mashford-Pringle is an Algonquin early career professor working with Indigenous people to improve our collective health and well-being through reclaiming Anishinawbe culture by being with and on the land; Erica Di Ruggiero is an associate professor of white settler ancestry working in allyship with Indigenous scholars and communities.

2.1 Inclusion criteria

Population

Given this is a nascent field and to ensure our search is comprehensive, we are reviewing the global literature on ICS that may include but not be limited to Indigenous peoples in Canada. However, our analysis will be conducted from the perspective of what insights can be drawn to inform ICS training for health, social services and education professionals that work with Indigenous peoples in Canada. Therefore, our review will be restricted to articles about ICS in health, social services, and education in high income, colonial settler state nations (i.e. Australia, New Zealand, Canada, and the United States).

Types of Studies

All peer-reviewed primary research articles on the topic of ICS training within the fields of health, social services, and education that have been reported in the literature between the years 1996-2020 will be included. The review dates were selected to ensure that the full history of the term *ICS*, which originated in 1996, is captured.

Language

This review will include all articles published in or translated into English.

2.2 Search strategy

A three-step search strategy will be utilized (Aromatis & Munn, 2020). The first step will involve a limited search of two initial databases: Medline and EMBASE, followed by an analysis of subject headings and search terms based on titles and abstracts identified. Table 1 outlines the keyword search employed at this step. A second search will then be conducted using all identified subject headings and keywords across all databases identified below. Table 2 details the keyword search employed to search CINAHL and Table 3 details the keyword search employed to search ERIC and ASSIA. These searches were conducted on May 20, 2020; their results can be found in Table 4. Finally, the reference lists of all articles selected for inclusion in this review will be searched for additional studies.

Databases

For this review, published studies will be found through the databases below. These databases were selected to capture the fields of health, education, and social sciences in order to align with the scope of the review.

- Medline
- EMBASE
- CINAHL
- ERIC
- ASSIA

2.2.1 MEDLINE AND EMBASE

Subject Heading Search
(Culturally Competent Care OR Cultural Competency)
AND
(exp Health Personnel OR exp Education OR exp Curriculum OR exp Teaching OR Social Work) AND
(Indigenous Peoples OR exp American Native Continental Ancestry Group OR exp Oceanic Ancestry Group) (see Table 1)

Table 1. Keyword search: MEDLINE and EMBASE.

Activity	ICS Training	(cultural* ADJ3 safe*) OR (cultural* ADJ3 competen*) OR (culturally ADJ3 appropriate) OR (cultural* ADJ3 sensitiv*)
Context	Indigenous	Indigenous OR (first nations) OR (Métis) OR (Inuit) OR (Aboriginal) OR (Maori) OR (Torres Straight)
Population	Health	(health care) OR (healthcare) OR (practitioner*) OR (health care provider*) OR (health ADJ3 professional*) OR (nurs*) OR (physician*) OR (public health)
	Education	(educat*) OR (teach*) OR (faculty)
	Social Services	(social ADJ2 work*) OR (child welfare) OR (criminal justice work*) OR (justice work*) OR (support ADJ2 work*) OR (employ* ADJ2 service*) OR (employ* ADJ2 support) OR (housing ADJ2 service*) OR (housing ADJ2 support) OR (family ADJ3 service*) OR (child* aid) OR (child* ADJ3 service*) OR (youth ADJ3 service*)

2.2.2 CINAHL

Subject Heading Search
(Cultural Safety) OR (Cultural Competence) OR (Cultural Sensitivity)
AND
(Indigenous Peoples)
AND
(Social Work) OR (Social Work Service) OR (Students, Social Work) OR (Education, Social Work) OR (Social Service Assessment) OR (Education) OR (Health Personnel) OR (Facilities, Manpower and Services) OR (Occupational Health Services)

Table 2. Keyword search: CINAHL.

Activity	ICS Training	(cultural* N3 safe*) OR (cultural* N3 competen*) OR (culturally N3 appropriate) OR (cultural* N3 sensitiv*)
Context	Indigenous	Indigenous OR (first nations) OR (Métis) OR (Inuit) OR (Aboriginal) OR (Maori) OR (Torres Straight)
Population	Health	(health care) OR (healthcare) OR (practitioner*) OR (health care provider*) OR (health N3 professional*) OR (nurs*) OR (physician*) OR (public health)
	Education	(educat*) OR (teach*) OR (faculty) OR (curriculum)
	Social Services	(social N2 work*) OR (child welfare) OR (criminal justice work*) OR (justice work*) OR (support N2 work*) OR (employ* N2 service*) OR (employ* N2 support) OR (housing N2 service*) OR (housing N2 support) OR (family N3 service*) OR (child* aid) OR (child* N3 service*) OR (youth N3 service*)

2.2.3 ERIC and ASSIA (Proquest)

Table 3. Keyword search: ERIC and ASSIA.

Activity	ICS Training	(cultural* NEAR/3 safe*) OR (cultural* NEAR/3 competen*) OR (culturally NEAR/3 appropriate) OR (cultural* NEAR/3 sensitiv*)
Context	Indigenous	Indigenous OR (first nations) OR (Métis) OR (Inuit) OR (Aboriginal) OR (Maori) OR (Torres Straight)
Population	Health	(health care) OR (healthcare) OR (practitioner*) OR (health care provider*) OR (health NEAR/3 professional*) OR (nurs*) OR (physician*) OR (public health)
	Education	(educat*) OR (teach*) OR (faculty)
	Social Services	(social NEAR/2 work*) OR (child welfare) OR (criminal justice work*) OR (justice work*) OR (support NEAR/2 work*) OR (employ* NEAR/2 service*) OR (employ* NEAR/2 support) OR (housing NEAR/2 service*) OR (housing NEAR/2 support) OR (family NEAR/3 service*) OR (child* aid) OR (child* NEAR/3 service*) OR (youth NEAR/3 service*)

2.2.4 Searches conducted on May 20, 2020.

Table 4. Search results.

Source	Number of citations retrieved	Duplicates removed	Total added to screen
Ovid (MEDLINE, EMBASE)	1,371	5	1,366
CINAHL	1,608	820	788
Proquest (ERIC, ASSIA)	621	292	329

Reference lists of studies included in review searched for additional articles	X	X	X

2.3 Study selection

Study selection will be performed independently by two reviewers. Disagreements and discrepancies will be resolved by the decision of a third reviewer. Duplicate studies will be removed within the database, Endnote, and subsequently Covidence. The following criteria will be used to screen the remaining studies:

Stage 1: Title and Abstract Review
Inclusion:
- Article's focus is on ICS training as defined above for students and professionals in fields of health, education, social service work
- Articles pertaining to investigations conducted in high income, colonial settler state nations (i.e. Australia, New Zealand, Canada, and the United States)
- Peer-reviewed articles
- Articles are written in or translated into English

Exclusion:
- Articles do not relate to ICS training
- Articles do not focus on one of the following fields: health, education, social service work
- Literature reviews

Stage 2: Full Text Review
Inclusion:
- Articles relate to ICS training
- Articles evaluate the effectiveness of ICS training
- Articles discuss the methodologies and modalities of delivering ICS training
- Articles discuss the content of ICS training
- Articles focus on professionals or students

Exclusion:
- Articles that are not relevant
- Articles where full text was not found/available
- Articles focus on a population other than professionals or post-secondary students

2.4 Data extraction

All articles selected for data extraction will be stored in Covidence, and the data extracted will be done using a Google Form and will be recorded in Microsoft Excel. The data extraction tool will be piloted by all members of the review team on two pre-selected articles. The tool will then be amended to ensure all relevant information is extracted. Table 5 details the data to be extracted for each article.

Table 5. Data extraction tool.

Article Characteristics	Journal Article Title Author Date Location Article Objective Author Positionality
CS Conceptualization	CS definition/concept description (including terminology used) Profession targeted (if specified) Indigenous peoples addressed in context of CS Rationale for CS (ie. why do authors deem ICS training is necessary)

Training Characteristics (if applicable)	Organization/sponsor responsible for developing, implementing or funding the training
	Who developed training?
	Program maturity level
	Evidence of Indigenous scholar, practitioner and/or knowledge keeper engagement in training development?
	What community partners are engaged?
	Who delivered training?
	Who received the training?
	    - Profession
	    - Setting (rural/urban)
	Modality used to deliver the training
	Number of people who completed the training
	Intervention timeline (if provided)
	Did the article describe intervention's ICS content or curriculum?
	Brief intervention description
	Post program supports

Evaluation Characteristics (if applicable)	Evaluation objective(s) Evaluation methods Evaluation results Implications/recommendations produced Limitations
Additional Information	Notes

2.5 Presentation of results

The results from this scoping review will be presented using tables, diagrams, and a narrative. This will include a chronological diagram mapping the terminology and application of ICS since its initial development in 1996. Our presentation of results will also include tables summarizing our extracted data (refer to Data Extraction section). These tables will be used to compare data within and between the fields of health, social services, and education. The data summarized in the tables and diagrams will also be presented in a narrative allowing the authors to explore themes that arise pertaining to the conceptualization and implementation of ICS across disciplines.

The results from this scoping review will be used to inform a larger cultural safety project. This larger project will co-create, implement, and evaluate online cultural safety courses with Elders, Knowledge Keepers, and community members tailored to the fields of health, social services, and education.

3. Discussion

The strengths of this scoping review lie in its interdisciplinary approach, and its focus on the conceptualization of ICS. As described earlier, there is a paucity of academic literature that examines ICS training for students and professionals in the fields of allied and public health, health research, social services, and education. In extracting data specific to these fields, the authors of this review aim to highlight the work that has been done thus far in health and the discrepancies that exist between health, and social services and education.

Moreover, there is also a lack of consensus surrounding its conceptualization and operationalization across the fields of health, education, and social services. By chronologically mapping and analyzing the published work on ICS, this review will synthesize how theory and practice within the ICS field has evolved over time in these disciplines. Our findings will inform the work of both scholars and practitioners applying current and appropriate terminology and definitions to their ICS work.

The limitations of this scoping review include restricting the review's focus to peer-reviewed literature. There is a wealth of grey ICS literature (i.e. organizational reports, oral stories, opinion pieces, and news articles) that report on ICS interventions. Due to time and resource limitations, the authors decided to examine the academic literature as an initial step in synthesizing the state of ICS knowledge. The synthesis of grey ICS literature is an important area for research, which the authors intend to explore in the future.

Declarations

Competing Interests: The authors declare no conflicts of interest.

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