Royal Australasian College of Surgeons

A cultural safety framework and culturally-safe environment for surgical contexts

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Committed to Indigenous health

Why focus on cultural safety?

- Cultural safety is a legislative requirement under Health Practitioner Regulation National Law
- There exists a national policy commitment to a health care system free of racism and Closing the Gap Priority Reform three calls for the elimination of racism within government organisations, including within the health system
- Despite this, Aboriginal and Torres Strait Islander people continue to experience racism in the Australian healthcare system, including racism, discrimination, bias, and denial / justification of such, in surgical contexts

Why focus on cultural safety?

- The proportion of Aboriginal and Torres Strait Islander people reporting racial discrimination by doctors, nurses and / or medical staff in the past 12 months rose from 11% in 2014 to 20% in 2022

- 54% of Indigenous trainee doctors reported either experiencing and / or witnessing bullying, harassment, discrimination and / or racism in their workplace (69% of whom reported that the incident had adversely impacted their medical training)

Case study

An Aboriginal woman, Charlene, with her 6-month-old baby, was seen by a doctor at RDH Emergency Department (after waiting for 5 hours), who Charlene described as “a good bloke…just trying to do his job” but lacking the skills for the task at hand. Having observed healthcare providers caring for her baby over several months, Charlene had developed a comprehensive understanding of the procedure required. Concerned for her baby’s welfare and wanting to help the doctor, Charlene attempted to show the doctor a video she had recorded on her phone of another healthcare provider performing the treatment required: “we were just trying to help him, we could see he was stressing”. However, her attempt to contribute to the care of her baby was ignored by the doctor. Charlene said doctors then used the wrong equipment and burnt her baby’s leg. Asked why she thinks the doctor didn’t listen, Charlene said: “I’m just a mother.

Effectiveness of cultural safety

- Improvements in communication (Weech-Maldonado et. al. 2012), interaction, respect, team functioning, clarity of roles, participation in decision making, cultural knowledge, attitudes, knowledge, self-confidence (Rissel et al. 2023; Lin et al. 2023; McRae et al. 2008; Medel 2019) and the cultural competence (Osmancevic et al. 2025) to apply skills in diverse cultural contexts (Hearn et al. 2011)

- For patients, cultural safety can increase trust and satisfaction (Kim & Lee 2016) and improve surgical recovery, including reduced mortality (Cook et al. 2010)

Cultural competence and respect

- Cultural competence is a set of congruent behaviours, attitudes, policies, practices and structures that come together in a system, agency or among professionals that enables systems, agencies or professionals to work effectively in cross-cultural situations

- Cultural respect has been defined as recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people

Cultural safety

- Incorporating cultural competence and cultural respect, cultural safety occurs within environments that are spiritually, socially, emotionally and physically safe; where there is no assault, challenge or denial of identity, of who people are and what they need. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

- Cultural safety is essential to the holistic social, emotional, physical, mental and spiritual health of Aboriginal and Torres Strait Islander Peoples. Importantly, while cultural safety can be assessed, measured and monitored by organisations, the extent to which cultural safety is achieved can only be determined by Aboriginal and Torres Strait Islander Peoples.


RESPECT
RELATIONSHIPS
ADVOCACY
COMMUNICATION
Culturally Safe Health Care for Aboriginal and Torres Strait Islander Peoples
PARTNERSHIPS
REFLECTION
SAFETY & QUALITY

Respect

- Respect is about welcoming (e.g., hospitality in hospitals), valuing, appreciating and embedding Indigenous ways of knowing, being, doing, relating and perceiving

- It also entails identifying and addressing racism and unconscious / implicit bias (which occurs despite espoused beliefs / attitudes) as well as avoiding dismissive medicine and refraining from medical gaslighting

- Respect is about humility and honesty (especially in learning from mistakes) and lifelong learning from and with rather than about First Peoples through regular cultural ‘fitness’ exercise grounded in compassion, kindness and empathy

Culturally-safe communication

- Focuses on reducing hierarchy and cultivating dialogue, self-determination and empowerment; fostering authentic relationships that value quality over quantity; moving at the speed of trust (i.e., grow trust and move together with fluidity at whatever speed is necessary)

- Privileging lived experience; connecting, convening, and collaborating rather than mandating or representing (i.e., rather than speaking for others); and being open to earnest listening and learning (including from criticism) without interruption, expectations, retort / dispute or pre-determined solutions

First Peoples' communication

- Focuses on relationship-building, connection and trust rather than information exchange or decision-making
- Emphasises open (not closed) questions, ample talk-time, deep active listening, two-way participatory dialogue, body orientation, facial expressions, hand gestures, eye movement / gaze as well as voice tone, timbre, cadence, pace, rhyme, rhythm and silences

Safety and quality

- Grounded in the persistent application of best-practice clinical skills, knowledge and practices that are suitable, appropriate, acceptable and accessible to the specific needs of First Peoples

- Rather than a misguided notion of treating everyone the same regardless of their cultural backgrounds, fair treatment means understanding differences and responding to them appropriately and contextually, while being regardful of cultural background, to achieve equitable outcomes for First Peoples

Safety and quality

- Clinical care should ensure that both cultural safety and clinical safety are achieved, without one taking priority over the other
- Culturally safety also requires a focus in minimising power differentials via active attention to empowering First Peoples' understanding and contribution to problem-solving and decision-making to the extent that they are affected by such problems and decisions
- Genuinely inquiring 'how am I doing?' and pointing out our own mistakes or cultivating group critique of our work performance

Reflection

- Considering one's own assumptions, values, beliefs, biases, stereotypes, identity / intentions and culture as well as the culture of the Australian healthcare system; power dynamics / structures, especially relating to institutional / expert knowledge vs. lay / everyday knowledge; levels of comfort with complexity, uncertainty and the unknown

- Common stereotypes of Aboriginal and Torres Strait Islander Peoples include alcoholism, drug-dependence, criminality / thieving, stupidity / ignorance, laziness and irresponsibility. Instead, cultural safety invites us to focus on strengths-based learning and communication incorporating innovative, experiential and practice-based examples

Reflection

- Observing your own patterns of behaviour from a critically conscious perspective such as verbally explaining your feelings, perceptions, reactions (e.g., in a diary, journal or voice memos), and experiences in words to yourself and / or trusted others

- Spanning out to compare (but not judge) yourself in relation to how others comport themselves; and, finally, requesting feedback from others as to how they perceive you and how they are reacting to you and your actions

Advocacy

- To be an effective advocate, it is necessary to understand that the current healthcare system operates from a colonial, Eurocentric, monocultural, bio-medical worldview that is individualistic, problem focused, clinician-centred, institutionally racist and culturally unsafe

- Be aware that accessing culturally safe health care (often) means accessing health care that not only acknowledges and respects, but also meaningfully embraces, First Peoples knowledge systems, cultures and languages in communication, workforce development and training, patient-centred care and health service models / practice

Advocacy

- Enhancing First Peoples leadership (while accounting for, and minimising, colonial load on Aboriginal and Torres Strait Islander Peoples) and accepting an invitation to tangible transformation within healthcare cultures, systems, policies, practices, procedures and processes

- Advocacy work (whether by Indigenous or non-Indigenous people) requires considerable persistence and emotional labour in the face of resistance and retribution

Advocacy

– In a surgical context, it may be necessary to consider cultural safety in everything from medical records, to mentoring to exit interviews; create targets and key performance indicators for patients lists based on disease burden among specific socio-demographics; achieve an appropriate balance of private and public consulting; implement quotas to achieve parity within the surgical workforce concomitant with the general population; and provide opportunities for surgical trainees to work alongside a variety of Aboriginal and Torres Strait Islander healthcare workers to cultivate cultural competence via coaching.

Relationality

- Facilitating truth-telling to enable reconciliation and active, ongoing healing and adopting responses to racism that engage with person-centred change, transparency, accountability, collective sense-seeking, restorative justice, relationship repair and reparation

- Especially given the central importance of relationality in Indigenous cultures, across all these aspects of cultural safety it is essential to establish, build and maintain strong long-term meaningful relationships, partnerships and collaborations with local communities, organisations, families and individuals based on self-determined, empowered, free, prior and informed consent, problem-defining / solving, decision- making and conflict engagement and resolution.