Notice of the Final Oral Examination
for the Degrees of Master of Science and Master of Nursing

of

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“Capturing Culturally Nursing Safe Care”

School of Health Information Science
& School of Nursing

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David Turpin Building
Room A144

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Dr. Noreen Frisch, School of Nursing, UVic (Co-Supervisor)

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Dr. Merwan Engineer, Department of Economics, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies
Abstract

This thesis represents a two phase, qualitative study using both Expert Review Panel and Delphi Panel research methods. The two research questions guiding this study were: 1) Phase I: What does culturally safe nursing practice mean, and how do we know when it is being practiced, and 2) Phase II: Can proposed culturally safe nursing practices be coded through use of International Classification for Nursing Practice (ICNP®) and/or Nursing Intervention Classification (NIC)?

Originating from the field of nursing in New Zealand, there is interest in adopting culturally safety in Canada to support culturally safe nursing care for Canada’s Indigenous people (Canadian Nurses Association, 2009). A synthesis of the literature was conducted in Phase I of this study revealing six hallmarks of culturally safe nursing care. Those are: 1) Creating trust, 2) Relinquishing power over relationships, 3) Approaching people with respect, 4) Seeking permission, 5) Listening with your heart and ears, 6) Attending to those who’s beliefs and practices differ. Representing culturally safe care of an Indigenous elder, a case scenario, developed by the principle investigator (PI), was presented to cultural safety experts \( n = 3 \) participating on an Expert Review Panel (ERP). The results of ERP showed that all six culturally safe nursing practices were represented in the case scenario. Validating that culturally safe nursing practices could be succinctly defined contributes to new knowledge, and most importantly informs nurses how to practice in a culturally safe nursing way. When nurses practice culturally safe care, successful relationships with their Indigenous patients is possible.

The purpose of using a Delphi panel method in Phase II was to see if culturally safe nursing practices in the case scenario could be represented in the ICNP® and NIC nursing languages by experts in those particular languages. However, it was important to explore whether INCP and/or NIC already represented culturally safe nursing practices. To explore this two groups of subject matter experts in ICNP® \( n = 3 \) and NIC \( n = 3 \) were invited to participate in separate Delphi panels. Overall the Phase II Delphi panel results reflected the divergent way ICNP® and NIC are structured, in that terms alone do not provide enough contextual meaning to support clinical practice. The results of the ICNP® Delphi Panel showed that one ICNP® nursing intervention could represent culturally safe nursing care: Establishing Trust. Otherwise, the abstract composition of INCP® terms affected the study results. The NIC Delphi panel results reflect the content and structure of NIC, and as such the experts identified the following four NIC nursing interventions that reflect culturally safe nursing care, they are: 1) Culture Brokerage, 2) Complex Relationship Building, 3) Emotional Support, and 4) Active Listening. Succinctly defining what nurses do is important; therefore, nursing languages need to be unambiguous, contextual so they are accurately and consistently documented. Validating culturally safe nursing practices exist—and further ensuring they are represented in standardized nursing languages and terminology sets and thus coded for use in an electronic health record (EHR)—ensures that culturally safe nursing care data is captured in the EHR.