

### Recommendation 6 Evidence Profiles

**Recommendation Question:** Should undergraduate education for nurses and the interprofessional team and/or continuing professional development for health workers on Indigenous health be recommended?

**Recommendation 6:** It is recommended that health and social service organizations integrate Indigenous health and Indigenous cultural safety education within continuing professional development for all health providers.

**Population:** Students in professional health programs, nurses, members of the interprofessional team

**Intervention:** Professional development and/or undergraduate education regarding Indigenous health

**Comparison:** No professional development and/or undergraduate education regarding Indigenous health

**Outcomes:** Provider cultural safety, provider attitude (provider knowledge and provider change in practice not reported)

**Setting:** health service organizations (all in-patient settings, primary health care, public health)

**Bibliography:** 4, 50, 355, 600, 650, 1461

Quality assessment							Study details		No. of participants		Reported effects/outcomes	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Intervention	Control			
<p><b>Health provider cultural safety:</b> measured with Cultural Quotient (CQ) tool; Awareness of Cultural Safety (ACSS) tool, self-assessment of cultural safety competence (CSC) tool and perception of racism; a Cultural Competency Self-Assessment tool; and the Social Cultural Confidence in Care Survey (SCCCS).</p>													
1	RCT (Cluster)	Serious concerns <sup>a</sup>	No concerns	No concerns	Serious concerns <sup>b</sup>	None	4: Australia	4: Ways of Thinking and Ways of Doing (WoTWoD). <u>Intervention group:</u> WoTWoD encompasses a toolkit (ten scenarios illustrating cross-cultural behaviour in clinical practice), one half-day workshop,	4: N=29 practices (Change in Cultural Quotient (CQ) score (measured at baseline and at 12 months) from baseline (points), mean (SE) = 9.49 (2.29)	4: N=29 practices change in CQ score (at 12 months) from baseline (points), mean (SE) = 4.94 (2.46)	4: Participants in the WoTWoD Indigenous cultural respect program demonstrated an improvement (positive direction of effect) in their mean cultural quotient scores, at 12 months.	⊕⊕○○ Low	4: Liaw et al. (2019)

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								cultural mentor support for practices, and a local care partnership between participating Medicare locals/primary health networks and local Aboriginal Community Controlled Health Services for guiding the program and facilitating community engagement. The intervention lasted 12 months at each practice. Practice staff met the Indigenous cultural mentor who supported them during the study.					

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								educational resources for health-care organizations, general practitioners and their staff.					
3	Single-arm	Serious <sup>c</sup>	Serious <sup>d</sup>	Not serious	Serious <sup>e</sup>	None	355: Australia	355: Continuing Professional Development (CPD) for Bachelor of Midwifery academics: The CPD intervention consisted of two half-day workshops a week apart, followed by five yarning circles across a 12-week semester. To demonstrate a partnership approach a First	355: n=9 Self-assessment of cultural safety score (SD): pre: 12.44 (SD 3.91) post: 13.00 (SD 3.00) ACSS score (SD): pre: 49.22 (SD 8.54) post: 53.44 (SD 5.10) Perception of racism score	NA	Summary: In all 4 studies, measures of all cultural concepts in health providers improved following the delivery of the Indigenous cultural safety intervention.  355: 3 cultural safety measures: Scores on Awareness of Cultural Safety (ACSS), self-assessed cultural safety competence both improved following the CPD, and perception of racism amongst faculty and students increased following the CPD.	Very Low ⊕○○○	355: Benson, Ryder, Gill & Balabanski (2015)

Quality assessment							Study details		No. of participants		Certainty	Reference
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							600: Australia	Peoples Professor (acting as mentor) and non-Indigenous midwifery academic (the mentee) facilitated the workshops. Participants also listened to personal stories privileging First Peoples voices about the impact of colonization and historical policies, intergenerational trauma, the politics of being 'Indigenous', the importance of acknowledging cultural wisdom, cultural authority, human rights, social justice, cultural responsiveness and equity.  600: Way of Thinking, Ways of Doing	(SD): pre: 12.00 (SD 3.08) post: 13.56 (SD 4.67)  600: n=14 staff from	NA	600: Cultural quotient (CQ) scores improved following the WoTWoD	600; Liaw et al. (2015)

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								(WoTWoD): cultural respect program that is trans-theoretical approach to harmonize the many similar conceptual frameworks applied to aboriginal and cross-cultural health in Australia. In this study, a cultural respect workshop was delivered by authors and attended by at least one GP and the practice manager from each practice. There was implementation of cultural respect activities, selected by practice staff with support from an aboriginal cultural mentor.	10 practices: total CQ score baseline (mean [SD]) = 74.8(17.6) post-intervention (mean [SD]) = 89.8 (18.8).		Indigenous health intervention.		

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							1461: Australia	1461: Community of Practice (CoP) was implemented for 13 dietitians who had a specific role in working to improve the nutrition and health of aboriginal individuals and communities across Australia. CoP focused on building capacity of dietitians to work in Aboriginal health through participants' personal and professional development and critical reflection. Formalized sessions were conducted through two-hour video conferences every 6 weeks, over 12-month period and were led by one of	1461: N=13 Participants reported an increase in perceived cultural awareness across 13 of the 16 cultural performance indicator statements from baseline to 12 months. Improvements ranged from +0.5 to +1 in median scores.	NA	1461: Dietitians improved their cultural awareness scores after participating in the CoP. The change in cultural competence related to the specific items describing the impact of Aboriginal history, culture and utilization of resources on service delivery, communication strategies, effective relationships and conflict resolution.	1461: Delbridge, Wilson & Palermo (2017)

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							50: Canada	two peer facilitators. Participants shared critical stories or practice or challenges in their Aboriginal health working during each session.  50: 'Educating for Equity (E4E)' program is a continuing professional development (CPD) intervention which incorporates skill-based teaching to improve Indigenous patient experiences and outcomes in healthcare interactions. program was delivered to rheumatologists in two phases, each delivered	50: n=34 For participants completing both phases of training, improvements in SCCS scores were observed; reflecting improvements in participants' practice included: exploring social factors with patients and how stress, trauma, and recurrent adverse life experiences have potential impacts on	NA	50: Rheumatologists significantly improved their SCCS scores (positive direction of effect) after participating in the E4E Indigenous cultural intervention.	50: Barnabe et al. (2021)

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								as experiential learning workshops where participants engaged with and applied course content within an interactive format focusing on real time feedback. The phase 1 workshop focused on skill development of E4E Framework concepts and principles. Phase 2 concentrated on building capacity for teaching of E4E content.	arthritis outcomes; gaining knowledge and skills related to cultural aspects of care; improved communication and relationship building; and examining reflections on held stereotypes.		-		
<p><b>Health provider attitude:</b> measured with Area Human Resources Development/population health survey of participation in aboriginal awareness training workshop" tool: used to evaluate changes in ED staff responses before and after attending Aboriginal cultural awareness training.</p>													
1	Single-arm	Serious <sup>f</sup>	Not serious	Not serious	Serious <sup>g</sup>	Not serious	650: Australia	650: Cultural Awareness Training (CAT) – to provide urban	650: n=44 No difference was found in	NA	650: The CAT training improved health provider perception but did not affect	Very Low ⊕○○○	650: Chapman, Martin &



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								Emergency Department staff (mostly nurses) with a comprehensive understanding of aspects of Aboriginal culture and ideology. CAT delivered by Indigenous presenter with strong links with aboriginal community and a professionally accredited cultural awareness trainer. Program delivered over 6 weeks and consisted of 3 two-hour workshops, using face to face instruction, case studies, interactive activities, group discussions and personal reflection detailed info about each session and	the attitude statements about aboriginal patients pre and post intervention and participants tended to be neutral about these statements. Participants tended to disagree with the statement "I am apprehensive about interactions with Aboriginal clients". In a number of these situations, respondents had chosen "neutral" as their pre-training response, possibly due to a lack of knowledge on the subject. Yet once training was completed the number of		attitude towards Aboriginal and Torres Island persons in this group.		Smith (2014)

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								further readings and references.	"neutral" responses decreased and more choices were made between "agree" and "disagree" indicating a decrease in ambivalence through a greater willingness to make a definitive choice.				

**Explanations**

<sup>a</sup>The one included study was rated with a serious risk of bias due to concerns about how the study was conducted using the ROB 2.0 tool. We downgraded by 1.0.

<sup>b</sup>The total number of practices are < 400. We downgraded by 1.0.

<sup>c</sup>From the 4 included studies, 3 were rated with a serious risk of bias and 1 was rated with a critical risk of bias using the ROBINS-tool. We downgraded by 1.0.

<sup>d</sup>Across the 4 studies there were concerns around the consistency of how cultural concepts were defined and the differing tools used to measure the cultural outcomes. We downgraded by 1.0.

<sup>e</sup>The total number of participants are < 400. We downgraded by 1.0.

<sup>f</sup>The 1 included study was rated with a serious risk of bias using the ROBINS-tool. We downgraded by 1.0

¶The total number of participants was < 400. We downgraded by 1.0

**CERQual Evidence Profile**

**Recommendation Question:** Should undergraduate education for nurses and the interprofessional team and/or continuing professional development for health workers on Indigenous health be recommended?

**Recommendation 6.0:** It is recommended that health and social service organizations integrate Indigenous health and Indigenous cultural safety education within continuing professional development for all health providers.

**Aim:** To explore the experiences of health service workers participating in Indigenous health education.

**Bibliography:** 323, 1706, 1887

Finding: Health service workers expressed a greater understanding of cultural safety and how that translates to their practice.							
Studies contributing to the Finding	Included study designs	CERQual Assessment				Overall CERQual Assessment of Confidence	Explanation of Judgement
		Assessment of Methodological Limitations	Assessment of Relevance	Assessment of Coherence	Assessment of Adequacy of Data		
3 Individual studies  323: Askew et al. (2017)  1706: Fleming, Creedy & West (2019)	323: semi-structured interviews and thematic analysis  1706: Yarning methodology and thematic analysis  1887: semi-structured interviews	Moderate concerns <sup>a</sup>  (Some individual studies did not consider researcher reflexivity)	Minor concerns  (The study populations included medical, nursing, midwifery and dietician practitioners)	Minor concerns  (Minor concerns about the coherence of how cultural safety is defined across the studies)	Moderate concerns  (Moderate concerns regarding adequacy of data richness)	⊕⊕○○ <b>Low confidence</b>	The finding was graded as low confidence due to moderate concerns over methodological limitations of the individual studies and moderate concerns regarding adequacy of data richness.

1887: Wilson, Delbridge & Palermo (2017)	and thematic analysis						
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