

# Stories of Pediatric Practitioners with/in Indigenous Communities: A Guide to Becoming Culturally Safer

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## Background

Indigenous peoples receive lower quality healthcare services than non-Indigenous peoples within a context of systemic racism and colonialism. This is also found in pediatric health, where healthcare professionals participated in residential schools, abuse and racial violence.

**Overrepresentation of Indigenous children in foster care:**  
- in 2016, 52.2% of children in foster care were Indigenous,  
- Indigenous children represent 7.7% of all children in Canada under 14.

The term 'Cultural Safety' was developed in the 1980s by New Zealand Maori nurse Irihapeti Ramsden.

In 2008, the Truth and Reconciliation Commission of Canada was established to bridge and heal systematic gaps in the healthcare system.

Despite increasing recognition of the importance of implementing Cultural Safety, there is still a lack of research on how to practice it within specific Indigenous communities and contexts.

## Objectives

Explore culturally safe rehabilitation practices around neurodevelopmental diagnoses in children and their families, within rural or remote Indigenous communities.

## Methods

An anti-colonial research framework was used. This framework begins by recognizing the long, and ongoing history of colonization of indigenous land and bodies by settler nations.

18 definitions of cultural safety from literature were thematically analyzed.

17 narrative interviews (n=17) were conducted with practitioners, administrators, and Elders working in and around rehabilitation in isolated Indigenous communities.

Their stories were narratively interpreted and compared to the literature.

## Results

Definitions of cultural safety in literature include four common elements:  
(1) reflexive practice relating to one's social characteristics,  
(2) power dynamics within a sociopolitical-historical context,  
(3) safety defined by the patient,  
(4) patient self-determination.

What does the narrative add?  
- Trauma-informed approach  
- Complexity of relationship building  
- Cultural safety experienced as an ongoing journey to become part of the community

The journey is a continuous, non-linear process and is specific to each healthcare professional.



## Conclusion

Consultants question and resist the use of standardized pediatric assessments within Indigenous communities.

Lack of language, framework, educational preparation and organization support.

**Need further exploration of how safer practices are understood and applied in a healthcare context.**

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