



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa



he ara aupiki he ara auheke
NZ Patient Experience survey programme

Measuring culturally safe care through the patient experience surveys

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This document is available on the Health Quality & Safety Commission's website:

www.hqsc.govt.nz

Document purpose

This document describes the process followed by the Health Quality & Safety Commission (the Commission) to identify key concepts and develop questions to measure patient experience of culturally safe care in the New Zealand patient experience surveys.¹

For more information: PES@hqsc.govt.nz.

Executive summary

Cultural safety focuses on the patient and provides space for patients to be involved in decision-making about their own care and contribute to the achievement of positive health outcomes and experiences.²

The patient experience surveys were identified as a way to understand, among other things, patients' experience of receiving culturally safe care. The goal of the surveys is to help providers identify areas where they are doing this well and areas for improvement.

The Commission's mahi (work) to identify key concepts and questions to measure patient experience of culturally safe care was guided by a specially convened Māori and Pacific cultural support expert advisory group (EAG).

The mahi included a literature review and identifying and reviewing existing cultural safety frameworks. The Patient Experience of Care Governance Group and the Commission's Te Rōpū both provided feedback. We then devised some draft questions and sought feedback on these from stakeholders from both primary and hospital health care. The questions then went through cognitive pre-testing.³ Results from patients were collected for the first time in the February 2021 survey round.

Background

The Commission runs two national adult patient experience surveys: the adult inpatient experience survey and the primary care patient experience survey. Both surveys aim to improve the quality of health services in Aotearoa New Zealand by enabling patients to give feedback that can be used to monitor and improve the quality and safety of health services. The surveys provide consistent tools that can be used for national measures as well as local assessment and improvement.

One goal of the New Zealand patient experience survey programme is to include questions that will help us better understand patients' experience of culturally safe care.

Over 2019 and 2020, both survey questionnaires were refreshed; this work included developing, testing and implementing a set of questions that measure patients' experience of culturally safe care. Some of these questions were already in the survey while other new questions needed to be developed and cognitively pre-tested before being added to the surveys.

¹ www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience

² Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand. nd. Cultural safety. Wellington: Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand. URL: www.mcnz.org.nz/our-standards/current-standards/cultural-safety.

³ Cognitive pre-testing involves confirming with respondents that they interpret the question as it is intended; that the question makes sense to them and is easy to answer.

Definition of cultural safety

There are different definitions of cultural safety. One of the key definitions we have used is from Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand. Te Kaunihera Rata o Aotearoa defines cultural safety as:

... the need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.

The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.

The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.⁴

The role of the cultural safety questions

We view the cultural safety questions that have been developed for the surveys as a starting point and anticipate they will evolve over time.

The questions posed are not expected to provide answers to all potential areas of interest in cultural safety. Cultural safety is a complex concept that is unique to each individual and their whānau. The questions are designed to give the Commission and health care providers an indication of how they are progressing in providing culturally safe care, and where improvements may need to be made.

We expect more qualitative work will need to be done with patients to understand what culturally safe care means to them, and where their care could improve.

Process

Expert review of existing frameworks

We convened a specific Māori and Pacific cultural support EAG to work with us and survey provider Ipsos to develop the cultural safety questions. Additional feedback was provided by the Patient Experience of Care Governance Group and Te Rōpū.

First we did an evaluation of existing cultural safety frameworks to see how these could apply to the patient experience programme.

The frameworks reviewed included the following:

- **The Hui process:** The first framework is discussed by Lacey et al (2011). The framework, called the Hui process, integrates the concepts of cultural safety and cultural competency into consultations with patients to improve connection between the health system and Māori patients, with the goal of eliminating inequity in the health system. The

⁴ Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand. nd. *Statement on cultural safety*. Wellington: Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand. URL: www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf.

Hui process has four elements: mihi (initial greeting and engagement), whakawhanaungatanga (making a connection), kaupapa (attending to the main purpose of the encounter) and poroporoaki (concluding the encounter).

The Hui process aims to redress some of the imbalance between clinicians and patients in the 'Western' view of clinical interactions. This addressing of the power imbalance is achieved by the clinician understanding the wider context of the patient's life, and the clinician sharing details of themselves.

We applied this framework in developing a question to understand whether clinicians took the time to understand the wider determinants of health (eg, housing and employment), whether they used the correct pronunciation of the patient's name and in our examination of the existing 'kindness and understanding' question.

- **DeSouza (2008) framework:** In this framework DeSouza discusses the shift from cultural competence to cultural safety, and how we can take lessons from cultural competency and apply them to cultural safety with the aim of eliminating health disparities for Māori.

DeSouza outlines that, unlike some other health care frameworks, cultural safety places the emphasis of changing behaviour on to the practitioner or institution rather than on the patient. It is also up to the patient to determine whether the interaction was culturally safe.

DeSouza cautions against an approach where clinicians are expected to simply understand other cultures. This approach can reduce individuals down to a series of cultural attributes and can be disempowering for a patient who has been alienated from their own culture through a process of colonisation. As such we have avoided asking questions that focus on a clinician's understanding of a patient's culture.

- **Curtis et al (2019) framework:** The framework created by Curtis et al outlines the shift they see as being needed from cultural competency to cultural safety. They promote a key benefit of cultural safety being that it shifts the focus from individual clinicians to structures and institutions, and from acquiring cultural knowledge towards a self-reflection of power, privileges and biases. Curtis et al encourage health care practitioners and organisations to challenge their own culture and cultural systems.

In their framework, Curtis et al focus on organisations and practitioners making concerted efforts to shift the balance of power away from practitioners into the hands of patients.

We saw this framework as being particularly relevant where we ask in the survey about patient's involvement in their treatment and care.

- **Sjoberg and McDermott (2016) framework:** Sjoberg and McDermott have developed a cultural safety framework that highlights to practitioners how language can perpetuate power imbalance and racialised ways of interacting with patients. Their work is focused on Aboriginal Australians, however there are some interesting ideas that apply Aotearoa New Zealand as well.

Sjoberg and McDermott outline that when there is a lack of self-examination of culture, culture can be seen as universal. As we have built a health system around the culture and values of a European system, there is a risk that, without having the opportunity to

reflect on what this means, this culture can be seen as applying to everyone, and blame transferred on to individuals when the model does not work for them.

This framing informed our recommendation to separate the question that asks about individual and/or cultural needs into two questions. The rationale for this was that if we did not split the question into two we would risk reinforcing the notion that the Pākehā culture is the 'norm'.

Creating the draft set of questions

The frameworks and associated discussions generated a set of questions that was reviewed and amended with the groups identified above. The result was a draft set of questions intended to measure aspects of cultural safety for each survey. The concepts asked about in the questions are the same in both surveys, with some minor wording differences to account for the different contexts.

The draft questions were then circulated to a wide group of sector stakeholders, including both hospital and primary health organisations, for feedback. Respondents were asked to identify whether there were any gaps in the concepts that the questions were asking about. The sector feedback received was discussed with the cultural safety EAG and the draft set of questions was then prepared for cognitive pre-testing.

Cognitive pre-testing

See also the [fuller report by Ipsos detailing the results of the pre-testing and resulting recommendations](#).

The cognitive pre-testing helped us to:

- understand whether respondents (or patients in this case) understood or interpreted questions as intended
- indicate to the researcher where the question may be misleading or confusing the respondent (and therefore likely to result in an incorrect interpretation that would compromise data quality)
- identify where questions could improve to help the respondent answer.

We tested all questions relating to cultural safety, giving more emphasis to new questions (some of the questions identified were existing questions within the survey and had previously undergone testing).

In total, 11 primary care and hospital patients were interviewed. Of these, five were Māori, two were Pacific, three were New Zealand European and one was another ethnicity. One patient had English as a second language, three had disabilities and one was aged 25 or under.

The cognitive pre-testing identified some small changes that needed to be made to the new questions and all the concepts were deemed suitable to ask patients about in the surveys.

The cultural safety question set

The finalised cultural safety questions are in the table below, along with an indication of whether these are new or existing questions and which survey they are in (where there are differences).

Question	New or existing?	Primary care or hospital?
<p>During your most recent hospital stay, did the doctors listen to your views and concerns?</p> <p>During your most recent hospital stay, did the nurses listen to your views and concerns?</p> <p>During your most recent hospital stay, did the other members of your health care team listen to your views and concerns?</p> <p>Did the [health care provider] listen to you?</p>	Existing	Both
<p>Were you involved as much as you wanted to be in making decisions about your treatment and care?</p> <p>Did the [health care provider] involve you as much as you wanted to be in making decisions about your treatment and care?</p>	Existing	Both
<p>What could have been done better to involve you in decisions about your treatment and care?</p>	New	Both
<p>Was your name pronounced properly by those providing your care?</p> <p>Did those involved in your care ask you how to say your name if they were uncertain?</p> <p>Was your name pronounced properly by the [health care provider]?</p> <p>Did the [health care provider] ask you how to say your name if they were uncertain?</p>	New	Both
<p>Did you feel comfortable to ask any questions you had?</p> <p>Did you feel comfortable to ask the [health care provider] any questions you had?</p>	New	Both
<p>Did the doctors treat you with kindness and understanding while you were in hospital?</p> <p>Did the nurses treat you with kindness and understanding while you were in hospital?</p> <p>Did the other members of your health care team treat you with kindness and understanding while you were in hospital?</p> <p>Did the [health care provider] treat you with kindness and understanding?</p>	Existing	Both
<p>Did the doctors treat you with respect?</p> <p>Did the nurses treat you with respect?</p>	Existing	Both

Did the other members of your health care team treat you with respect?		
Did the [health care provider] treat you with respect?		
And on this occasion, did the reception and/or admin staff treat you with respect?	Existing	Primary care
Did the [health care provider] spend enough time with you?	Existing	Primary care
Everyone in Aotearoa New Zealand comes from a unique background and perspective. This means each person's needs might be different in their treatment or care. During this [hospital visit / visit / phone call / video call]: Did you feel your cultural needs were met? Did you feel your spiritual needs were met? Did you feel your individual needs were met?	New (this question was previously asked as individual and/or cultural needs).	Both
How could your needs have been better met?	Existing	Both
Did hospital staff include your family/whānau or someone close to you in discussions about the care you received during your visit? At [practice name], if you want to, are you able to have family / whānau involved in discussions about your treatment and care?	New (for primary care), existing (for hospital)	Both
When you were in hospital did you ever feel you were treated unfairly for any of the reasons below? <ul style="list-style-type: none"> - I was not treated unfairly [EXCLUSIVE CHOICE] OR - Your skin colour - Your race or ethnic group - Your sex - Your gender identity - Your age - A disability or physical health condition you have - A mental health condition you have - Your sexual orientation - Your religious beliefs - Your income or your family/whānau's income - Your appearance - Something else, please specify: - Unsure / don't know During the experience, did you ever feel you were treated unfairly for any of the reasons below? <ul style="list-style-type: none"> - I was not treated unfairly [EXCLUSIVE CHOICE] OR - Your skin colour - Your race or ethnic group 	Existing	Both

<ul style="list-style-type: none"> - Your sex - Your gender identity - Your age - A disability or physical health condition you have - A mental health condition you have - Your sexual orientation - Your religious beliefs - Your income or your family/whānau's income - Your appearance - Something else, please specify: - Unsure / don't know 		
<p>[If say they were discriminated against for any reason] You indicated that you felt you were treated unfairly due to [Reasons from previous question].</p> <p>What happened to make you feel you were treated unfairly?</p>	Existing	Both

Next steps

The questions were added to the survey questionnaires for the February 2021 survey round. After this, survey responses will be reviewed to check the questions are working as intended. This review will include a driver analysis to identify which questions are most predictive of good or bad experience.

The Commission and Ipsos will work with the cultural safety EAG to develop a report highlighting key findings, which will be published on our website.

References

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