

Finding the Balance: Embracing the Two-Eyed Seeing Approach to Understand What Cultural Safety in Care Means to Older Adults Living with HIV

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We have no conflicts to disclose

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Thrive

Is a Community Based Research study conducted on the traditional, ancestral, and unceded homelands of the territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and Səlilwətaʔ (Tseil-Waututh) Nations.

BRITISH COLUMBIA
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Background:

Home and community care (HCC) services are publicly subsidized care and rehabilitation provided to people with acute, chronic or rehabilitative needs and are a complement, not substitution, to care provided by family and friends.

Methods:

27 interviews with older adults living with HIV (OALHIV): 15 recipients of HCC services, 3 – who were denied HCC services and 9 – whose health condition has deteriorated since their HIV diagnosis. Whenever possible, Indigenous Peer Research Associate co-interviewed participants who self-identified as Indigenous. Analysis is ongoing and iterative.

Theoretical Frameworks:

Etuaptmumk or two-eyed seeing perspective combined with community-based research (CBR) in formulating the interview question about cultural safety, interviewing participants and thematic analysis through the participation of both Indigenous and non-Indigenous members on the research team.

Guiding Perspectives

“Cultural safety is an outcome of nursery education that enables safe service to be defined by those receiving care.”

Dr. Irihapeti Ramsden

“Two-eyed seeing is to see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together.”

Mik'maw Elder Albert Marshall



Cultural Safety and Thrive

"I think for me it's across the board. How would you take care of your mother? How would you take care of a family member? If that person was sitting in my chair, how would you look after them? Then look after me the same way. It's just common, basic care and compassion. That's all it is. It's not a cultural difference. If you are going to include your culture in your job, then you're in the wrong job. You're in a job that cares for people. You're in a job that requires compassion, humanitarian behaviour"

Thrive participant

Interview questions on cultural safety:

"Do you feel that your identity and way of life are respected by the workers who you receive services from?"

Prompts:

What would make your care more culturally safe?

What teachings would you like to share with home and community care workers about your culture?

What would need to happen to share those teachings with home and community care workers?



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Results

Indigenous eye perspective

- Trust, respect, reciprocal relationship
- Teaching and sharing about Indigenous culture and ceremony with HCC workers
- Respect for common human dignity expressed in the interest taken in each other culture
- Connecting to Indigenous ceremony and medicine as part of HCC services
- Patient-centered care expressed in the respect for personal priorities of each patient
- Holistic understanding of health expressed in the Indigenous medicine wheel

Western eye perspective

- Trust, respect, reciprocal relationship
- Keeping not engaged into the topics of religion, spirituality and politics
- Respect for common dignity expressed in being “blind” to all religion
- Patient-centered care expressed in the respect for personal priorities of each patient
- Culture beyond ethnic culture, e.g., culture of people who use substances or those who belong to the LGBTQ+ community
- Holistic understanding of health expressed in wanting care beyond physical

I was born First Nation and was raised White in foster homes and adoption homes. The people who work with me now understand. *I have told them right from the beginning that I need to have Aboriginal things and I need to learn my own way of culture and everything.*

Did you want to share those teachings? Was it too much into your private territory or how did you feel about that?

R: No, I felt fine because people need to know about our Indigenous culture, they don't learn that in school all the time. .. and you don't get that knowledge when you're speaking to a person of that culture. *They basically shared with me and I shared with them. And like I said, that trust was built and that safety was built.*

“...religion, politics, things like that. I like watching politics, myself. So, often I'll have that one the television and sometimes people who are doing their work are hearing it and wanting to engage in a discussion about it. I don't know, I don't think it's really appropriate. It's just not appropriate.”

...It's really trying to identify the person to a sense of self, however that can be done. Like getting the person to ask themselves some questions on whether they were content living like that, asking some pertinent questions addressing the situation of how they ended up there, really addressing the situation. Not just putting a band-aid on it, do you know what I mean?



Discussion

- Framing questions about cultural safety and defining cultural safety so that it is universally understood across diverse participants and between the research team and participants remains a challenge.
- Participants' membership in multiple communities placed many folks at the intersections of different cultures, adding to the complexity and richness of their perspectives and experiences.
- There remains a tension between the Indigenous and Western understandings of healthcare (e.g. holistic/balanced vs. the absence of disease; journey-focused vs. outcome-based) and this tension also may inform participants' perspectives of what should be included in HCC services.
- Despite differences in perspective about healthcare, there is a common thread across all participant narratives, valuing holistic and patient-oriented care.
- Analyses about Indigenous vs. Western perspectives should be co-led by culturally diverse teams who bring their various perspectives and experiences to the data-gathering and analysis process.
- Next steps?

We acknowledge with gratitude all the participants of the Thrive study – those who are living and those who have gone on to the spirit world – who have shared their stories with our team in hopes of supporting research projects that will make a difference in their communities. ~Thrive team