NOVA SCOTIA
COLLEGE OF
NURSING

Building Culturally Responsive Care for Nova Scotians

DEMOGRAPHIC AND BASELINE SURVEY REPORT

MAY 2024

Developed in partnership with Placemaking 4G and Melita Consulting

Placemaking 4G

Melita CONSULTING

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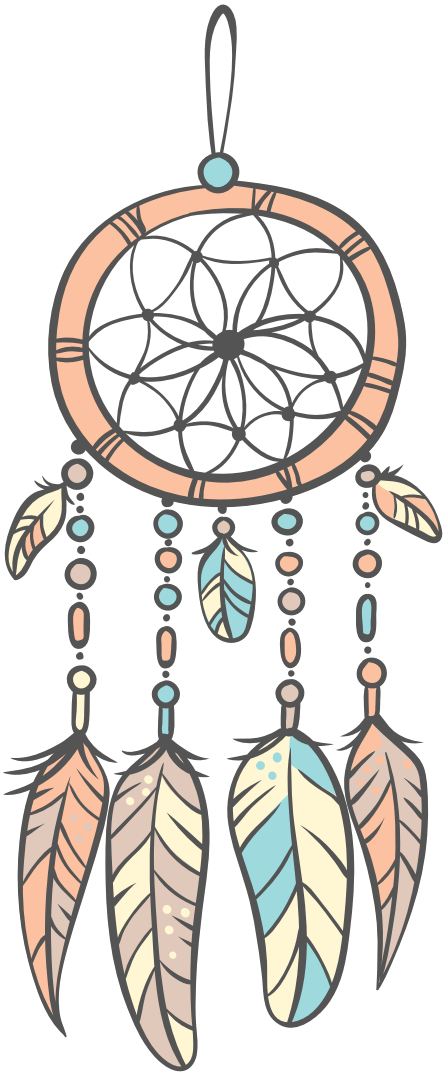
INTRODUCTION

ACKNOWLEDGEMENT



The Nova Scotia College of Nursing (NSCN) respectfully acknowledges that we are located in Mi'kma'ki, the ancestral, unceded and unsurrendered territory of the Mi'kmaq.

We recognize the Mi'kmaq as the past, present, and future caretakers of this land, where the territory and its 13 First Nations are covered by *the Treaties of Peace and Friendship*, which remain effective today.

NSCN acknowledges the historic and ongoing systemic barriers and injustices caused by colonization and the resulting inequitable treatment of Indigenous peoples in health care. We recognize colonialism has caused significant barriers to access, participation, representation and success within the nursing profession.

Let this acknowledgement serve as a reminder of NSCN's responsibility and commitment to continuous learning, dismantling ongoing legacies of oppression and inequity, and reconciliation to affect meaningful change in the regulation of the nursing profession.

We are all treaty people.

We also recognize the strength, resilience, and enduring spirit of the African Nova Scotian community, whose ancestors built this province on their backs. For centuries, African people were forcibly brought to these lands through the transatlantic slave trade, enduring immeasurable suffering and displacement. Despite the immense hardships, the African Nova Scotian community has persevered, contributing significantly to the social, cultural, and economic fabric of Nova Scotia. We acknowledge the injustices they have faced and continue to face, including systemic racism, discrimination, and the erasure of their histories and contributions.

DEMOGRAPHIC AND BASELINE SURVEY REPORT

NSCN has committed to putting equity, diversity, inclusion and belonging (EDIB) at the forefront of all we do. As we deepen our understanding of diversity, equity, inclusion and belonging at the core of our service and values, we lay the foundation for an organization that aspires to accurately support the communities we serve.

NSCN EDIB GUIDING PRINCIPLES

HUMILITY

- We are committed to humility as we learn.
- We accept that we all have unconscious biases and that each of us have and will make mistakes.
- We are committed to learning from our mistakes.
- This journey has no end date.

RESPECT

- We will demonstrate respect for the topic at hand.
- We listen to and believe the lived experiences of others.

ACCOUNTABILITY

- We hold ourselves, and our organization, accountable for our failures and successes.
- We are committed to rooting out prejudice within ourselves and organization.
- We will take ownership over the effect of our words and actions, not just the intent of our words and actions.

SELF-REFLECTION

- We are responsible for our own education.
- We will seek out and confront our own blind spots.
- We will commit to our own quiet self-reflection as we learn.

Our vision is to have a respectful and supportive workplace, which leverages our own diversity to create programs and services which meet the diverse needs of those we serve and enable their active inclusion throughout their community. We seek an innovative organization that prioritizes effective, transparent and accountable regulation and is instrumental in maintaining the public's trust and confidence.

This survey work was also grounded on the following values:

INTENTIONALITY

We are constantly reminded by the importance of reconciliation, healing, and building meaningful relationships based on respect, understanding, and solidarity.

We commit to actively listening, learning, and amplifying the voices and experiences of historically and persistently marginalized communities.

We strive to promote social justice, equality, and inclusivity, addressing the historical and ongoing inequities that persist.

We stand together in the pursuit of a future that values and celebrates the contributions and accomplishments of all communities, working towards a more just and equitable society for all.

INTEGRITY

The team responsible for conducting and analyzing this work consists of individuals with expertise in equity, research, data analysis, and survey methodology. Their positionality allows them to critically assess the report's methodology, data analysis, and findings to ensure the accuracy and reliability of the information presented.

The team is also demographically diverse and incorporates multiple perspectives and lived experiences of marginalized groups. While it is inevitable they bring their own biases to the process, it is expected that they approach their work with professionalism and adhere to rigorous standards of research and evaluation. This includes maintaining objectivity, considering multiple viewpoints, and providing an unbiased assessment of the findings' strengths, limitations, and implications.

SUMMARY OF GOALS AND RATIONALE OF PROJECT

RATIONALE OF PROJECT

The Nova Scotia College of Nursing (NSCN) serves a population with diverse needs and backgrounds. The College's mandate is to serve and protect the public. As a health profession regulator, NSCN is committed to taking purposeful steps toward enhancing equity, diversity and inclusion within the nursing profession.

The *Building Culturally Responsive Care for Nova Scotians Survey* is a survey for nurses to help us learn more about the diversity of the profession and establish baseline data. The survey is intended to inform what guidance nurses may need to provide safe and more culturally responsive care to the public and to further NSCN's commitment to equity, diversity and inclusion.

For the survey, we sought to learn:

- Demographic profile of nurses who responded to the survey, and
- General attitudes, beliefs and views on culturally responsive care
- What nurses regard as the most important elements in providing culturally responsive care
- Preferred learning styles, methods of accessing resources and topics of interest for continued education

Through the survey responses, we achieved our objectives, and were able to gather insights on these additional areas:

- How nurses qualify and describe best practices in culturally responsive care

It is important to note that the results of this survey should not be easily extrapolated to the whole population. Demographic data came from self-identification and so general assumptions should not be made of the whole population. By nature of the data, qualitative themes are the most consistent to have covered the depth of sentiments in the whole population. We caution data use and would encourage using the insights from this survey strictly to **inform next steps** of further and deeper study.

This breadth and depth of findings highlight the engagement from nurses and the importance of continuing efforts to build equitable nursing care. Through this work, key individuals and groups in the healthcare sector can develop strategies to promote inclusivity, cultural competence, and tailored educational approaches that meet the needs of diverse nursing professionals.

METHODOLOGY

This work recognizes the importance of early discussions and reflection on the diversity within the nursing profession. This work also aims to provide further understanding on how equipped the nursing profession is to provide culturally responsive care to diverse populations. NSCN plays a crucial role in this project, committing to evidence-based decision-making, openness, fairness, and consistency. The privacy and anonymity of participants are prioritized throughout the process.

The survey was distributed to all nurses in Nova Scotia during the annual license renewal period for 2023-2024, which ended October 31, 2023. The survey opened from August 2 to October 31, 2023. Through newsletters, email communications and social media channels, we reached approximately 16,000 nurses. The survey response rate* was 10.8% (1,730 responses) and the completion rate** is 100%. Two responses were considered invalid and were removed from the analysis, meaning that the observed data were 1,728 responses.

The survey was conducted via Qualtrics Survey Software, a web-based platform that enables organizations to design, distribute, and analyze online surveys. The survey was cleaned, tabulated and analyzed using Microsoft Excel. Tables and charts were generated to visualize the data.

*Please note that response rate is not the same as completion rate. Response rate is how many individuals entered the survey, completion rate is how many completed the survey. Completion rate is a better indicator to perform accurate analysis and more reliable findings.

**Given the nature of decisions that would be informed by this survey, the hope was to have less than a 5% margin of error in our findings (with a 99% confidence level). Tolerance of a 5% margin of error requires a minimum of 640 respondents or completed surveys, while a tolerance of a 3% margin of error requires a minimum of 1,658 respondents or completed surveys.

DEMOGRAPHIC AND BASELINE SURVEY REPORT

The data analysis plan included the following, but was not limited to:

DATA CATEGORY	VARIABLE	DATA TYPE	ANALYSIS TYPE
Demographics	Age	Quantitative continuous	Descriptive
	Indigenous Identity	Quantitative binary Qualitative nominal	Proportion (percentages)
	Racial identity Spiritual affiliation Sex assigned at birth Gender identity Sexual orientation Disability status Disability type Language Citizenship status	Qualitative nominal	Proportion (percentages)
	Disability types	Quantitative categorical	Proportion (percentages) against disability identity
	Trans experience	Quantitative binary	Proportion (percentages)
Nursing area status	Direct client work status	Quantitative binary	Proportion (percentages) against age groups
Nurses' sentiment	General beliefs, views and perceptions on culturally responsive care	Quantitative ordinal	Proportion (percentages)
	Most important elements in providing culturally responsive care	Quantitative nominal	Frequency, proportion (percentages)
Nursing needs and opportunities	Important tools to build culturally responsive care	Quantitative categorical	Proportion (percentages)
	Preferred learning style	Quantitative categorical	Proportion (percentages)
	Most helpful topics to learn about	Quantitative categorical	Proportion (percentages)

GENERAL RECEPTION & LIMITATION

A limitation of the survey design is the absence of an option for respondents to indicate their inability to rate or provide an opinion on the statements. The lack of an “unable to rate” option limits the comprehensiveness of the data and may not accurately represent the perspectives of those who were unsure or had reservations about the statements.

Respondents were generally receptive and appreciative of the survey. Their openness and willingness to participate contributed to the overall quality of the survey results. A considerable number of respondents also shared thoughtful and deep qualitative insights. Recommendations were offered as to how the survey can be improved.

We thank the respondents for being forthcoming in suggesting ways to improve our future work.

IN THEIR OWN WORDS

"I am very impressed that this survey is being done so that we may all learn and understand each other's differences or similarities, whether in healthcare or day to day existence. Thank you!"

"I am curious to see the overall results of this survey! I am also happy to see we are making some awareness [of] culture in the healthcare setting."

"This is a positive step towards a culturally sensitive workforce. The face of Canada (and Nova Scotia) is changing. With so many people identifying with so many cultures, it's a great task to undertake!

"This is very important. Racism exists and influences access to quality healthcare for individuals. Most importantly, when there is a language barrier. It is crucial for us to have some self-awareness with regards to our own biases, and to be comfortable enough to be able to ask questions to provide individualized and culturally sensitive care."

"The questions regarding equity, bias, etc. were not very clear in terms of whether I agreed etc. It would be important to add a box for people to add their comments."

"The questions asking for a ranking were not well framed in my opinion. The mandatory response forced an answer of agree or disagree without an option for 'I don't know', 'I don't understand the statement', 'neither agree or disagree'."

"The college should make culturally competent care a mandatory part of nursing practice. Thank you for taking action to improve this within healthcare in Nova Scotia."

"Just a modest request. The survey should be a continual way of learning about what nurses experience or go through in their jobs. It should be examined, analyzed," and applied where necessary. Thank you for giving me this wonderful opportunity to help people and my country."

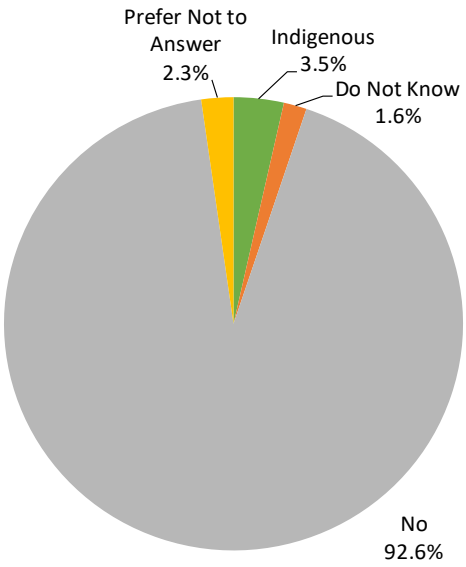
"I thought this survey was very good and it [is] needed in our healthcare system - more opportunity for learning need to be readily made available. This is a very good start."

DEMOGRAPHICS SUMMARY

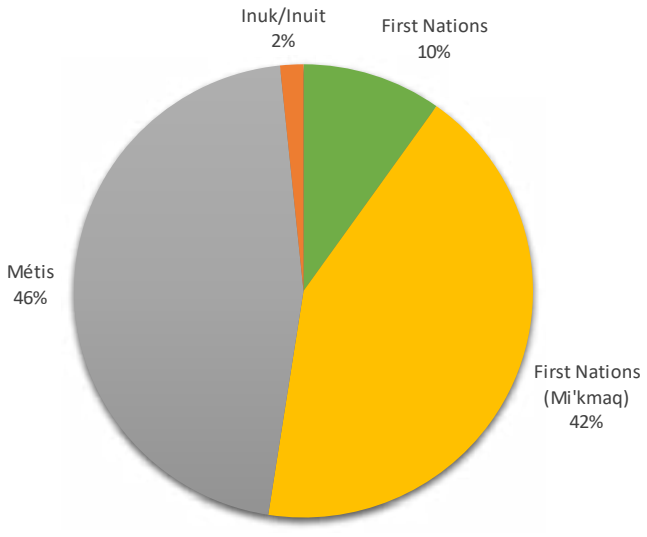
INDIGENOUS IDENTITY

Mi'kmaq representation in Nova Scotia's nursing workforce has historically been limited, reflecting broader disparities faced by Indigenous peoples in healthcare professions. This underrepresentation of Mi'kmaq nurses in the workforce results in limitations related to cultural safety and health equity.

Of the total respondents, approximately 3.5% identified as Indigenous, with the distribution among specific groups as follows: 42.6% identified as First Nations (Mi'kmaq), 45.9% identified as Métis, 9.8% identified as First Nations, and 1.6% identified as Inuk/Inuit.



Total Respondents

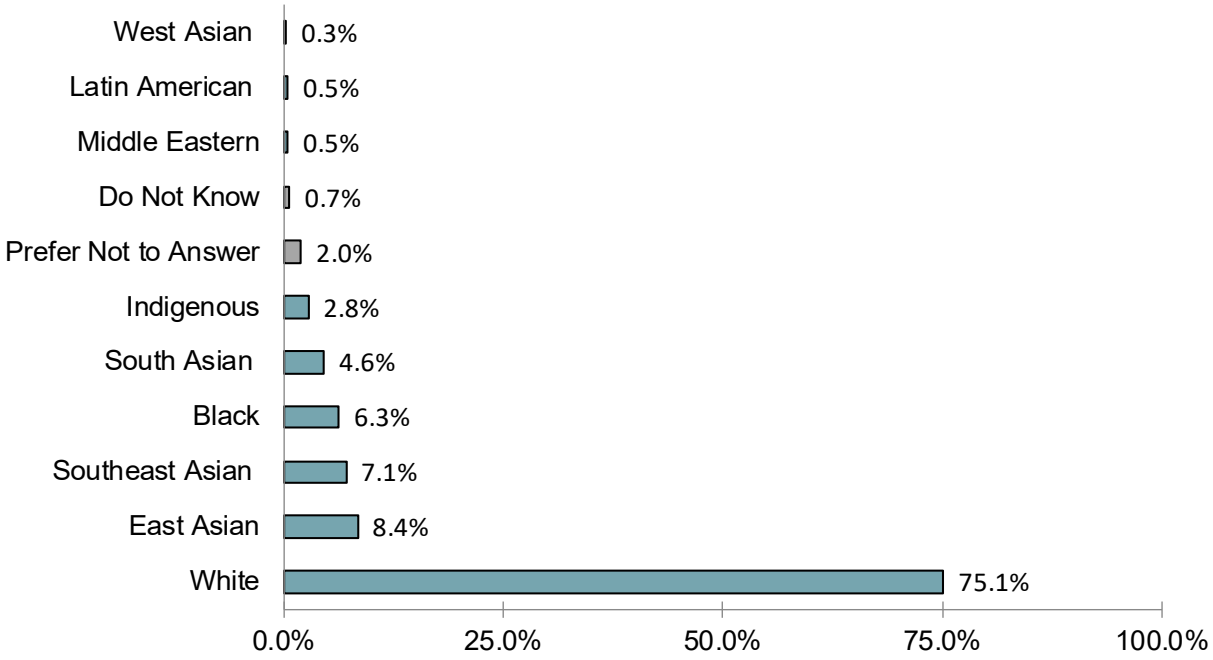


Respondents Identified as Indigenous

RACIAL IDENTITY

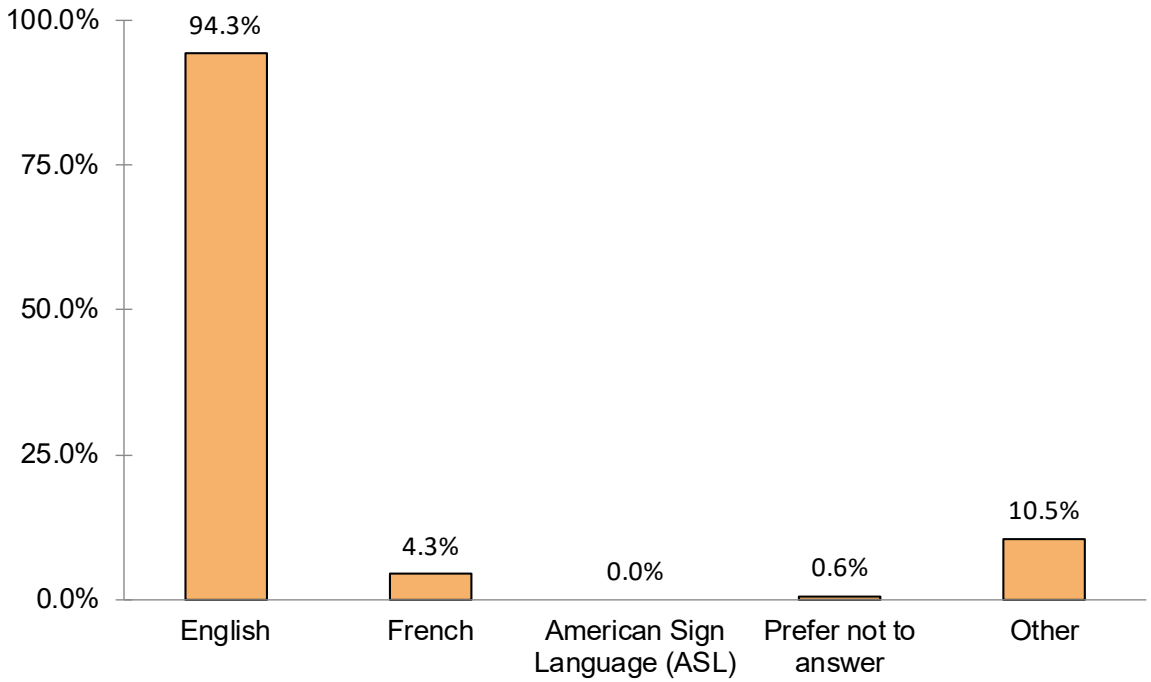
In Nova Scotia's nursing workforce, the dominant race historically has been White. This trend reflects broader patterns of racial representation within healthcare professions across many regions. While efforts have been made to increase diversity and inclusivity within the nursing workforce, racial disparities persist. It is important to acknowledge that the lack of racial diversity within the nursing workforce can have implications for the delivery of culturally responsible care and equitable health outcomes.

Among the total respondents, a significant majority of approximately 75.1% (n=1,297) identified as White, while the largest non-White racial groups were East Asian, Southeast Asian, and Black. Additionally, a smaller proportion of approximately 3.1% (n=54) of the respondents identified with a mixed racial background, indicating that they selected more than one racial group to describe their identity. Notably, the write-in text box responses highlighted Acadian as the most significant racial group identified among the respondents, providing an interesting insight into the racial composition of the surveyed population.



LANGUAGE SPOKEN/SIGNED MOST OFTEN

When asked about their spoken language, 94.3% of the respondents selected English, while only 4.3% selected French. Interestingly, 3.8% (n=66) of the total respondents did not select either English or French as their most spoken language.



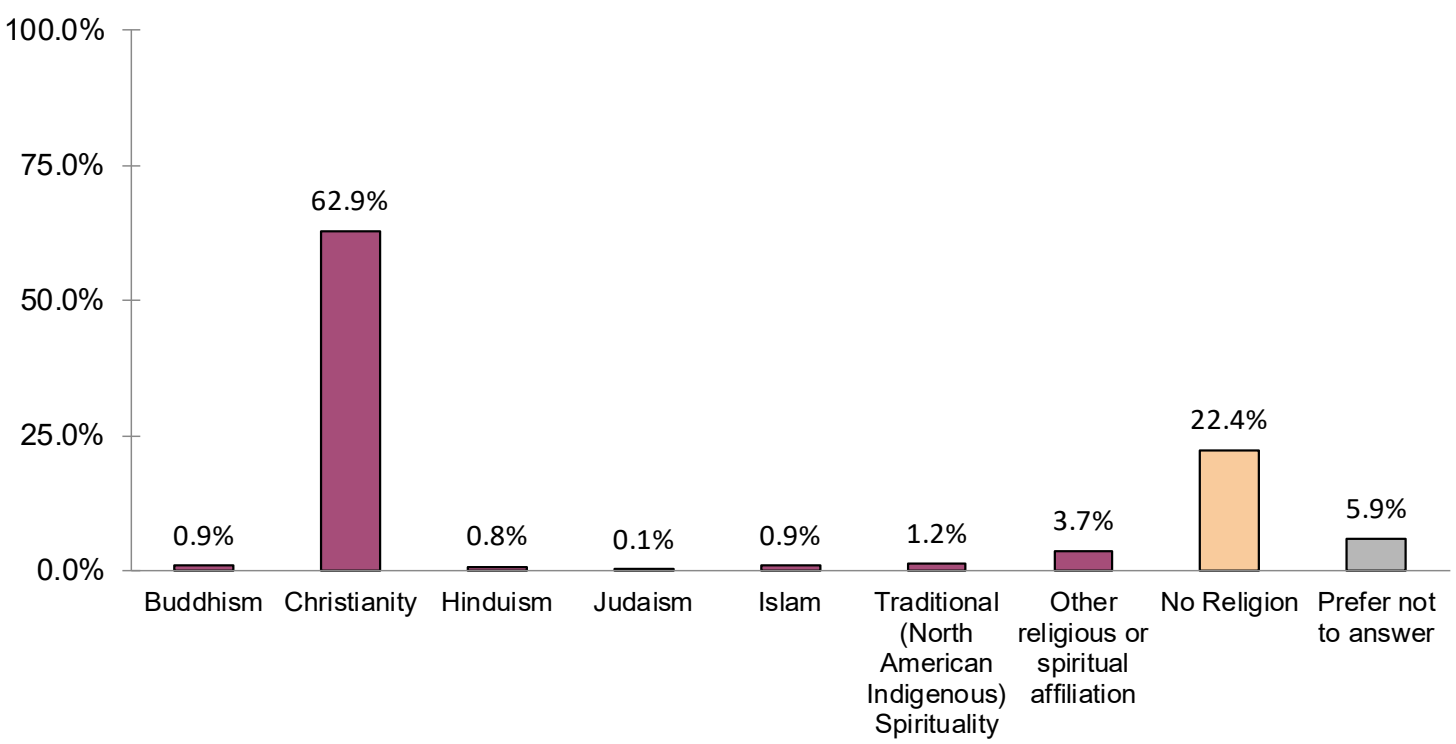
We also can inform that among the total respondents, the vast majority, 90.0% (n=1,556), identified as monolingual, meaning they speak only one language. The remaining 10.0% were multilingual, with 87.8% being bilingual (speaking 2 languages), 9.3% being trilingual (speaking 3 languages), and 2.9% being polyglots (speaking more than 3 languages).

It is worth noting that out of the reported spoken languages at home, a total of 54 unique languages were identified, highlighting the diverse linguistic backgrounds of the respondents. Filipino/Tagalog language(s) are mentioned most often as the language most spoken at home with Punjabi following behind. Considerable mentions also covered Arabic, German, Spanish, Hindi, Spanish, and Mandarin.

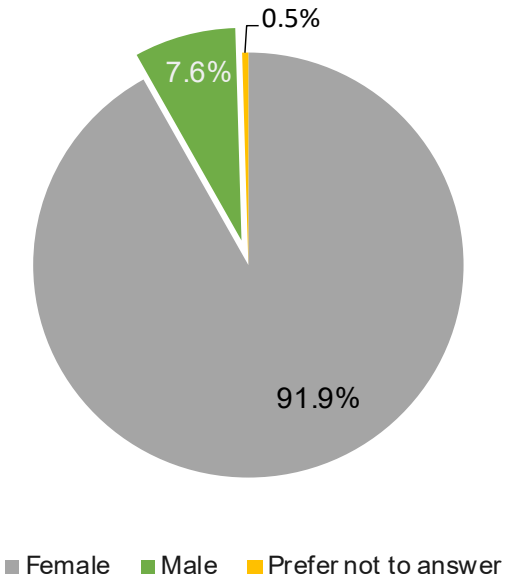
RELIGION AND/OR SPIRITUAL AFFILIATION

Among the total respondents, a significant majority of 62.9% identified with Christianity. Within the Christian group, 2.2% (n=24) specified their affiliation as Catholics, while other Christian denominations such as Orthodox, Baptist, United, and Protestant were also listed.

Conversely, 22.4% of the total respondents identified as having no religion, indicating a sizable portion that does not associate with any specific faith. Additionally, 5.9% of the respondents preferred not to answer the question regarding their religious affiliation.



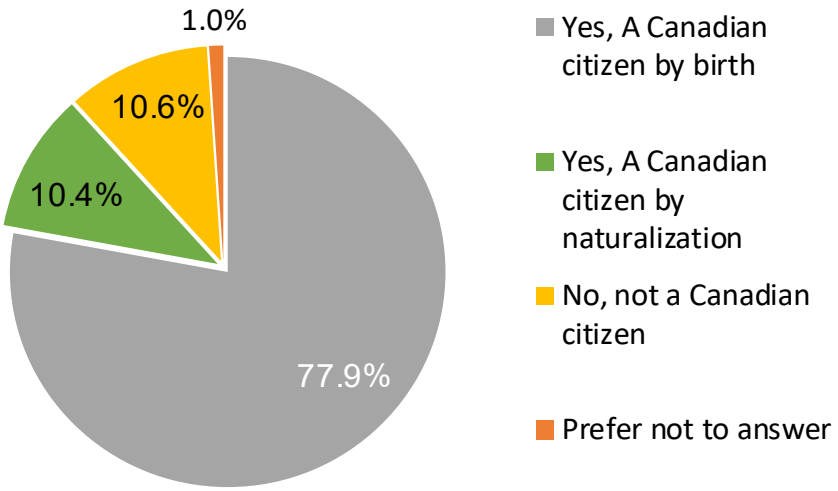
SEX AT BIRTH AND CITIZENSHIP



The survey revealed that 91.9% of the respondents identified as female, a significant majority. On the other hand, 7.6% of the participants identified as male, representing a smaller proportion of the overall sample. It's worth noting that a small percentage of 0.5% preferred not to answer this question.

Out of the respondents, 77.9% of the respondents identified as Canadian citizens by birth. 10.6% of the participants reported not being Canadian citizens, suggesting a diverse population with various nationalities.

Additionally, 10.4% of the surveyed individuals mentioned obtaining Canadian citizenship through naturalization, indicating a portion of the group went through the process of becoming citizens. Interestingly, a small fraction of 1.0% preferred not to answer the question, possibly indicating personal preferences or privacy concerns.



GENDER IDENTITY, TRANS EXPERIENCE AND SEXUAL ORIENTATION

Gender identity data can help identify and address disparities faced by different gender identities. It provides insights into the unique experiences, challenges, and needs of various gender minority groups. Data should also include sexual and/or romantic orientation and trans-identity. Some data practices have also advised the collection of intersex characteristics to understand the nuanced experiences in the healthcare system, especially in the context of gender-affirming care.

How gender identity representation in the nursing workforce can impact quality of gender-affirming care

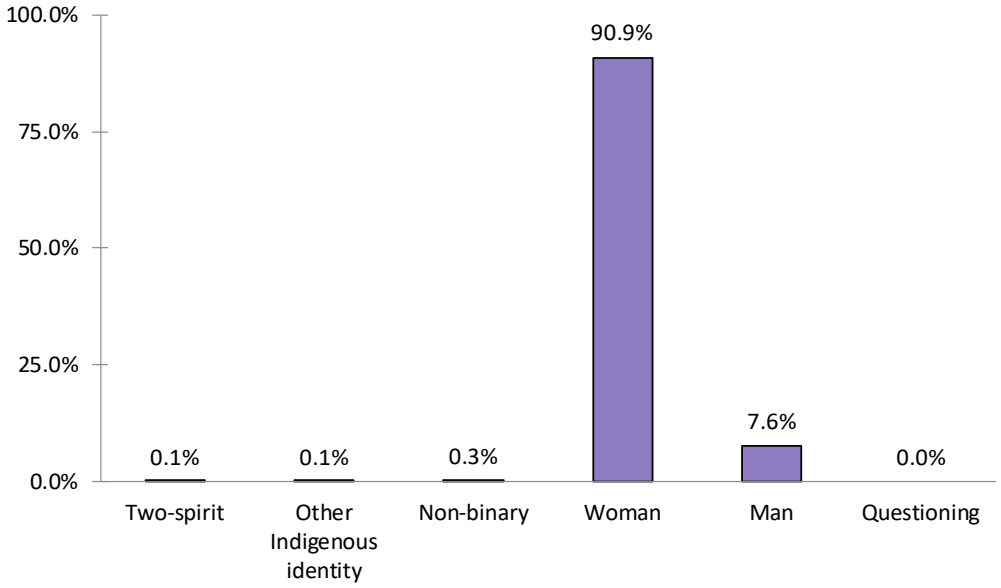
Gender identity representation in the nursing workforce plays a crucial role in promoting the quality of gender-affirming care. When the nursing workforce includes individuals who have diverse gender identities:

- It brings a deeper understanding, empathy, and firsthand experience of the unique needs and challenges faced by transgender, non-binary, and gender non-conforming individuals.
- It helps create a supportive and inclusive environment where patients feel seen, respected, and understood throughout their healthcare journey.
- It contributes to the development of inclusive policies, practices, and protocols within healthcare settings, ensuring that gender-affirming care is embedded in every aspect of the patient's experience.

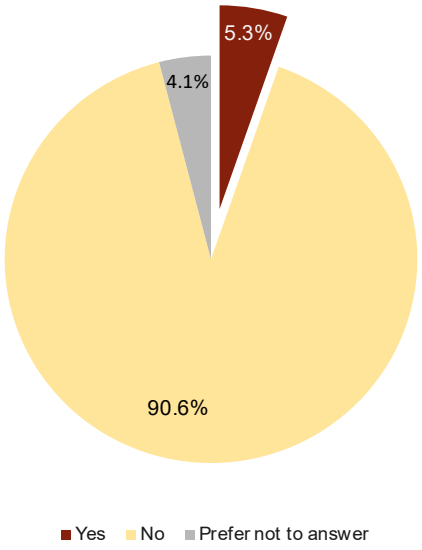
Gender-affirming care refers to medical, psychological, and social support provided to individuals that aims to affirm and support their self-identified gender. It is a comprehensive approach that recognizes and respects an individual's gender identity, rather than solely focusing on their assigned sex at birth or societal expectations. This care may include a range of interventions and supports, such as hormone therapy, gender-affirming surgeries, mental health support, voice therapy, assistance with legal and social transitions, and provisions of support such as chest binders. The ultimate goal of gender-affirming care is to enhance the individual's quality of life, reduce gender dysphoria, and promote their overall health, happiness, and self-acceptance.

DEMOGRAPHIC AND BASELINE SURVEY REPORT

Across all participants in the survey, a significant majority of respondents (90.9%) identified as women and 7.6% identified as men. Only a small group of 9 respondents identified as two-spirit, non-binary, or with other Indigenous identities, reflecting the diversity of gender identities within Indigenous communities. Additionally, 15 respondents preferred not to answer the question regarding their gender identity, while 3 respondents did not identify with any specific gender.



To better understand the representation of trans-identity in nursing, we asked the question: **Are you someone with trans experience?** The question was accompanied by the definition of how the term should be understood:

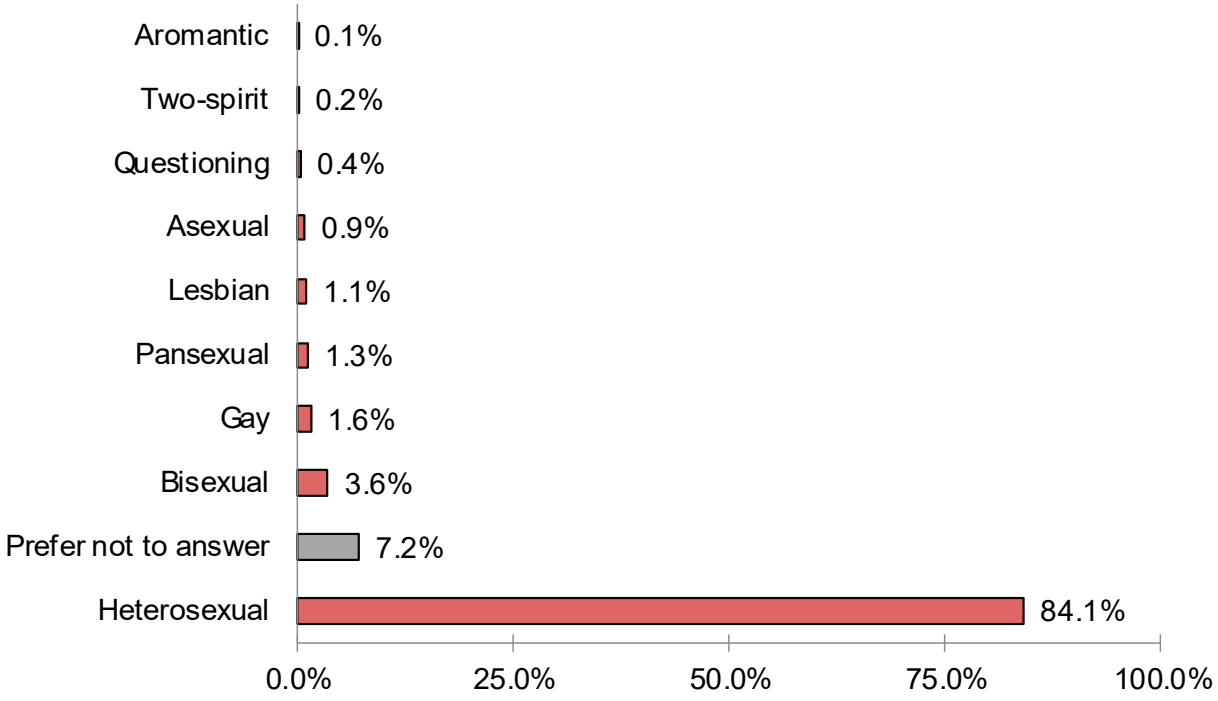


The term "trans experience" specifically refers to the firsthand experiences of individuals who identify as transgender. It encompasses their journey of identifying with a gender different from the one assigned at birth. This includes aspects like gender dysphoria, transitioning, social acceptance, legal and healthcare challenges, and the impact of intersectionality. The trans experience is unique to each individual and should be understood and respected within their own context. Trans experience does not refer to experiences gained by cisgender individuals through knowing or interacting with transgender people in various settings such as work, personal or social interactions.

Of total respondents, 1,566 respondents out of 1,728 (90.6%) do not have trans-experience, 92 respondents (5.3%) answered "Yes", and 70 respondents (4.1%) preferred not to answer the question.

DEMOGRAPHIC AND BASELINE SURVEY REPORT

In terms of sexual orientation, the survey identified that a majority of 84.1% identified as heterosexual, while 9.2% of the respondents chose from a range of other categories to describe their sexual orientation. Approximately, 7.2% of the respondents preferred not to answer the question regarding their sexual orientation, which may reflect personal privacy concerns.



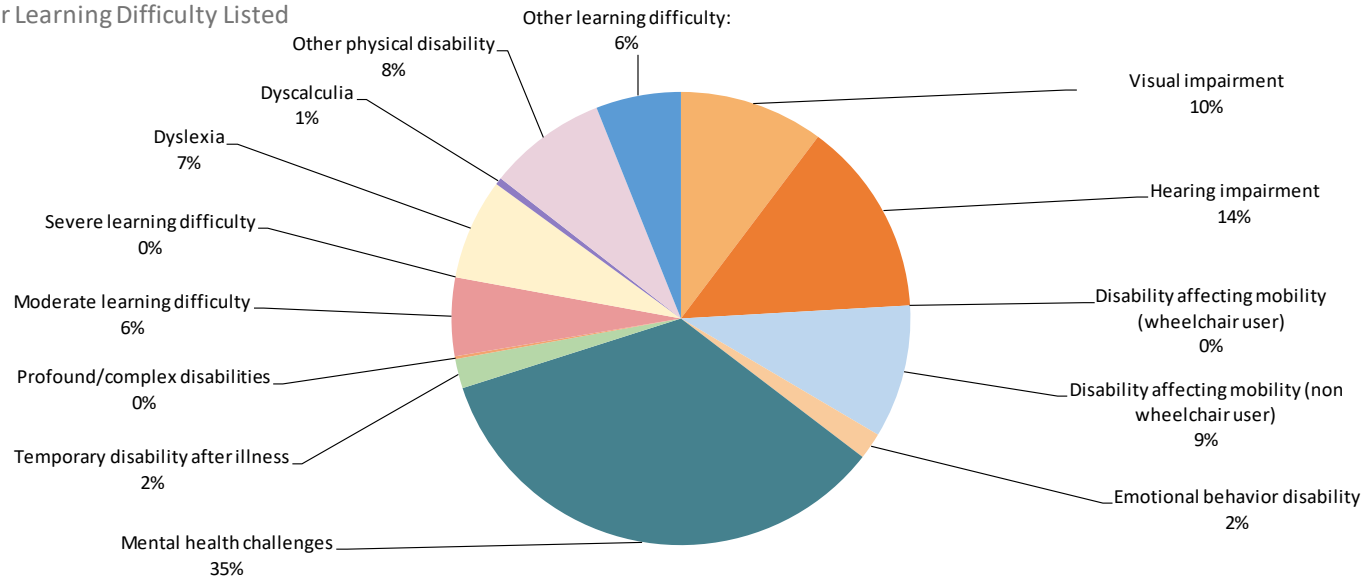
DISABILITIES

Disability representation in the nursing workforce brings diverse perspectives and positions accessibility as a key lens in healthcare. Nurses with disabilities provide unique insights and firsthand experiences that enable them to better understand and empathize with patients facing similar challenges. Their presence helps break down stereotypes, reduce stigmas, and foster a more accessible healthcare environment.

Among the total respondents, a significant majority of 91.0% (n=1,573) did not consider themselves to have disabilities through asking the question: “Do you consider yourself to have any disabilities?”. However, when we followed up with “Which of the following disabilities or learning difficulties do you consider yourself to have?” and listed a few types of disability/learning difficulty, 75.7% (n=1,308) of total respondents chose the response “I don’t consider myself to have any disabilities or learning difficulties”. This suggests that there may be some respondents who live with disabilities or learning difficulties but do not immediately identify or perceive themselves as having one.

About 24.9% of the respondents listed a type of disability or learning difficulty, indicating that a substantial portion of the surveyed population does identify with having a disability. These findings highlight the complex nature of disability perception and how individuals may differ in identifying and perceiving disabilities.

Disability or Learning Difficulty Listed



DEMOGRAPHIC AND BASELINE SURVEY REPORT

Among the respondents who identified as having a disability or learning difficulty, various conditions were reported. Out of this group, 34.6% listed mental health challenges, indicating a significant prevalence of mental health-related conditions within this subgroup. Additionally, 4.9% reported having multiple disabilities or learning difficulties, suggesting the complexity of their circumstances.

In total, 35 unique disabilities or learning difficulties were reported, showcasing the diverse range of challenges faced by these individuals. Among the conditions listed, ADHD emerged as the most frequent answer. Arthritis ranked as the second highest, with variations such as psoriatic arthritis, rheumatoid arthritis, and bilateral arthritis being mentioned. A significant group of answers are categorized as chronic conditions.

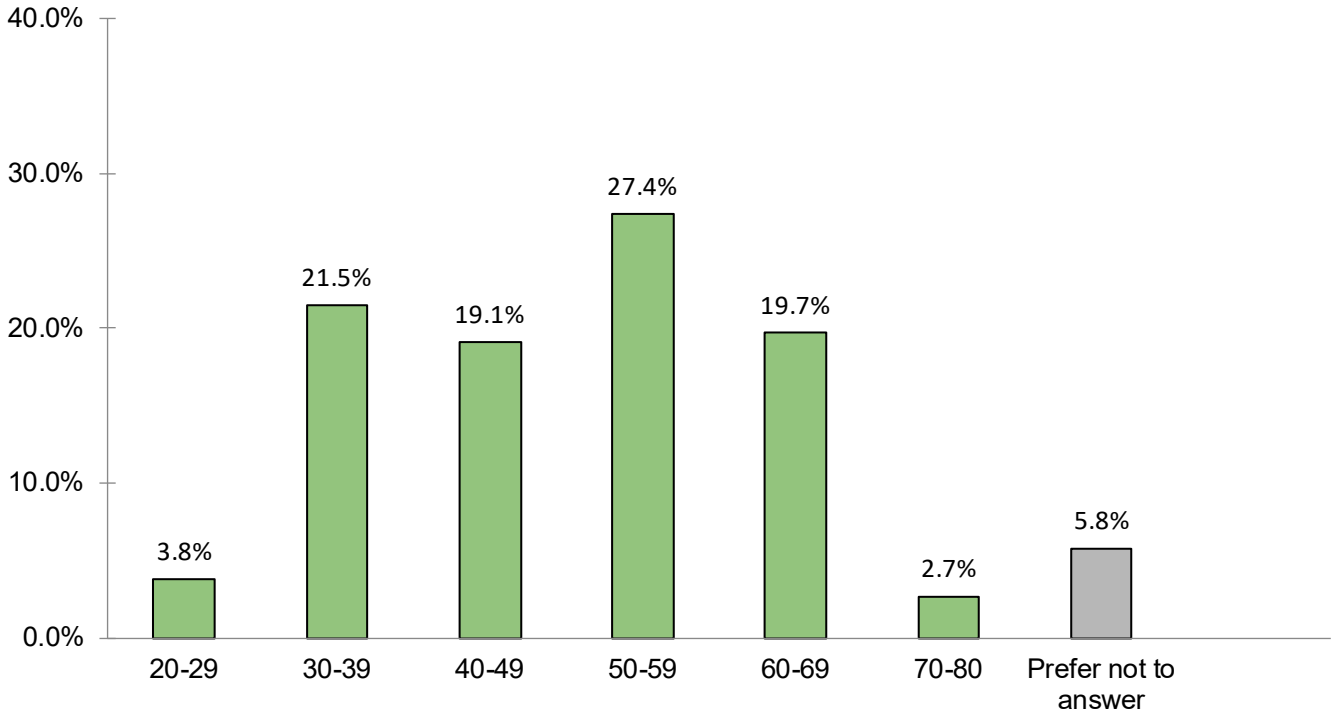
A few of the unique disabilities listed include:

- ADHD
- Autoimmune disease
- Bilateral arthritis's knees
- Bilateral carpal tunnel issues
- Chronic (fatigue, mental illness, pain)
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Dysfluency (stutter)
- Episodic mental illness
- Essential tremors
- Executive Processing
- Fetal Alcohol Syndrome
- Fibromyalgia
- Immunocompromised
- Irritable Bowel Syndrome
- Multiple Sclerosis
- Neuropathy
- Permanent impairments
- Psoriatic Arthritis
- Rheumatoid Arthritis
- Sensitive to (light, chemical, loud noise)
- Short-term memory impairment
- ST Elevation Myocardial Infarction
- Ulcerative Colitis/Transplant

Furthermore, a number of respondents reported post-recovery conditions or permanent impairment resulting from previous injuries. These included sensitivity to loud noise or light following a head injury, as well as permanent impairments resulting from cancer surgery. Other noteworthy mentions were individuals with damaged hearts due to prior heart conditions.

AGE

When examining the respondents of this survey by age group, almost half of respondents (49.8%) are 50 - 80 years old. The median age of the respondents is 51 years old.



*This data represents only those individuals who have participated in the survey.

CULTURAL RESPONSIVENESS: GROUNDING FRAMEWORK

CULTURAL SENSITIVITY

Cultural sensitivity: not assigning any value to any social identity or background.

Cultural sensitivity is an ability to understand and appreciate cultural differences when encountering diverse groups or individuals (Chen et al., 2023). Cultural sensitivity is considered an affective component of cultural competence (Tamam in Chen et al., 2023). This means cultural sensitivity's concept is dynamic and trainable.

CULTURAL SAFETY

Cultural safety: can only be defined by the recipient of care.

The concept of cultural safety was first introduced in 1990 by Irihapeti Ramsden, a Maori nurse in Aotearoa (New Zealand). Cultural safety includes and goes beyond cultural awareness, which refers to awareness of differences between cultures; and cultural sensitivity, which is about realizing the legitimacy of difference and the power of one's own life experience can have on others.

The First Nations Health Authority (FNHA) defines cultural safety as an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving healthcare.

CULTURAL HUMILITY

Cultural humility: a process of self-reflection to gain an understanding of one's own personal and systemic biases.

Offering healthcare in a way that respects people as the decisionmakers in their own care requires cultural humility. Cultural humility is a process to develop and maintain respectful processes and relationships based on mutual trust. It involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience. Cultural humility enables cultural safety.

DEMOGRAPHIC AND BASELINE SURVEY REPORT

Cultural sensitivity, cultural safety, and cultural humility are **essential elements of culturally responsive care.**

Culturally responsive care involves specific actions that healthcare providers can take to ensure the well-being of individuals from diverse cultures. It includes creating an environment where patients know they are welcome to ask as many questions as needed to feel comfortable, supported, and safe during their care.

Additionally, healthcare providers should inquire directly with patients about their sense of safety in their care. If a patient expresses feeling unsafe, it is important to inquire further and ask how the provider can assist in creating a safe environment.

"According to the FNHA, cultural safety can only be defined by the clients themselves. It is when individuals express that they feel safe that healthcare providers can be assured of their receptiveness to care."

CURRENT ATTITUDES, VIEWS & BELIEFS IN CULTURAL CARE

VIEWS ON NURSING CARE QUALITY

Of the total respondents who answered (n=1725), below are the results gathered:

	% of Agree	% of Somewhat Agree	% of Somewhat Disagree	% of Disagree
I believe nursing care quality should be identical to all clients with different social identities and cultural backgrounds.	**54.6% (n=942)**	11.8% (n=203)	9.5% (n=164)	24.1% (n=416)
I believe nursing care quality should be customized according to a client's social identity and cultural backgrounds.	**60.8% (n=1,049)**	24.7% (n=426)	3.8% (n=65)	10.7% (n=185)

Equality refers to treating everyone the same, regardless of their differences. In the context of nursing care, the belief that nursing care quality should be identical for all clients (Statement 1) aligns with the principle of equality. **Agreement with this statement indicates the understanding of an equal or same quality of care, regardless of social identities or backgrounds.** Approximately, 66.4% were leaning towards agreement, indicating that a larger proportion of respondents believe that nursing care should be tailored to individual clients' needs, considering their social identities and cultural backgrounds, but quality of care should be identical.

On the other hand, equity focuses on fairness and recognizing that individuals have different needs and circumstances. The belief that nursing care quality should be customized according to a client's social identity and cultural background (Statement 2) is **not** aligned with the principle of equity. **Disagreement with this statement indicates a higher understanding of equitable care.** There is a higher level of agreement (85.5%) in customizing care based on clients' social identities and cultural backgrounds (Statement 2), despite the desired outcome of the design.

Respondents have reported that the statements are confusing and they are not sure how to interpret them, particularly Statement 2. We believe that the lack of clarity could have influenced the responses and introduced variability in the data. Given the limitation mentioned above, it is important to exercise caution when interpreting and using the data. The responses may not fully capture the nuanced perspectives of the respondents, and the results should be considered in the context of the specific survey design and wording of the questions.

IN THEIR OWN WORDS

"I think all clients should receive the same QUALITY of care, but that doesn't mean they will receive identical care. Care should be customized, but the QUALITY of care should be the same regardless of background. The use of the qualifier "quality" made it very difficult to know what was being asked."

"The questions on beliefs about quality of care are confusing. Are you inferring that the quality of care should be different or that the practice should be customized based on the person in front of you? Because everyone should receive the highest quality of care possible, regardless of race, gender, belief etc. However the way you approach the highest quality of care should be customized based on the values of the person in front of you. Client-centered care that is culturally sensitive and appropriate."

CULTURAL SENSITIVITY IN NURSING CARE

Of the total respondents who answered (n=1725), below are the results gathered:

	% of Agree	% of Somewhat Agree	% of Somewhat Disagree	% of Disagree
I believe nurses should not assign any value to any social identity and cultural background.	29.3% (n=506)	9.0% (n=203)	14.2% (n=245)	**47.4% (n=818)**

With the notion that nurses should not assign any value to social identity and cultural background, responses are split. A considerable proportion of respondents (61.6%) leaned more toward disagreeing with the statement. The intent of this statement is to measure cultural sensitivity, based on the definition in the used framework. **Agreement with this statement indicates a higher understanding of cultural sensitivity.**

A limitation to this finding is that the statements may be open to multiple interpretations due to the fact that the survey did not provide detail or reference to the used framework. The lack of clarity in the statements could have influenced the responses and introduced variability in the data.

Given the limitation mentioned above, it is important to exercise caution when interpreting and using the data. The responses may not fully capture the nuanced perspectives of the respondents, and potential ambiguity in respondents' understanding of the questions cannot be overruled. The results should be considered descriptively in the context of the specific survey design and wording of the questions, and not beyond.

	% of Agree	% of Somewhat Agree	% of Somewhat Disagree	% of Disagree
I believe someone's social identity and cultural background is the most important aspect of their healthcare plan.	32.3% (n=557)	**40.6% (n=700)**	16.9% (n=291)	10.3% (n=177)

This statement was intended to gauge the respondents' current views on incorporating cultural backgrounds and social identities in their healthcare considerations. Understanding an individual's cultural context can lead to more personalized and effective healthcare planning, potentially improving patient satisfaction and outcomes. **Agreement with this statement indicates a more active approach to involving culture in healthcare planning.** The majority of respondents (72.9%) agreed or somewhat agreed with the statement.

The limitation here is that the statement did not set any criteria on what is considered "important" or priority aspects of a healthcare plan. As a result, respondents may have different criteria and so, the value judgment of what is considered most important may also be different. We also caution to use this data strictly in the context of understanding this survey and should not be extrapolated beyond the literal context of the wording.

	% of Agree	% of Somewhat Agree	% of Somewhat Disagree	% of Disagree
When a client's cultural needs do not significantly or adversely affect their treatment plan, their needs should be prioritized.	**55.5% (n=957)**	26.6% (n=459)	10.0% (n=173)	7.9% (n=136)

This statement is meant to touch on the importance of prioritizing culturally responsive care, when situations allow and treatment plans are not adversely impacted. **Agreement with this statement indicates the understanding that a client's cultural need is important and the willingness to treat cultural needs as a priority aspect in care provision.** A substantial majority of respondents (82.1%) agreed or somewhat agreed that when a client's cultural needs do not significantly or adversely affect their treatment plan, their needs should be prioritized.

IN THEIR OWN WORDS

"We need to listen to people. Culture does influence how we think and react but is not the only determinant. We need to ask them what they want and need and come up with a care plan together. We cannot set goals they do not want (for them) just because it is what has been determined is the best treatment. If they don't agree, we will not meet those goals."

"From my experience as a surgical nurse on a very diverse unit, serving many different people, awareness of culturally responsive care is far less important than safe staffing ratios, solid knowledge of nursing theory and skills, and basic respect for people. I did not witness any racism or culturally inappropriate care. I did see nursing care that suffered for lack of staff and lack of knowledge."

"Every human being is equal in my eyes. I have my own personal beliefs and each of them have theirs. It's not a nurse's responsibility to judge their beliefs/affiliations. It is our responsibility to deliver excellence in health care uniformly."

"I believe nurses can continuously learn and grow to become more culturally responsive. All clients/patients/residents should receive client-focused, knowledgeable, quality care."

CULTURAL RESPONSIVENESS IN NURSING CARE

Of the total respondents who answered (n=1725), below are the results gathered:

	% of Agree	% of Somewhat Agree	% of Somewhat Disagree	% of Disagree
I am confident in being able to communicate with clients with different social identities and cultural backgrounds from my own.	**61.3% (n=1,057)**	33.2% (n=572)	4.5% (n=78)	1.0% (n=18)
I actively listen to my clients to learn how their social identities and cultural backgrounds can inform my nursing care.	**88.0% (n=1,518)**	11.5% (n=199)	0.4% (n=7)	0.1% (n=1)
I have access to support and resources that help me be confident in my ability to provide culturally responsive nursing care.	**46.3% (n=798)**	35.7% (n=615)	13.1% (n=226)	5.0% (n=86)

The first two statements are designed to measure the self-perception of cultural responsiveness. **The self-confidence and the self-reported active practice are indicative of how the nurses see themselves in elements of cultural responsiveness.**

The majority of 94% and above of the respondents reported feeling culturally confident and responsive in their ability to communicate with clients from diverse social identities and cultural backgrounds. Almost all (99.5%) respondents reported that they actively listen to their clients to learn how their social identities and cultural backgrounds can inform their nursing care. This indicates an extremely high level of confidence in cultural competence among the surveyed population, especially in navigating and understanding different cultures and social contexts.

It is worthwhile noting that 18.1% (n=312) of the respondents reported not having access to support and resources to assist them in this area. Despite this self-reported lack of access, a substantial majority of this group (83.0% or n=259) still expressed confidence in their ability to communicate effectively with clients from different social identities and cultural backgrounds.

A CAUTION IN DATA USE

A very high level of self-confidence in cultural competence can be dangerous because it may lead to complacency, a lack of critical self-reflection, and the potential for perpetuating cultural biases and stereotypes. Cultural responsiveness is an ongoing process that requires humility, openness, and a willingness to continually learn and adapt. When someone is overly confident in their cultural competence, they may be less likely to recognize their own limitations, biases, or blind spots in understanding and working with individuals from diverse cultural backgrounds.

Furthermore, an excessive belief in one's cultural competence can prevent individuals from seeking additional education, training, or guidance in cultural humility and sensitivity. It may inhibit the recognition of the dynamic and evolving nature of culture and the need for ongoing self-reflection and self-improvement. To provide culturally responsive care, it is essential for healthcare professionals to approach cultural understanding with a balanced mindset, acknowledging that they are constantly learning.

MOST IMPORTANT ELEMENTS IN PROVIDING CULTURALLY RESPONSIVE CARE

We asked the question "What is the most important element of culturally responsive care?" in the survey to understand the specific areas that should be prioritized when developing or evaluating culturally responsive care models, policies, and education programs.

Based on the survey, respect (appeared 483 times), cultural/culture (appeared 425 times), and understanding (appeared 234 times) are the most frequent words used by nurses who filled in the survey to describe the elements of providing culturally responsive care.

THEME	FREQUENCY	% OF TOTAL RESPONSES
Acceptance	82	4.7%
Aware	149	8.6%
Care	**414**	**21.4%**
Communication	59	3.4%
Compassion	63	3.6%
Cultural, Culture(s)	**425**	**24.6%**
Education	82	4.7%
Empathy	69	4.0%
Equality	65	3.8%
Equitable, Equity, Equitability	10	0.6%
Humility	29	1.7%
Inclusive/Inclusion	44	2.5%
Kind	29	1.7%
Knowledge	95	5.5%
Learn	80	4.6%
Listening	115	6.7%
Non-judgmental	61	3.5%
Open	134	7.8%
Respect	**483**	**28.0%**
Understanding	234	13.5%
Willingness	25	1.4%

RESPONDENT COMMENTS ON THE THEME OF AWARNESS:

- being aware and asking questions to learn more
- being aware and having knowledge of the individual's culture
- being aware of all cultures and being respectful and mindful of their beliefs
- being aware of cultural bias and being informed on how to not have a bias
- being aware of cultural differences
- being aware of cultures and asking the client what is important to them
- being aware of different health care needs and respecting differences in health care priorities
- being aware of individual preferences
- being aware of my own bias and keeping them them unattached to the care I provide
- being aware of my own unconscious biases
- being aware of my white privilege
- being aware of others' beliefs
- being aware of the cultural background of the client
- being aware of white privilege and how it may impact messaging in health care
- being aware of your own judgments, so you can provide appropriate care
- being aware of your own unconscious bias so that you provide equitable care to all
- being aware that your personal beliefs/values may not align with others
- being aware of potential biases as well as the "norms" of individuals with a different cultural background so that behavior is understood more effectively (I work in mental health so for example a lack of eye contact may mean avoidance but could also be a sign of respect)

RESPONDENT COMMENTS ON THE THEME OF OPENNESS:

- being open to all backgrounds with no judgment
- being open to blind spots and non-defensiveness, non-centering
- being open to the client's perspectives and experiences and providing non-judgmental care
- being open to differences in health outlook and utilization
- being open to taking the time to learn as much as I can to enhance their health journey
- being open to different perspectives and views
- being open to diverse cultures and being non-judgmental
- being open to everyone and their own beliefs
- being open to learn what is important to the patient/family and incorporating that in your care
- being open to others and always having a nonjudgmental approach
- being open to supporting individuals with a different lived experience than you
- being open to the cultural considerations of each patient
- being open to trying to better understand their needs and respect for the individual
- being open to understand that someone may do things differently from what you're used to or what you were taught was correct

DEMOGRAPHIC AND BASELINE SURVEY REPORT

IN THEIR OWN WORDS

"The most important element to providing culturally responsive care is the ability to effectively interact with patients belonging to different cultures, and also seeing patients as a unique person through patient-centered care."

"The most important element to providing culturally responsive care is the ability to question your own assumptions and to learn as much as you can."

"The most important element in providing culturally responsive nursing care is creating a culturally safe environment. It is important to create and maintain a safe space for patients to interact with the nurse, without judgment or discrimination, where the patient is free to express their cultural beliefs, values, and identity. This responsibility belongs to both the individual nurse and also to the larger health care organization."

"The most important element of providing culturally sensitive and patient-centered treatment is understanding and paying attention to each patient's traditions and values."

"The most important element is awareness of what is important to the client from a cultural perspective AND treating them the way they want to be treated."

"The most important element in providing culturally responsive nursing care is to first of all gain the patient's consent to enable me to carry out my responsibilities as a nurse and I will equally respect my patient's culture, values and beliefs. I won't be bias at all, I will educate them and give them reasons why they should accept nursing care I respective of their cultural beliefs and values."

"The most important element is getting educated and informed about how to provide culturally responsive care and how this applies to those cultures which one interacts with in their nursing work."

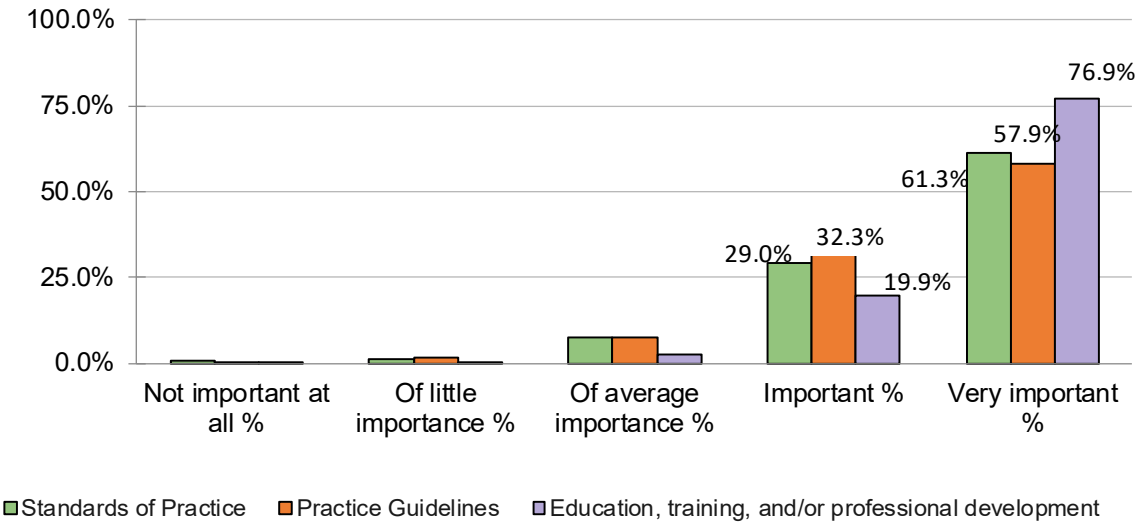
LEARNING & ENGAGEMENT

IMPORTANT TOOLS TO BUILD CONFIDENCE

We asked respondents to rate the importance of a few tools, based on how they can help build confidence to provide culturally responsive nursing care to clients with different social identities and backgrounds from their own.

Among the total respondents, 96.9% considered Education, Training, or Professional Development as important or very important.
This indicates a strong recognition of the value and significance of ongoing learning and skill development within their respective fields. The high percentage suggests that professionals across various industries prioritize continuous education to enhance their knowledge and expertise.

An equal rate of 90.3% of the respondents considered both Standards of Practice and Practice Guidelines as important or very important.
This underscores the significance of established standards and guidelines in guiding professional conduct and ensuring high-quality practice. The majority of respondents recognize the importance of adhering to these standards to maintain professional integrity and provide optimal care or service delivery.



There is a true opportunity for NSCN to ensure the Practice Guidelines and Standards of Practice embed equity as nurses have indicated their reliance on these tools as a learning and guidance support.

Thoughtful education and learning resources must also be carefully considered to meet the needs of nurses.

HELPFUL TOPICS TO LEARN

We asked respondents to rank four training or education topics/areas, based on how helpful they are in building nurses' confidence in providing culturally responsive care to clients. Based on the rank scores obtained from the survey conducted among nurses in Nova Scotia, some important training topics for nurses to become more culturally responsive are:

1

"Providing Culturally Responsive and Safe Care," with a rank score of 1,672.
This topic clearly holds the highest priority among the respondents, highlighting the significance they place on delivering care that is sensitive to diverse cultural backgrounds while ensuring patient safety.

2

"Equity and Racism in Healthcare", with a rank score of 1,539.
This topic underscores the importance of addressing systemic inequities and racism within the healthcare system, emphasizing the need for fairness, justice, and equality in healthcare provision.

3

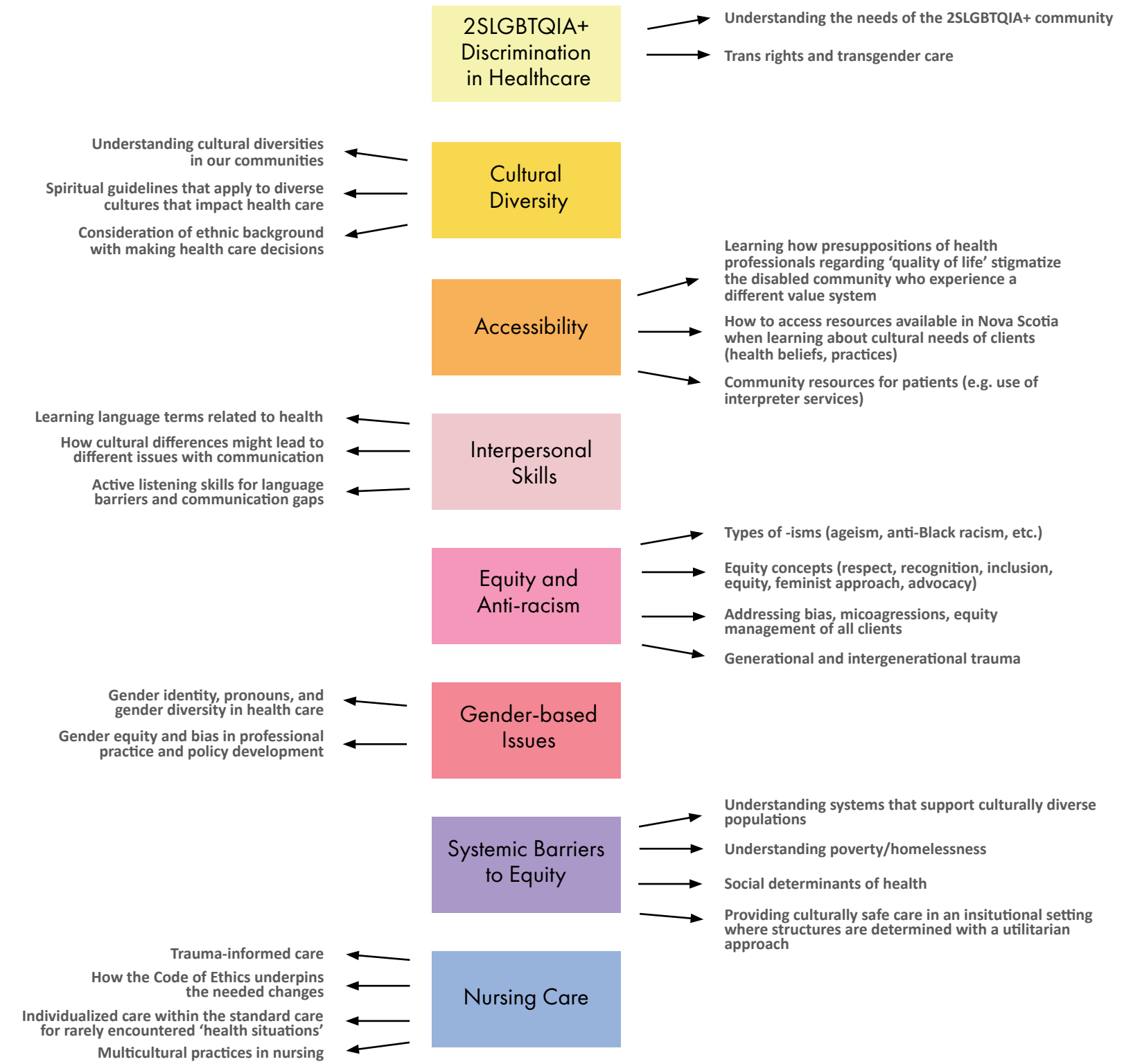
"Understanding Bias" closely follows as the third most important training topic, with a rank score of 1,527.
This topic focuses on developing self-awareness and recognizing biases to enhance cultural competence and reduce disparities in healthcare delivery.

4

"Decolonization and Indigenization in Healthcare" is ranked fourth, with a score of 1,473.
This topic highlights the significance of acknowledging and addressing the historical and ongoing impacts of colonization on Indigenous communities, as well as the importance of integrating Indigenous perspectives, practices, and knowledge into healthcare practices.

DEMOGRAPHIC AND BASELINE SURVEY REPORT

Many respondents listed other topics they would like to see. Our theming analysis shows the results below:



PREFERRED PERSONAL LEARNING STYLE

We also asked respondents to share what their preferred personal learning style is. Based on the rank scores obtained from the survey, the preferred learning method among the respondents are:

1. **"In-person workshops" is ranked first, with a rank score of 1,593.**
2. "Interactive online learning modules" is ranked second, with a rank score of 1,530.
3. "Self-study" is ranked third, with a score of 1,501.
4. "Live webinars" is ranked fourth, with a score of 1,479.
5. "Pre-recorded webinars" is ranked fifth, with a score of 1,474.

This result indicates a strong preference for hands-on, interactive learning experiences that allow for direct engagement, group discussions, and practical application of knowledge.

There were "Other methods" that were listed. Some unique answers emerged and they include:

- biweekly classes,
- books,
- clinical settings,
- combination of in-person and online workshops,
- a hybrid of asynchronous and synchronous learning,
- learnings that are built into nurses' schedules,
- mentoring support,
- second-hand information,
- workbook for CCP, and
- volunteer work with agencies involved in supporting marginalized groups such as new immigrants, housing issues, gender violence, or women in prison

INSIGHTS FROM NURSES: QUALITATIVE REFLECTIONS

The survey did not ask specific questions on barriers and challenges experienced by nurses in their work, nor did it ask questions about systemic issues within healthcare. Through open-ended questions where we invited respondents to share any additional thoughts, a few themes emerged.

THEMES OF SYSTEMIC ISSUES AND CHALLENGES

1

Overt racism towards Black and Indigenous peoples

Several survey responses highlighted the presence of overt racism within the healthcare system, specifically towards Black and Indigenous peoples. Nurses shared their experiences of witnessing or being subjected to discriminatory treatment based on race. These incidents of racism pose significant challenges for nurses as they strive to provide equitable and unbiased care to all individuals.

2

Challenges in providing care to transgender clients

Some nurses expressed struggles in providing care to transgender clients. These responses shed light on the need for increased education and training to ensure that healthcare professionals are equipped with the knowledge and skills to deliver inclusive and affirming care to transgender individuals.

3

Discrimination against IBPOC nurses

A few responses spoke to instances of discrimination against IBPOC (Indigenous, Black, and People of Color) nurses; and how they are treated as less qualified or skilled compared to their non-IBPOC counterparts. Such discrimination hinders their professional growth and contributes to inequities within the healthcare system.

Gap between nurses in management roles and bedside care
The survey findings highlighted a gap between nurses in management roles and those providing bedside care. This gap suggests potential disparities in decision-making power, resource allocation, and opportunities for advancement.

4

5

Institutional racism in healthcare workplaces
The survey responses highlighted the presence of institutional racism within healthcare workplaces, reflected in policies and practices. These systems perpetuate inequities and contribute to discriminatory treatment of patients and healthcare professionals.

6

Biases and prejudices among nurses due to lack of experience
Some survey respondents acknowledged that biases and prejudices exist among nurses, often stemming from a lack of experience or exposure to diverse populations.

Ageism experienced by senior nurses
The survey responses highlighted the issue of ageism experienced by senior nurses. These nurses reported facing unhelpful criticism and dismissal of their expertise based on “old practices.”

7

8

Dismantling bias in practice guidelines
Respondents emphasized the need to dismantle bias within practice guidelines, recognizing that guidelines may embody different forms of racism. This requires a critical examination of existing guidelines to ensure they are inclusive, culturally responsive, and free from discriminatory practices.

IN THEIR OWN WORDS

"As a First Nation woman working in the healthcare system, I have seen and heard many stories about how poorly First Nation people are treated within the healthcare system. It is not just a Nova Scotia problem, it is all across Canada."

"Thank you for allowing feedback on this area. It is disappointing in 2023 that I still run into such "old school and painful" comments, ideologies and poor practice by my coworkers towards folks. And to be clear I am a 60 yr old cis-male who has been practicing since 1986. If I can grow as I age we all should be able to!"

"I am using this survey opportunity to express that as a white nurse of European descent I have, as a preceptor and colleague, witnessed racism towards new international nurses who are not white, nor of European descent, from both patients and other nurses. I feel like there is an innaction on my part and on the part of my employer (redacted for anonymity) to support these international nurses and address this institutional racism. Is there a provincial committee I can contact? Strategies in the works? I feel like no one is talking about this, and while not always overt, this racism is very present."

CLOSING

The NSCN registrant demographic survey has shed light on the demographic profile of the Nova Scotia nursing population, such as age, gender identity, racial identity, and disability status. This information is crucial for NSCN to begin its first step in its equity journey. The themes uncovered from the survey will be used in the development of intentional programs, policies, and services that cater to the specific requirements of various demographic groups.

The survey has also gathered valuable insights into the preferences, interests, and behaviors of the surveyed registrant population. Understanding these preferences and interests can assist in the development of appropriate and relevant support. Additionally, the survey has identified key themes of challenges and opportunities that need to be addressed.

It is important to note that this survey has certain limitations. The results are based on self-reported data from a specific sample, which may not represent the entire population accurately. Moreover, the survey was conducted during a specific time period, and demographic patterns and preferences may change over time. These limitations should be considered when interpreting and applying the survey findings.

To maximize the impact of this survey, we are disseminating the findings widely among relevant stakeholders. The information is being shared with relevant policymakers, community organizations, and ecosystem partners who can use it to inform their decision-making processes and improve their programs and services. Additionally, the survey results will serve as a baseline for future comparisons, allowing for the monitoring of demographic trends and the evaluation of interventions or initiatives implemented to address identified challenges.

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Developed in partnership with Placemaking 4G and Melita Consulting