

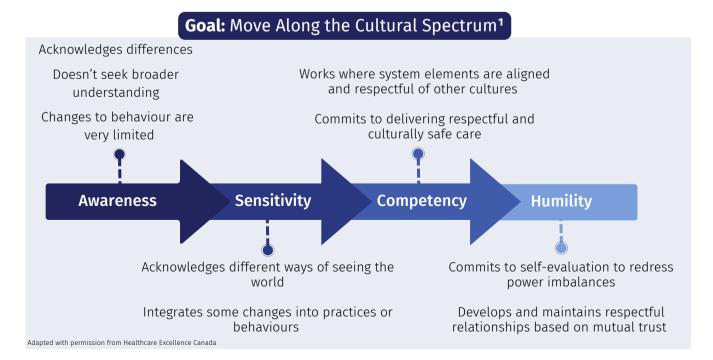
# The Value of Embedding Cultural Humility in Home Visiting Practice

In this practice document, the meaning of cultural humility is explained and the value of applying the principles of cultural humility when home visiting pregnant individuals and families is discussed.



Culture reflects shared patterns of being within a society.

Not all culture is related to geography or ethnicity! Being part of a culture means having shared values, beliefs, rituals or traditions with people in that group. Public health nurses, working with people who may belong to different and intersecting cultural groups, have a responsibility to demonstrate cultural humility. Every person has their own unique expression of their intersections of cultural influence. Consider that every family will have their own 'parenting culture', which is an important consideration when offering culturally humble care.



### Why move toward Cultural Humility?

Awareness and Sensitivity are important starting points, but do not do enough to work towards equitable care.

**Cultural Competence** can be helpful, but places emphasis on knowing. It implies that one could become an expert in a culture.

#### Whereas, Cultural humility means:

- Culture is ever changing, and thus requires a <u>constant state of learning</u>, self evaluation, acknowledging power imbalances and systemic injustices, and developing a compassionate and trusting relationship with families.
- Recognizing the dynamic nature of cultural identity and experiences. The ways that people identify with their culture, the way culture presents itself, and cultural expectations and experiences all shift over time, especially during significant life events like parenthood.
- Understanding that not everyone within a cultural group adheres to all aspects of that culture. Nurses' approach should match the flexibility of culture itself, focusing on genuinely getting to know individuals (often as they are getting to know themselves) rather than solely seeking cues that inform our nursing intervention. It shifts nurses from a reactive stance to an active stance of listening and learning.
- Withstanding discomfort while wondering.
- Getting it wrong sometimes, but being committed to repair.
- Recognizing what all individuals bring to the interactions between nurses and clients, nurses and families; and how that affects our perceptions of ourselves and each other.
- Recognizing the unique qualities of the person in front of us, while also recognizing that people are dynamic and are constantly changing.

Cultural humility is more **person-centred** than cultural competence alone! It allows for **shared** knowledge and informed decision-making.

#### Cultural Humility is a Professional Obligation

Anti-racism and cultural humility are core expectations of nursing practice. Professional healthcare providers are expected by their licensing entities to:

- Model anti-racism and cultural safety core competencies.
- Actively promote the delivery of safe, relevant, and ethical care to clients.
- Assume accountability and ownership for nursing decisions, actions, and professional behaviour (demeanor, attitude, integrity).

**Call to Action:** Health equity, unsolicited, is the minimum acceptable standard. It is the professional responsibility of every healthcare provider to address bias and discrimination through awareness, advocacy, and action. Person-centred care is an expectation of healthcare providers.

Reflect on personal practice to assess professional growth opportunities and actively seek opportunities to improve clinical practice as life-long learners.

# How do I know if I am being culturally humble?

- Receive positive feedback from the client.
- ✓ Use the <u>PHN-PREP reflection guide</u> to selfassess your cultural humility.
- Notice a two-way dynamic. That cultural humility is embedded within the nurse-client relationship, both ways, instead of just within the nurse's approach.

#### **Examples of positive feedback**

- → "I feel like I can share anything with you."
- → "I feel like I am safe to be myself."

[The client begins to share more about their cultural practices, values, and views] [The client offers opposing views without fear

of judgement]

Client says an enthusiastic 'yes' when asked if they felt a sense of cultural safety during nursing home visits.

Cultural humility is not a stance reserved just for interacting with people who, to you, feel most like 'the other'. Every person holds culture with them, and that cultural experience is ever-changing because people are dynamic, so cultural humility should indeed be an **always-on** approach, for **every** client you serve.

### **Personal Benefits**

Cultural humility benefits us on a personal level too. It allows us to build meaningful relationships and gives us an avenue for repair in relationships when a rift occurs. Nurturing diverse relationships expands our worldview, opens up new ways of thinking and being, and can redefine our sense of belonging.

## How does a provider's cultural humility benefit families?

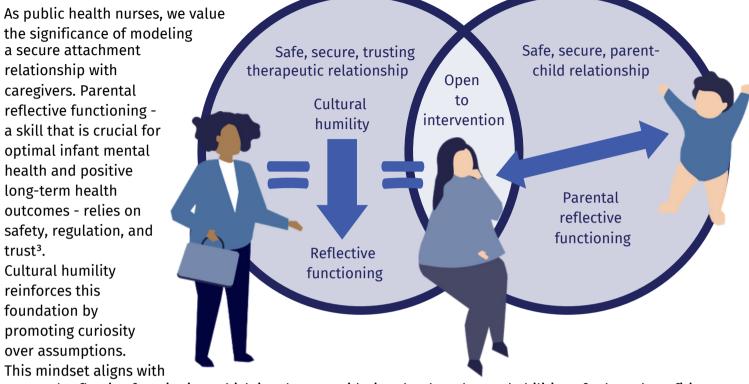
#### Culture can affect health behaviours

Culture can interact with health behaviours and health fluency<sup>2</sup> as people naturally draw on different ways of knowing to inform their decisions. Consider that some cultures may place emphasis on particular sources of knowledge about a topic, which may be different than the evidence base used by the dominant culture in which you practice.



# Cultural humility is part of relationship-building

Embracing cultural humility means that providers remain curious about the family's values, goals, and ways of being. With this openness, the provider is committed to building a therapeutic relationship with families.



parental reflective functioning, which involves considering the thoughts and abilities of others, benefiting clients as they reflect on their child's thoughts, experiences, and needs<sup>3</sup>. Cultural humility can protect our nurse-client relationship when we actively address biases or prejudices that could jeopardize our trusting, safe relationship with clients.

The clinician's ability to establish safety and regulation and to build a relationship is dependent upon their own capacity to mentalize, to wonder, and to be curious and to thus create a mentalizing environment for the parent and child.<sup>3</sup> – Arietta Slade

#### References

<sup>1</sup> Canadian Foundation for Healthcare Improvement (now operating as Healthcare Excellence Canada). (2020). A Journey We Walk Together: Strengthening Indigenous Cultural Competency in Health Organizations. Healthcare Excellence Canada. https://www.healthcareexcellence.ca/en/resources/a-journey-we-walk-together/

<sup>2</sup> Ancker, J. S., Grossman, L. V., & Benda, N. C. (2019). Health literacy 2030: Is it time to redefine the term? *Journal of General Internal Medicine*, 35(8), 2427–2430. https://doi.org/10.1007/s11606-019-05472-y

<sup>3</sup> Slade, A. (2023). Enhancing Attachment and Reflective Parenting in Clinical Practice: A Minding the Baby Approach. The Guilford Press.

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