

<p>Practice that promotes cultural safety Health professionals and administrators:</p>	<p>Practice that creates a lack of cultural safety Health professionals and administrators:</p>
<ul style="list-style-type: none"> - have an awareness of their own culture, cultural practices and assumptions - have an awareness of how their own cultural practices and assumptions may be different from those of other cultural groups - use personal reflection to become aware of stereotypes and act to counter stereotypes - have an awareness of how cultural diversity may impact relationships with clients/patients from other cultures - include the worldview and life experience of the person receiving care - know that healthcare practices and the culture of nursing may be unfamiliar or exotic to service users - give the power of defining health to the person receiving care - are aware of power dynamics in relationships with people receiving care - accept that power imbalances can be negotiated/changed - aware of the strengths, resilience, and resistance of Aboriginal and Torres Strait peoples. - consider identity as a resource that can support wellbeing and social connectedness during times of illness and stress. - aware of the importance of developing trust in the relationship - engage in a two-way dialogue where knowledge is shared - understand how past events can impact the health of Aboriginal and Torres Strait Islander peoples - understand that culture shock may be present 	<ul style="list-style-type: none"> - are unaware of own culture, cultural practices and assumptions - focus on understanding other cultures. Assume that people can be understood by studying their culture. - are unaware of own stereotypes - apply cultural group stereotypes to individuals - focus on life styles without considering the world view and life experience of the person receiving care - assume that health professionals and the culture of health services are the norm - retain the power to define norms for the person receiving care - are unaware of power dynamics in relationship with people receiving care - retain power - unaware of the strength, resilience, and resistance of Aboriginal and Torres Strait Islander peoples. - may consider identity a burden or a problem related to poor health outcomes - may assume trust because of profession - engage in dialogue to establish rapport and to increase compliance with medicines - unaware of history of Aboriginal and Torres Strait Islander peoples - unaware of potential for culture shock