Transforming online cultural safety training for self-directed, adult learners

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People think that learning the facts about Aboriginal people is enough, but what's really needed is a process of looking inside, self-reflection, and unpacking their own attitudes, understandings, and actions about Aboriginal people. This type of training has the potential to generate real change in people's practices, and makes it possible for staff to say, "I want to know more."

(Health Council of Canada, 2013)

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Disclaimer

The views expressed in this capping project are those of the author and do not reflect the official policy or position of Alberta Health Services, the University of Alberta, the Faculty of Extension, or the Masters of Arts in Communications and Technology program.

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Abstract

Although recognized as a solution to addressing the entrenched, system-wide biases and stereotypes that are the root cause of unsafe cultural practice, there is little evidence that cultural safety is being realized in the healthcare setting.

This research project will investigate and describe how to plan for and assess transformative learning in a self-directed, eLearning environment. Using an exploratory case study, this study examines transformational learning theory's alignment with and value to the implementation of cultural safety by considering the impact of Strategic Frame Analysis on an existing cultural safety eLearning module.

This case study demonstrates that the application of strategic frame analysis had important impacts on cultural safety training and that it can support a transformational learning experience. It also demonstrated that transformational learning is an important consideration in planning cultural safety training.

I. Introduction

Background

"Aboriginal Peoples have the worst population health statistics in Canada" (Baker & Giles, 2012, p.16). The poor health of Canada's indigenous peoples is seen in a wide, cross-section of health metrics. In Alberta for example, the death rate amongst First Nations is 20% to 60% higher than that of non-First Nations, when adjusted for age (Health Canada, 2010). "Although many efforts are underway to improve health outcomes in Aboriginals, their health outcomes are still disproportionately poor in comparison to those of non-Aboriginal Canadians" (Cordell, 2013, p.7).

Despite their poor health statistics, Alberta's First Nations people make limited use of the healthcare system due to feelings of alienation, intimidation and mistrust (Health Council of Canada, 2012). Racism, discrimination and deeply held stereotypes towards Aboriginal patients and their families are present in today's healthcare system (NAHO, 2008), leaving aboriginal people feeling fear, disrespect and alienation towards the healthcare system. Fundamentally, these factors can make it unsafe for Aboriginal people to use the health care system (Health Council of Canada, 2012), leading to "high rates of noncompliance and reluctance to visit mainstream health facilities" (Cordell, 2013, p.8).

In light of this, healthcare organizations delivering patient care need to be responsible for raising their standard of care to ensure cultural safety for First Nations patients and their families. In his case study of intergenerational trauma, Cordell advises that seeking cultural safety training to address the inherent power imbalance in the health-professional-to-patient relationship is the responsibility of the health professional (2013, p.8).

The idea that healthcare professionals need to seek cultural safety training, an educational process developed by Irihapeti Ramsden, is central to this research paper. Ramsden (2002) sees

cultural safety being achieved with the renegotiation of traditionally held positions; a process requiring the renegotiation of practitioner-patient power and the theoretical orientation of the caregiver.

Alberta Health Services (AHS) has deemed cultural competency an important area "that needs to be strengthened within Alberta Health Services for staff and volunteers" (Yiu, 2015, p.5). As one of Canada's largest employers it faces a significant challenge in realizing cultural safety perspectives. In 2010, Alberta Health Services endorsed the *Aboriginal Health Action Plan* that included the development of *Aboriginal Cultural Competency Education and Training* (ACCET) which includes an eLearning course called, "*Aboriginal Awareness and Sensitivity eLearning*" (Crowshoe, 2015).

Considering the importance of cultural safety to Alberta's First Nations' access to care, and the challenging nature of "renegotiating the theoretical orientation" of such an immense numbers of employees, this research project intends to investigate and describe considerations for planning and assessing transformative learning in an eLearning environment. Investigating these questions and criteria may offer insight on how to enhance online cultural safety training in the healthcare setting.

By making the best use of distributed learning technology there is a chance that a greater number of health professionals will have the opportunity to gain a new perspective; leading to a higher standard of culturally competent care. This could support Alberta Health Services in becoming a culturally safe place for Alberta's First Nations to seek treatment. In turn, this could have the knock on effect of improving their rate of health seeking behaviour; decreasing the significant disparity in their collective health relative to the non-aboriginal population.

Purpose of the Study

Using the Aboriginal Awareness and Sensitivity eLearning module as its case, this research project will investigate and describe how to plan for and assess transformative learning in a self-directed, eLearning environment. This is not an insignificant problem considering that there are substantial barriers to achieving transformative learning in self-directed, eLearning environments. This project seeks to investigate the following objectives:

1. Establish that transformational learning is an important consideration in achieving cultural safety.
2. Investigate the impact of Strategic Frame Analysis communication tools when applied to the Aboriginal Health eLearning module.

Significance of the Study

Applying a case study approach to an existing educational program offers a deeper understanding of the nature and extent of the challenges involved in delivering effective cultural safety training in a self-directed, eLearning environment. This research attempts to fill a gap in the research for studies of cultural safety training that expand the understanding of how to improve and assess the effectiveness of online cultural safety training.

The insights produced from this case study can be used to mitigate challenges and also enhance the potential for achieving cultural safety's learning objectives in self-directed, eLearning environments. In addition, insights from, and expert reaction to, the application of strategic frame analysis to the existing eLearning module may prove informative to curriculum planning efforts where transformational learning is a desired outcome.

From a practical perspective, Alberta Health Services may find the study results beneficial when planning and evaluating current or future online cultural safety training

curricula. I addition, the Aboriginal Health Program (AHP) may find some of the recommendations to be beneficial in support of evaluating and updating their current eLearning module. Finally, exposure to the application of strategic frame analysis may demonstrate the value of an empirically tested set of reframing tools and promote the future use of the communication tools described in *Overcoming Health Individualism: A Frameworks Creative Brief on Framing the Social Determinants of Health.*

II. Methodology

The purpose of this exploratory case study is to seek insight by planning and assessing transformative learning in an eLearning environment through the application of Strategic Frame Analysis to an existing eLearning module.

This research project is a qualitative case study of proposed changes to the Alberta Health Services Aboriginal cultural awareness training eLearning module. A case study allows for the study of complex phenomena within their context, making it a valuable method for health science research to evaluate programs and develop interventions (Baxter & Jack, 2008). In this project, an exploratory case study is being used because the case is "seeking to answer a question that sought to explain the presumed causal links in real-life interventions that are too complex for the survey or experimental strategies" (Baxter & Jack, 2008, p.547). Because case study research has method and analysis occurring simultaneously, the researcher is both "recording, constructing and presenting, and producing a chronicle, a profile or facts," while at the same time, "construing, synthesizing and clarifying, and producing a history, meanings and understandings" (Zucker, 2009).

In this case, the complex nature of implementing cultural safety training in a large organization is heightened by the use of eLearning and the desire to achieve cultural safety learning objectives that required transformational learning outcomes. The unique and complex nature of this context makes an exploratory case study an appropriate method.

Methods

Using a detailed set of "communication tools" described in Overcoming Health Individualism: A Frameworks creative brief on Framing the Social Determinants of Health (Nall Bales et al., 2014), the researcher will apply select recommendations to portions of the existing Aboriginal

Health Cultural Sensitivity eLearning Module (see Appendix B to view the original and altered slides) and facilitate a 90 minute focus group with the Alberta Health Services experts involved in developing the original cultural safety eLearning module for the Aboriginal Health program. Having developed the original eLearning module over the course of three years, this team of Aboriginal Health Program consultants has unique insight into the processes, audience, environment, and challenges faced in producing an eLearning module focused on cultural safety. This group is uniquely positioned to recognize and offer meaningful feedback to questions prepared regarding the modifications and recommendations presented through the research (see Appendix A for the focus group script).

Phase 1: literature review to become well versed in cultural safety, transformational learning theory, adult eLearning and strategic frame analysis.

Phase 2: application of Strategic Frame Analysis strategies to the existing Alberta Health Services module.

Phase 3: conduct focus group to share revised sections of the Alberta Health Services eLearning module with experts to collect insight, feedback and reactions to the application of strategic framing communication tools.

Phase 4: make recommendations for future development and assessment of eLearning modules for transformational learning being proposed by Alberta Health Services.

The researcher acknowledges that the complexity and specificity of this case will limit the generalizability of finding to similar implementations. However, the findings may influence the application and use of strategic frame analysis tools in the development of future eLearning implementations at Alberta Health Services.

III. Literature Review

Transformational learning theory's alignment with and value to the concept of cultural safety will be explored. The researcher will use the theory's framework and paradigms to examine matters that inform the teaching of cultural safety in an eLearning environment. The literature pertaining to eLearning best-practice will also be explored; drawing insights and describing factors and conditions important to self-directed, adult, online learning. The researcher will identify important considerations, conditions and approaches that address the unique challenge of achieving transformative learning in an online learning environment.

Transformational learning theory will inform much of what is important and relevant in understanding the environmental and procedural conditions and factors related to adult, online learning. Kitchenham sees this theory as "an excellent theoretical framework in which to study adult learners' experiences with technology" (2008, p.140).

Developed by Jack Mezirow in 1978, transformational learning theory is described as a theory that explains the "process of constructing and appropriating new and revised interpretations of the meaning of an experience in the world" (Taylor, 2008, p.5). Cranton provides an insightful and descriptive summary of transformational learning theory highlighting the idea that this theory is not limited to an individual's learning.

> Generally, transformative learning occurs when a person, group, or larger social unit encounters a perspective that is at odds with the prevailing perspective. The discrepant perspective can be ignored or it can lead to an examination of previously held beliefs, values, and assumptions. When the latter is the case, the potential for transformative learning exists, though it is not called transformative until there is a deep shift in perspective and noticeable changes in actions as a result of the shift (Cranton, 2012).

Cultural Safety

Planning for and assessing cultural safety is a challenging undertaking for the health system. Although recognized as a solution to addressing the entrenched, system-wide biases and stereotypes that are the root cause of unsafe cultural practice, there is little evidence that cultural safety is being realized in practice. “The disparity between Aboriginal and non-Aboriginal health status in Canada has been well documented in the literature, and cultural safety has been frequently cited as a potential way to address this difference; yet, there is little evidence of its inclusion in Canadian family medicine” (Baker & Giles, 2012, p.21).

The literature surrounding cultural safety demonstrates that realizing cultural safety in our healthcare settings is limited by confusion surrounding the concept and by a variety of broad challenges to its implementation.

Confusion

Despite “obvious professional interest,” Engerbretson describes the challenge facing cultural safety as a “lack of conceptual clarity associated with the concept cultural competence” that often “results in a lack of distinction between individual and organizational cultural competence” (2008, p.173). The National Aboriginal Health Organization (NAHO) sites similar confusion and debate around the multiple definitions and overlap that cultural safety has with other terms such as cultural competency, cultural awareness and cultural sensitivity (2006, p.1). This lack of clarity and distinction in the field is understandable considering that “the responsibility for supporting culturally safe care is shared between individuals, professional associations, regulatory bodies, health services delivery and accreditation organizations, educational institutions, and governments” (NAHO, 2008, p.19).

The confusion described by Engebretson is compounded by a medical system that is biased about the health of indigenous people and is striving to shift cultural safety to an "easily managed transcultural approach" that is "simply easier than the self-reflection, transformation and powerful action and reaction which Cultural Safety requires" (Ramsden, 2002, p.170). The move to conceptually and operationally simplify cultural safety presents a significant challenge to realizing cultural safety in practice.

To a pragmatic clinician, the idea of attaining knowledge about all cultures may be unrealistic and lead to a discounting of cultural information that does not fit clinical realities (Engebretson et al, 2008, p.174). The idea that a clinician would be required to study and be sensitive to every cultural distinction is itself an indication of how distracted the health system is by the notion that cultural safety is related to treating all cultures equally. Richardson and Williams criticize the cultural sensitivity model because it "emphasizes ethnographic details and applies them with a broad brush to all individuals of a particular ethnic background, a practice that can lead to stereotyping" (Baker & Giles, 2012, p.18). Ramsden also sees it as a risky perspective as differences can become stereotyped; something that cultural safety seeks to avoid (2002, p.118).

> The concept of cultural safety can be seen as the direct antithesis of the concepts of both multiculturalism and universalism. Multiculturalism considers all cultures in Canada as having an equal claim on government and societal attention, and universalism downplays differences between individuals and communities into a single citizenry and seeks common interests based on general human rights. In contrast, cultural safety requires the explicit and detailed recognition of the cultural identity of the Indigenous people and the historical legacy of power relations and repression (Brascoupé, 2009 p.14).

In a more direct fashion, Cordell points out that it is only with the recognition by health professionals that colonization is a root cause of the negative health outcomes that they will understand the need to adjust their screening and treatment practice (2013).

The medical community is challenged to include cultural safety in its practice because it is viewed as soft, impractical, unnecessary and unfair. Unfortunately, “there are very few comparative studies that demonstrate the effectiveness of cultural safety improving the health of first nations” (Snyder, C. 2008). This lack of efficacy alone could raise doubts within the evidence-minded medical community. As a “means for integrating cultural concepts into health care delivery”, Cross, Bazron, Dennis and Isaac developed a cultural competency continuum that translated cultural safety into well-known biomedical values (Engebretson et al., 2008, p.175). This and other efforts to shift cultural safety to fit within a bio-medical model demonstrate the confusion and considerable gap between conventional patient centered triage and having “practitioners examine their own worldviews and beliefs to challenge the colonial worldview that persistently pervades modern medicine and undermines Aboriginal people’s health” (Baker & Giles, 2012, p.21).

> The ‘transformation’ of inter-racial relationships places an obligation on White people to confront and understand their own racial identity and the way their dominant White culture shapes all of society and the norms by which people live (Brascoupé & Catherine Waters BA, 2009).

In addition to the pressure to embed cultural safety into a medical model, the literature also suggests that the medical establishment has never learned to value the Indigenous world view, history, context and social context. Baker has proposed that the “systemic bias in medical culture against Aboriginal people in Canada has led to an attitude in medical education that

knowledge related to culture is supplementary rather than core material" (2012, p.21). "Fortunately, public school systems and medical and other post-secondary programs are changing, and curricula now include more material on both the historic experiences and present-day realities of First Nations, Inuit, and Métis peoples" (Health Council of Canada, 2012, p.120)

It may be that the concept of cultural safety remains somewhat controversial as it was when it was first introduced. Mandatory cultural safety training was criticized as 'force-feeding culture' and 'indoctrinating nursing students' with specific political views" (National Aboriginal Health Organization, 2006, p.1). More recently, Walker points out that "cultural issues are seen to be in the interest of a minority, whereas political and economic power is allocated to the majority" where "little interest develops in inequalities due to diversity" (2009, p.14). This gives some insight into how poorly positioned cultural safety is within Canada's politically charged healthcare system and further highlights the forces contributing to the conceptual confusion surrounding the topic.

Invisible, unconscious dominance

While the medical establishment struggles with the abstract nature of cultural safety, they are also active members of the dominant culture; a culture that harbors a longstanding, colonial tradition of invisible power and privilege that perpetuates a systematic bias towards Indigenous peoples. This bias is a significant barrier to realizing cultural safety. Schick and St. Denis observed that the "invisibility of White privilege which is accepted sub-consciously as the norm has the effect of marginalizing Aboriginal people…causing the 'inferiorization' of Aboriginal people for their apparent failure to meet White measures of success and achievement (Brascoupé & Catherine Waters BA, 2009, p.14).

Bias is likewise reflected in the conceptual gap between cultural sensitivity and cultural safety. “Through the current Canadian approach, cultural sensitivity is at risk of being presented as a ‘cultural checklist’ where students simply parrot concepts about cultures different than their own” (Baker & Giles, 2012, p.18). Using cultural sensitivity in this way implies that “the non-Aboriginal health care provider is the one with the “correct” culture, interacting with the “other” culture, rather than as a participant in the interaction of two cultures” (Baker & Giles, 2012, p.18). This highlights the weakness of “transcultural or multicultural health care, which encourages providers to deliver service irrespective of these aspects of a patient” (NAHO, 2008, p.4).

Cultural safety however, goes beyond the superior stance of cultural sensitivity, “analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to health care” (“Fact Sheet: Cultural Safety,” 2006, p.1) with the important distinction that control lies with the Indigenous patient. The importance of conceptually wresting power from the caregiver’s control and passing it to the Indigenous patient is vital to understanding and achieving cultural safety. Depicting cultural safety as a linear continuum of progressive responsibilities achieved by the service provider is inaccurate; whereas a similar continuum portraying cultural safety as a paradigm shift that has the Indigenous patient in control, not as a central and powerful player in the process is an accurate conceptualization of cultural safety. “In essence, the differences between the two conceptualizations of cultural safety turn on the notion of power in the relationship and the balance of the two roles within it” (Brascoupé & Catherine Waters BA, 2009, p.11).

Cultural safety refers to what is felt or experienced by a patient when a health care provider communicates with the patient in a respectful, inclusive way, empowers the patient in

decision-making and builds a health care relationship where the patient and provider work together as a team to ensure maximum effectiveness of care. Culturally safe encounters require that health care providers treat patients with the understanding that not all individuals in a group act the same way or have the same beliefs (NAHO, 2008).

Effectively the invisible and pervasive nature of the bias towards Indigenous people means that many practitioners "may not realize that they are the reason someone does not follow a treatment protocol or doesn't return for appointments" (Health Council of Canada, 2012, p.12). Awakening Alberta Health Services caregivers to this reality is the very challenge that a successful approach to cultural safety training has to address.

Ramsden

Cultural safety developed as a response to the problematic theoretical approaches being used to train nurses. Transcultural nursing, the most common theoretical approach to cultural skills education in Canadian nursing schools, was developed from the perspective of the dominant (European, white) culture; whereas cultural safety was developed by non-dominant Maori peoples reacting to negative experiences in the health and nursing system" (Fact Sheet: Cultural Safety, 2006, p.1).

The new approach to cultural safety turned to delineating the distinctions between biculturalism and multiculturalism because "the concepts of multiculturalism and cultural blindness were entirely inadequate in responding to the demands for recognition by Aboriginal people in Canada" (Brascoupé & Catherine Waters BA, 2009, p.13).

Knowledge-based approaches generally use a multicultural or categorical approach and commonly focus on a set of cultural norms associated with a particular ethnic group. However, essentializing groups in this manner often leads to stereotyping, a failure to recognize the innate

complexity of the individual, thereby leading to misdiagnosis and culturally incompetent care. Such stereotyping also fails to account for the cultural orientation of the providers and the culture of the health care system (Engebretson et al., 2008, p.173).

Wepa, an early proponent of cultural safety, submitted that "Equating indigenous colonized histories with those of other immigrant groups is dangerous and invalid… and risks further marginalizing Indigenous people" (Brascoupé & Catherine Waters BA, 2009, p.13). Brascoupé is also critical of how the popular model is limited.

> "Multiculturalism pays scant attention to the historical path that has led to communities facing social, psychological and economic crisis as a result of colonization and discrimination, and to the government's own responsibility. "By generalizing Aboriginal culture into the wider cultural mix of the modern Canadian state, it diminishes it and marginalizes the specific self-deterministic claims of Aboriginal people" (Brascoupé & Catherine Waters BA, 2009, p.13).

Cultural safety, on the other hand, examines power imbalance, marginalization and the relationships between colonizers and the colonized; "using a socio-historic lens to understand everyday interactions in healthcare settings" (Walker et al., 2009, p.13). Ramsden highlights the broad knowledge requirements of her model, and the reason this foundational knowledge is absent.

> In the neocolonial environment [cultural safety] requires a profound understanding of the history and social function of racism and the colonial process. It also requires a critical analysis of existing social, political, and cultural structures and the physical, mental, spiritual and social outcomes for people who are different. It is a given that this type of knowledge is not taught in a general educational pedagogy which is normally about

> maintaining the status quo which underpins a conservative economic system based on individual success (Ramsden, 2002, p.180).

The cultural safety model addresses the socio-historical challenge by coupling the importance of not blaming victims of a historical process with the importance of the provider's reflection on personal circumstance and bias (Ramsden, 2002, p.85). Brascoupé states that "cultural safety requires the explicit and detailed recognition of the cultural identity of the Indigenous people and the historical legacy of power relations and repression" (2009, p.14). Unlike multiculturalism, cultural safety "prompts the health care provider to rid him- or herself of the view of an indigenous person as being inherently sick and instead focus on deeper historical causes of health disparities" (Ramsden, 2002, p.85).

It is the notion that the popular approach to training was ineffective that had Ramsden develop an educational process that shifts the subject of the training altogether. She presented cultural safety as "a mechanism which allows the consumer to say whether or not our service is safe for them to approach and use" (The Association of Social Science Research, 2015). This is "a political idea that is focused on changing the health professionals' attitude about the power they bring to the relationship with their patients" ("Fact Sheet: Cultural Safety," 2006, p.2). Ramsden flipped the approach to training by locating the "action in the belief systems and behaviours of the caregiver rather than the patient" (Ramsden, 2002, p.121).

According to Ramsden, "cultural safety in an education setting is doing two 'separate but interrelated' things: it aims to identify conscious or unconscious attitudes that exist towards cultural differences and it works to transform the attitudes by tracing their origins and illuminating their effects on practice through reflection and action" (2002, p.121).

Ramsden outlined four key objectives in negotiating the interaction between two cultures:

> "to educate [learners] not to blame the victims of historical process for their current plights, to examine their own realities and the attitudes they bring to each new person they encounter in their practice, to be open minded and flexible in their attitudes toward people who are different from themselves [and] to produce a workforce of [practitioners] who are culturally safe to practice, as defined by the people they serve" (Ramsden, 2002, pp. 85, 87).

This and other studies need to realize methods that can support Ramsden's objectives by either mitigating barriers or by supporting the process of moving the learner towards the constructive self-reflection necessary to meet the objectives.

IV. Transformational Learning Theory

"Transformative learning in adult, higher and continuing education has been around for over 25 years and continues to be the most researched and discussed theory in the field of adult education" (Taylor, 2007, p.173). Developed by Jack Mezirow, this process-oriented theoretical model provides important insight on how transformation learning occurs. "He discovered that people learn when they connect meaning to the learning experience— a process he calls "transformative learning," also called "transformational learning" (Springfield, Smiler, & Gwozdek, 2015, p.1418).

Based on a comprehensive study of women returning to school after a long hiatus, Mezirow developed a model that "describes the learning processes that led participants in his study to experience significant change in the ways they understood their identity, culture, and behavior — which he labeled "perspective transformation" (Kiely, 2005, p.7). At its essence, "transformative learning involves experiencing a deep, structural shift in the basic premises of thought, feelings and actions. It is a shift of consciousness that dramatically and permanently alters our ways of being in the world" (Hoggan, 2016, p.8).

Transformational learning is a "process whereby previously taken-for-granted assumptions, values, beliefs, and lifestyle habits are assessed and, in some cases, radically transformed" (Kiely, 2005, p.7). To accomplish a transformational experience Mezirow described a non-sequential process that has the following components:

- a disorienting dilemma
- self-examination with feelings of fear, anger, guilt or shame
- a critical assessment of assumptions
- recognition that one's discontent and the process of transformation are shared
- exploration of options for new roles, relationships, and actions
- planning a course of action

- acquiring knowledge and skills for implementing one's plans
- provisionally trying new roles
- building competence and self-confidence in new roles and relationships
- a reintegration into one's life on the basis of conditions dictated by one's new perspective (2000, p. 22).

Edward Taylor has followed the evolution of transformational learning theory through two successive critical reviews of empirical research. Taylor has concluded that transformational learning has replaced andragogy's dominance in the field of adult education; that it provides "proven teaching strategies based on substantive research framed within sound theoretical assumptions" (2007, p.189). The most significant change Taylor observed between the two critical reviews was a shift in the purpose of the empirical research. He noted a shift away from examining the context for and triggers of transformational learning towards a closer examination of the nature of the learning experience and the essential components required in the process such as critical reflection (Taylor, 2007).

Historically, scholars have criticized the theory for a lack of understanding in how to measure transformative change. Mezirow "explains in detail how people process change and are transformed cognitively and emotionally, but does not suggest a way to measure those changes" (Springfield, Smiler, & Gwozdek, 2015, p.1419). While Taylor's review noted a lack of both critical and empirical review, he also observed a growing number of studies that use measurement (scales, surveys, questionnaires) to identify a change in perspective about a particular phenomenon (2007, p.177). He also observed a growth of action research with transformative learning. "Action research is seen as having a natural affinity with transformative learning, as it allows the study of how understanding develops in the midst of bringing about change" (Taylor, 2007, p.177). This is an important development with respect to the application of transformational learning theory to cultural safety training. The problematic lack of

conceptual clarity and efficacy described earlier may be addressed over time with a stronger focus on measuring changes in perspective and by using abundant action research opportunities to further the understanding, efficacy and accuracy of the transformational learning process.

To its favor, transformative learning was found to be effective at capturing the meaning making process of adult learners, particularly the learning process of paradigmatic shifts (Taylor, 2007, p.174). It is important to point out that a paradigmatic shift is what Ramsden essentially describes as the aim of her cultural safety training; "identify conscious or unconscious attitudes that exist towards cultural differences and…transform the attitudes by tracing their origins and illuminating their effects on practice through reflection and action" (2002, p.121).

Transformational learning and cultural safety also connect at the level of their results; where "the ideal end result of transformational learning is that one is empowered by learning to be more socially responsible, self-directed, and less dependent on false assumptions" (Kiely, 2005, p.7). With this in mind, successful transformational learning applied to cultural safety training would suggest that a health practitioner would be supported in reflecting on the power and biases they bring to the patient relationship and consciously transforming their actions to demonstrate that they are not relying on default, systematic, and unproductive biases.

Although Taylor's review demonstrates a positive trend in the evolution of transformational learning theory, challenges remain. After a review of ten empirical studies focused on assessing transformative learning Snyder "concluded that none of the measurement instruments was solely adequate, noting that appropriately developed measurement instruments have not yet been devised to accurately gauge the transformative value or progress of an adult e-learner" (Grabbing hold of a moving target, 159-181). More specific to cultural safety training,

Snyder suggests that “there are very few comparative studies that demonstrate the effectiveness of cultural safety improving the health of first nations (Snyder, 2008).

V. Planning for transformational learning

While "teaching" is stereotypically associated with pedagogy, it is important to keep in mind that transformational learning is a form of andragogy that is focused on fostering transformative learning. The research presents a broad framework that "relies on the notion that education can, and should, change students in ways beyond simply learning new material" (Springfield, Smiler, & Gwozdek, 2015, p.1426). Change beyond learning new material presumes "an explicitly balanced approach to transformative learning" where learning materials and activities support the learner's readiness, perceptions, and preferences (Mezirow & Taylor, 2011). The literature shows a trend towards a greater interest in the specific factors that shape the transformative experience, demonstrating a growing interest in improving how transformational learning is taught (Taylor, 2008, p.10). Along with broad approaches, the literature highlights a number of critical factors that have been shown to support transformational learning.

Learner characteristics

Where transformational learning is concerned, an adult learner is not strictly defined by their age. The literature highlights important characteristics of adult learners and their context; providing insight about ideal conditions for transformational learning from the perspective of the learner's development and factors affecting their readiness to experience transformation. An understanding of these qualities will provide insight for transformational learning program development.

The importance of cognitive development relates with the importance of critical reflection in achieving transformational learning. "*Critical reflection*[1] continues to be viewed as important in the process of transformative learning" (Henderson, 2010, p.2). The literature

[1] Reflection in terms of learning is a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations.

reveals the developmental nature of self-reflection, which in turn gives credibility to the position that “mature cognitive development is foundational to engaging in critical reflection and rational discourse necessary for transformative learning” (Taylor, 2007, p.179). Another cognitive consideration is the emotional maturity of the learner. In her examination of the challenges to reflection, it became clear to Malkki (2010) that emotional maturity is necessary for a transformational occurrence.

Without the appropriate level of cognitive and emotional development there would be little ability for the learner to move beyond wrote learning to a transformational experience. An immature student would not be a good fit for a curriculum designed to invoke transformational learning as they would require “greater emphasis on scaffolding within the course design process and on the development of learner autonomy skills” (Blaschke, 2012, p.67).

In addition to assessing the cognitive and emotional readiness of the learner another important consideration is the learner’s context. **“**Recent research reveals that it is important to appreciate the role of life experience among learners and become more aware of learners who are susceptible to or who desire change” (J. Henderson, 2010). Although “context and the role it plays in shaping transformative learning has been identified as a concept that has been historically overlooked in Mezirow’s conception of transformative learning theory (Taylor, 2007, p.184), the literature reveals that the theory has evolved. “Research has identified both personal (e.g. prior life experiences) and sociocultural (e.g. historical events) contextual factors as significant in transformative learning” (Taylor, 2007, p.184).

"Under attack for his cognitive emphasis and for his lack of attention to social issues (Hoggan, 2016, p.159), Mezirow was influenced by *conscientization*[2], a concept that emphasized developing a consciousness that has the power to transform reality (Kitchenham, 2008). This change marked a perspective shift "from a psychocritical view where the unit of analysis is the individual, with little consideration given to the role of context and social change in the transformative experience (Stuckey, Taylor, & Cranton, 2014, p.7) to a social-emancipatory view that was rooted primarily in the work of Freire" (Hoggan, 2016, p.59). This significant change provided transformational learning theory with "transformative outcomes that involve the development of critical consciousness whereby people perceive themselves as active subjects in the world rather than passive objects to be acted on by unfair social practices, norms, and institutions" (Hoggan, 2016, p.62). "The intent, then, of critical transformative learning is not just personal transformation but societal transformation so that individuals can be creative producers of self and of society and its political and economic relations" (Lange, 2004, p.122).

A learner who perceives themselves as an active subject in their environment resonates with the case of cultural safety training in the healthcare setting. If, for example, a practicing nurse perceives himself as a passive object being acted on by the broader institution he would not be able to achieve "social transformation by demythicizing reality, where the oppressed develop a critical consciousness" (Hoggan, 2016, p.59). A critical consciousness directed at delivering cultural safety for Indigenous patients would indicate that a practitioner has become an active subject with the ability to see through biases and barriers and act to change her environment.

[2] The process of facilitating an understanding and sense of efficacy that relations of domination and alienation can be changed.

Pedagogical Entry Points

Where Mezirow's original psychocritical perspective suggested that transformational learning was initiated by a traumatic life event, the social-emancipatory perspective of transformational learning has the subject "constantly reflecting and acting to make the world a more equitable place" (Hoggan, 2016, p.62), thereby expanding the options available for triggering transformational learning. This is an important development considering Taylor identified the importance of 'pedagogical entry points' in fostering transformational learning (2007, p.182).

The literature reveals the nature of pedagogical entry points and their implications for this project. Lange's study on transformative and restorative learning notes that "disillusionment and fragmentation are important pedagogical entry points for adult educators (Lange, 2004, p.129) while Kiely's service-learning study shows that "the identification and differentiation among the type, intensity, and duration of dissonance adds empirical insight to the nature of transformational learning" (2005, p.15). These realities reveal the importance of having a strong understanding of the key pedagogical entry points for a particular audience before planning transformational learning strategies.

The importance of dissonance as a trigger for transformational learning highlights the need to examine Alberta Health Services – the setting for cultural safety training. From the various reasons Lange provides for alienation, two factors align to this project's case: a) "Humans are alienated in their work or life activity because they have no part in deciding what to do or how to do it and are required to work in detrimental, uncreative conditions" and b) "humans are alienated from other humans because of competition and hostility among all groupings in society thereby eliminating a feeling of genuine human community" (2004, p.123).

Being that cultural safety training is set within one of our culture's largest institutions where highly specialized and hierarchical skills are the norm, there is reason to believe that

practitioners could be feeling detached from their work and futility about their ability to take action. Alienation based on competition between groups in society may be manifest in a setting where a dominant and revered medical culture harbors longstanding biases towards Indigenous patients and their families. While this is not the precise nature of "competition" described by Lange, there may be an opportunity to examine the level of dissonance generated when a health practitioner comes to terms with the idea that they have been unconsciously marginalizing and contributing to health disparities with Aboriginal patients due to the invisibility of "White privilege which is accepted sub-consciously as the norm" (Brascoupé & Catherine Waters BA, 2009, p.14).

Lange's study is particularly relevant in that it sets out "to determine an effective transformative learning process for revitalizing citizen action" (2004, p.136), a situation akin to this project's case, where health practitioners could be characterized as disillusioned employees who harbor a strong, latent desire to take action in their environment. For Lange, the alienation brought on by a sense of futility in the public sphere has people projecting their ethical identities onto their jobs (Lange, 2004, p.136), signifying that health practitioners could be in a prime position to be focused on taking ethical action at their place of work. In Lange's study,

> Most of the participants strongly believed that if they found the right job they would be able to make a difference in society and enact their professional and personal ethics safety. It is this belief that has so significantly undercut civic action in social movements or other arenas in civil society. When citizens are typified as passive and narcissistic, it is an analysis that is also embedded in alienated social relations (Lange, 2004, p.136).

In the case of planning cultural safety training, providing an opportunity for health practitioners to enact their professional and personal ethics safety through a focus on cultural safety could be viewed as a window through which to initiate transformational learning.

Lange's perspective and insights present a case for utilizing alienation as a trigger for transformational learning in the planning of cultural safety program at Alberta Health Services. A case made stronger by the connection Lange's alienation makes with the need to take action in the work setting.

Reflection

The concept of critical self-reflection has been a central theme in transformational learning. Friere and Macedo's described its purpose as "rediscovering power and helping learners develop an awareness of agency to transform society and their own reality (Taylor, 2008, p.8). While the purpose remains true, the methods for improving and assessing it have evolved.

Noting the "limited and inconsistent evidence of the effectiveness of pedagogic strategies used for teaching *reflective practice*[3] in health practitioner courses, McLeod compiled best-practices for reflective learning strategies from a review of courses designed to prepare students to become reflective health practitioners (2015, p.441). It is important to point out that despite producing a concise list of best-practices, McLeod reveals that "there is an urgent need for research into how this can be achieved" (2015, p.440). The recommendations for the successful inclusion of reflective learning strategies into healthcare curricula are listed below and will be used as a framework for reviewing the literature related to each strategy.

[3] Reflective practice is the process of paying attention to what is occurring in practice, and thoughtfully considering the impact of personal, cultural and social assumptions on experiences (McLeod, 2015 p.441)

Reflective activities need to be contextually set within clinical practice. The evidence in the studies suggests that for reflection to be meaningful it must be embedded within real life practice.

Train staff to facilitate and teach reflection. Central to the success of reflective programs is skilled mentoring from appropriately-trained educators.

Incorporate reflective dialogue. Several studies suggest that reflective dialogue for exchange of ideas and differing perspectives in combination with written reflections is more effective than written reports alone.

Repeat encounters with reflection throughout the curriculum. As with any cognitive skill, reflection requires repeated practice throughout the curriculum for the development of deeper and more meaningful reflection

Provide timely personalised feedback. Students welcome timely feedback from educators on their reflective work (McLeod et al., 2015, p.450).

Contextual learning

"One of the most powerful tools for fostering transformative learning is providing students with learning experiences that are direct, personally engaging and stimulate reflection upon experience" (Taylor, 2007, p.182). McLeod's first strategy, that reflective activities are more meaningful when embedded in real life practice, is problematic for an online training setting. However, a longitudinal study of *service-learning*[4] that observed "students' emotional, physical, and intellectual responses to important events, the physical setting, service work, and social interaction" (Kiely, 2005, p.8) makes an informative connection to the context for cultural safety training at Alberta Health Services, and could provide inspiration and insight in planning for transformative learning.

[4] Service learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.

Kiely's study is relevant because of his finding "that dialogue with, and observations of, community members who maintained radically different political, economic, cultural, spiritual, and social perspectives enhanced study participants' ability to question taken-for granted assumptions, engage in ideology critique…and, more frequently than in previous studies, reframe perspectives" (2005, p.17). This finding suggests that transformational learning in a cultural safety context would be enhanced by direct interaction with Indigenous patients or the culture in general.

The challenge with this strategy is not only its impracticality but what Kiely calls "a 'theoretical black box' regarding the contextual and process mechanisms…that enhance certain cognitive, affective, and behavioral outcomes — particularly those that are transformative" (2005, p.5). While questions remain about the mechanisms promoting transformative change, Kiely did conclude that "transformational learning is more apt to occur and persist over the long-term if there are structured opportunities for participants to engage in reflective…learning processes with peers, faculty, and community members" (2005, p.17).

Another conclusion from Kiely's study has implications in planning cultural safety training. Kiely's data suggested "that to understand and foster" transformational learning "the relationship and interaction among the personal, structural, historical, and programmatic contextual factors must be examined in greater detail and should inform the program planning process (Kiely, 2005, p.15). This draws attention to the need for a detailed mapping of the array of complex factors that coalesce around cultural safety training.

The literature provides evidence for other ways of embedding reflective learning into real life situations. Action research is a form of reflective practice that may provide a solution to the potential complex logistics necessary to deliver learning opportunities in a "live" healthcare

setting. Action research allows learners to experiment individually or as a group, with real-world scenarios; helping prepare them for a real situation (L. M. Blaschke, 2012, p.65). Another option that may be the most pragmatic relative to online delivery is to "create active learning experiences that are directly related to content taught, are personally engaging, and can stimulate reflection" (Springfield et al., 2015, p.1426). Case studies could utilize real-life examples to analyze their assumptions and work through interactive scenarios that could connect them with emotional choice. In both of these cases, online learning techniques and methods could be coordinated to approximate these strategies in a media rich, immersive fashion.

Skilled Mentor

McLeod's second and fourth best-practice strategies highlight the need for a skilled educator to facilitate and provide personalised feedback. These strategies pose a significant gap in delivering transformational learning in a self-directed, eLearning environment. The importance of a skilled teacher or facilitator appears to be best-practice in both the transformational learning and online learning literature (McLeod et al., 2015); a notion divergent with the fundamental nature of autonomous eLearning. The contribution of an educator and the narrow view of online learning is revealed in Henderson's submission that "much distance education is rooted in a transmission model of learning that inhibits the development of critical thinking" (K. Henderson, Napan, & Monteiro, 2004, p.358).

The interaction and engagement of an educator in a self-directed, online learning scenario is not easily imitated. The literature outlines the unique and complex roles served by a teacher charged with facilitating transformational learning: acting as a mentor in a level relationship with the student (Taylor, 2008), providing timely personalised feedback on reflective progress (McLeod et al, 2015) and applying a political framework through consciousness raising, activism

and fostering a safe learning environment (Taylor, 2008). Clearly, the delivery of cultural safety training at Alberta Health Services will be hindered without substituting or accounting for the important role played by a trained educator capable of supporting reflection and transformation learning.

Reflective dialogue

As a theory that is grounded in human communication (Taylor, 2008, p.5), the inclusion of 'reflective dialogue' as the third strategy on a list of transformational learning best-practice seems a good fit. Not so obvious is that, under the right conditions, opportunities for reflection and dialogue could act as a disorienting dilemma, triggering transformational learning (Kiely, 2005, p.7).

Research has explored the various forms of media available to promote reflective dialogue. Fortunately, student interaction have been shown to be more significant in online courses, "where anyone can post in discussion forums and ideas are judged by their relevance or merit rather than their source" (Curtis, 2006, p.3). However, despite earlier research promoting the significant power of writing and journaling as a medium to support transformative learning (Taylor, 2007), McLeod's more recent finding reveal a "shift from the reliance on written reflective activities to more dialogic and social based reflection (McLeod et al, 2015 p.440). "Studies that use reflective dialogue suggest that facilitated dialogue with peers and…educators is the most effective approach to foster deeper reflection, critical thinking and…reasoning" (McLeod et al, 2015 p.440).

Although there are ways to incorporate dialogue in an eLearning environment, there is also considerable facility to support independent, reflective dialogue through writing and journaling. The written format was thought to strengthen the analytical capability of

transformative learning by “opening new forms of communication, creating artifacts of ideas of the mind, making them available for others beyond the individual writer to analyze and contemplate” (Taylor, 2007, p.182). “Learning journals have also been found to support students in developing cognitive and metacognitive skills, as well as help establish an ongoing practice of reflection” (L. Blaschke, 2014).

A study that examined asynchronous discussion forums enabled to support HIV/AIDS courses reveals a practical planning consideration for improving reflective dialogue. “Critical reflection should be explicitly encouraged within the discussion forums” (Curtis, 2006, p.10). Specifically asking students to reflect on their experiences, beliefs and practices “has long been recommended by those seeking to address issues of bias and increase cultural competency among health educators and providers, but has not yet become universal or even common practice in pre- and in-service trainings” (Curtis, 2006, p.10).

Repeat encounters

Repeating encounters with reflection throughout the curriculum is the fourth learning strategy recommended by McLeod’s study. It would seem that repetition is a fundamental learning concept; that learning itself is understood as a process where a prior interpretation is used to construe a new or revised interpretation (Taylor, 2007); repetition of this process over time is an implicit necessity.

This strategy translates to planning the strategic placement of structured reflective activity across all stages of cultural safety training. The argument is “that by placing structured reflective activity across the curriculum and into each stage of clinical practicum, students may be stimulated to reflect each time they engage in clinical practice” (McLeod et al., 2015, p.450).

Evidence also supports the idea that scaffolding reflection throughout a curriculum may enhance self-awareness" (McLeod et al., 2015, p.450).

Relationship and Emotion

Relationship and emotion were not captured in McLeod's factors impacting transformational learning, but were apparent in the literature. Therefore there is good reason to consider how they factor into transformational learning.

Forming relationships with others was identified as one of the essential factors in a transformative experience, since trustful relationships "allow individuals to have questioning discussions, share information openly and achieve mutual and consensual understanding" (Taylor, 2007, p.179). In fact, recent research offers insight into the complex nature of transformative relationships. "There are typologies, essential qualities, chronological stages and new insights about the nature of dialogue and relationships" (Taylor, 2007, p.179). From a collection of observed typologies, Carter isolated the relationship types that proved significant to transformative learning. The relationships found to be most significant for transformation were love relationships (enhanced self-image, friendship), memory relationships (former or deceased individuals), and imaginative relationships (inner-dialogue, meditation) (Taylor, 2007, p.11).

While developing relationships in a virtual environment cannot be assumed to have the same qualities as one in the real world, eLearning and program planning could be designed to facilitate greater human connection through tactics such as mentorship, collaboration or cascading enrollment where a student completing the course becomes a sponsor or mentor for another student.

Although the literature emphasizes transformational learning as a rational process it is important to recognize that both rational and affective factors are a part of transformative

learning" (Malkki, 2010). Malkki (2010) suggests that feelings and emotions need to be nurtured by educators in achieving critical reflection. Dirkx corroborates this proposition, suggesting that by engaging the affective there is an opportunity for establishing a dialogue "with those unconscious aspects of ourselves seeking expression through various images, feelings, and behaviors within the learning setting" (2006, p.22). For practitioners this means actively dialoguing about the feelings of learners, in concert with reason, when fostering transformative learning" (Taylor, 2008, p.11).

VI. Assessing Transformational Learning

How transformational learning can be assessed is a common question in recent transformative learning literature. Unlike the extensive methods available for measuring knowledge and competency-based learning, few tools exist to measure transformative learning (Springfield, 2015, p.1418). Snyder set out to inform transformational learning study design by discovering what researchers were learning about how to identify transformation in their participants (2008, p.160). The results of her literature review revealed "that a number of educator/researchers devised their own instruments, while the remainder utilized packaged instruments, designed for adult e-learning" concluding that "none of the measurement instruments was solely adequate, noting that appropriately developed measurement instruments have not yet been devised to accurately gauge the transformative value or progress of an adult e-learner (Snyder, 2008, p.160).

The importance of accurately measuring transformational learning cannot be underestimated. Valid methods of quantifying transformational impact would mean that "curricula can be optimized for this kind of impact, and the impact that curricular changes have on student affect can be measured" (Springfield, 2015, p.1426). In other words, the ability to quantify particular forms of transformative learning impact would give direction to the curriculum design of a given cultural safety eLearning program, which in turn would provide a means of evaluating the effect of how changes to the program impact outcomes.

> Research suggests that the process of perspective transformation and the relationship between individual and social transformation are often difficult to…assess because of methodological constraints, myriad contextual factors, different individual learning styles and personalities, and the diversity of educational programs studied" (Kiely, 2005, p.7).

The complexity described by Kiely is one of the reasons Hoggan has recently proposed transformational learning theory be positioned as an analytical metatheory to more accurately convey "the research literature that has evolved around Mezirow's original theory of perspective transformation" (Hoggan, 2016, p.72).

The problem for Hoggan, and ultimately for the theory itself, is that scholars are increasingly using transformational learning theory to refer to almost any instance of learning (2016, p.54). Hoggan noted that the transformational outcomes conveyed in the literature referred to an ever-widening array of outcomes that extended far beyond what Mezirow used in his definition and was critical that "scholars should take care to justify why and the extent to which learning is transformative" (2016, p.16). The important distinction for Hoggan was that "in most instances of learning, one's worldview assumptions change, but that does not mean that all those instances qualify as transformative learning" (2016, p.9).

> By being explicit about transformative learning's role as a metatheory, we can be more intentional in using a common vocabulary when incorporating diverse perspectives into an overall understanding of transformational phenomena. Furthermore, by exercising clarity about learning outcomes, we become better able to link learning processes to the specific outcomes they promote (Hoggan, 2016, p.72).

Hoggan's typology and transformative learning criteria offer insight into recent developments in assessing transformational learning. Hoggan's (2016) proposal includes: a) a definition of transformational learning capable of encompassing many types of transformational change, and b) parameters established to define what should and should not be considered transformative learning.

Hoggan's typology also demonstrates the wide range of learning outcomes that scholars have used in their portrayals of transformative learning in the literature. In compiling and organizing these outcomes, the typology serves the function of analytic metatheory by providing conceptual tools to aid scholars in their analysis and descriptions of transformative learning (Hoggan, 2016). The broad categories represent changes in: Worldview, Self, Epistemology, Ontology, Behavior, and Capacity (Hoggan, 2016).

Hoggan's metatheory provides consistency and granularity across studies by supporting a definition and understanding of what constitutes true transformational learning and his typology of transformative learning outcomes is the beginning of a common language to better promote scholarly discourse that is independent of disciplinary perspectives.

VII. Online transformational learning

"Transformational learning research has been overly attentive to formal settings despite a definitive need to explore other settings where the teaching contexts are more informal, less controlled by the instructor, and more susceptible to external influences" (Taylor, 2007, p.181). The demand to explore other settings is driven by "a rapid demand from learners around the world who desire anytime and anywhere forms of education" (Nsiah, 2013, p.762). Institutions are responding not only to the demand, but also to the opportunity to deliver "powerful, yet very low-cost, communications" (Anderson, 2010, p.40). Online learning is increasingly being used as a way of bridging gaps of space and time between health providers and training resources (Curtis, 2006, p.1).

The vast array of features available for distance education is attractive to a large organization like Alberta Health Services, whose training dollars would be visited with persistent scrutiny. Online learning offers "the ability to reach diverse groups of learners across space and time, the flexibility of scheduling, and an immense amount of scalability that can be customized by geography" (Curtis, 2006, p.3) and even by rank or position type.

Although Taylor's 2008 review concluded that "little is known about the potential and the means of the on-line setting as avenue for fostering transformative learning" (p.175), there are other scholars who present a compilation of academic backing for the idea that "transformative learning can be easily implemented using online learning methodologies" (Faulk & Morris, 2012, p.139). Dr. Patricia Cranton, a leading adult educator and authority on instructional design and technology, sees a trend away from an instructor-centered, information-based format to one of online collaborative learning and group work (Wang, 2012). The possibility of transformational learning being reliably facilitated in an online setting without the

oversight of an educator is promising scenario for the Alberta Health Services cultural safety module.

The principal challenge facing online education is aptly described by Lauzon as the need to "search out means for reducing structure and increasing dialogue so that learners may move from being simply recipients of knowledge to actively embracing and working with objective knowledge to make it their own" (K. Henderson et al., 2004, p.358). Considering the importance of dialogue in supporting transformational learning and cultural safety's need for critical self-examination; Lauzon's is a challenge that the Aboriginal Health Program needs to meet in delivering its eLearning module.

Fortunately theory and practice continue to evolve as scholars test and refine it in ways that accommodate self-directed dialogue and self-examination. In fact, online discussion has already been widely reported in the literature to be more deliberate than spoken discourse (Curtis, 2006, p.9), with one study reporting that "participants found the web-based discussions to be compelling and caused them to experience both cognitive dissonance and reflection on the issues presented" (Curtis, 2006, p.4).

Blaschke's review of an emerging approach to self-determined learning reveals a model that would support a reduced structure and heighten self-examination in an online setting. He examined heutagogy, a "pedagogical approach that aligns well with the use of social media" and "places responsibility for the learning path in the hands of the learner" (L. Blaschke, 2014, p.2). It is important to note that this approach "can be viewed as a progression from pedagogy to andragogy to heutagogy, with learners likewise progressing in maturity and autonomy" (Blaschke, 2012, p.60). This hearkens back to transformational learning's cognitive maturity requirement and culturally safe practice's reliance on critical self-reflection.

In this approach “learners are highly autonomous and self-determined” (Blaschke, 2012, p.56), and “develop the capacity for self-direction, supporting transformational learning, and promoting emancipatory learning and social action (Blaschke, 2012, p.58). These qualities would support transformational learning and mitigate some of the challenges present in self-directed, online settings.

Specifically, Blaschke’s research revealed that, “combining heutagogy…with the affordances of social media, educators can design a holistic, learner-centered learning environment where students have flexibility in decision-making while still working toward specific learning objectives” (2014, p.21). Blaschke (2014) sees the active use of social media increasing student engagement levels and promoting learning skills such as reflection and critical thinking; both are critical factors in facilitating transformational learning.

Faulk’s assertion that “transformative learning can be easily implemented using online learning methodologies” (2012, p.139), presumes the presence of a social and interactive online environment where a “community of inquiry” and “learning communities of care” can form (Faulk & Morris, 2012). Forming a complimentary ‘community of interest’ using social media tools could be a strong recommendation given cultural safety’s system-wide scope and that Alberta Health Services has capacity and processes available to support the formation of such bodies.

Another study that offers important insights for this project is Henderson’s (2010) synthesis review of transformative learning in the online environment. His synthesis of over 100 articles revealed four topics that back his recommendation to use “transformative learning pedagogy for the online learning environment” (J. Henderson, 2010, p.1).

Critical reflection can be achieved through written assignments and journaling that call for self-reflection or responses to typical views presented in material or that connect with personal life experiences

Trustful relationships promote a level of comfort that facilitates discussions, sharing information openly, and achieving mutual and consensual understanding.

Support: Relationships that impart a genuine "peer dynamic" are important. The situation should foster shared goals and an authentic, voluntary, non-hierarchical and non-evaluative setting.

Discourse: A sense of sharing and community is more likely in the online setting where students feel a greater willingness to disclose information due to the level of anonymity provided by the technology. This sense of community and sharing is conducive to transformative pedagogy (J. Henderson, 2010, p.2).

The results are consistent with the wider body of literature and provide a concise set of factors worthy of including in planning for online transformational learning.

VIII. Strategic Frame Analysis

Like both Transformational learning and cultural safety, Strategic Frame Analysis advances public engagement. “Public engagement can be understood as a process of changing how people see and understand the nature of social problems, how they envision potential remedies to those problems, and ultimately how they attribute responsibility for solving those problems” (Manuel & Davey, 2009).

In hopes of improving its effectiveness as a tool for science translation and social change, the Frameworks Institute set out to “establish communications as an empirical endeavor essential to the understanding of social problems” (“History of the FrameWorks Institute,” n.d.). The institute codified a taxonomy of communications approaches that support a new form of communication campaign where the creative solutions are driven by empirically derived solutions (“History of the FrameWorks Institute,” n.d.). These tools help align the unfamiliar with the familiar and bring abstract concepts into people’s ordinary experiences by translating unfamiliar concepts using metaphors and familiar values (Manuel & Davey, 2009). Manuel and Davey see strategic frame analysis as a means to test and validate unproductive frames along with constructive reframes that may advance frames currently in the public consciousness (2009). It is these “unproductive frames” that are encountered and addressed through transformational learning and cultural safety training.

Recent research conducted by the FrameWorks Institute asked Albertans about their perspectives on health and wellness. The study found a limited understanding of these concepts and the factors that contribute to them. This uninformed perspective, or frame, presents a challenge to experts trying to build a greater understanding of the social determinants of health and wellness in the community at large. The social determinants of health are described by the World Health Organization as “the conditions in which people are born, grow, work, live, and

age, and the wider set of forces and systems shaping the conditions of daily life" ("WHO | Social determinants of health ," n.d.). The Public Health Agency of Canada sees growing evidence that the impact of medical intervention on population health is limited, whereas other factors such as living and working conditions are proving to be crucially important for a healthy population ("What Makes Canadians Healthy or Unhealthy?," 2013).

The Frameworks Institute's analysis of this problematic frame resulted in the development of a Creative Brief, which is described as a set of communication tools "to assist in furthering Alberta Health's desire to engage ordinary Albertans in understanding how social determinants influence health outcomes and what can be done to improve outcomes in the province" (Nall Bales et al., 2014, p.3).

Since this project is focused on investigating and describing how to plan for and assess transformative learning; tools from the creative brief were applied to sections of the eLearning module so their impact relative to the original approach and to the communication challenge they were intended to address could be scrutinized. A focus group was organized to gather opinions, insights and perspectives from the team that developed the original learning module.

Given the specific content of this case study, it is important to note that Graham and Stamler's research on the contemporary perception of health from an indigenous perspective supports the ideas that "the determinants of health may be an appropriate framework to address the health needs of Indigenous Peoples" (Holly Graham, 2010, p.6).

IX. Findings

This investigation offers a starting point and insight into the potential for harnessing the strengths, relative faculties, interdependencies and ultimately the collective capacity of transformational learning theory and strategic frame analysis to facilitate perspective change in support of cultural safety's learning objectives.

Conceptually, cultural safety, transformational learning and strategic frame analysis can be seen as forces that act to adjust planetary consciousness where the subject, having experienced a facilitated cognitive shift, adjusts their interactions with the world. The literature review and focus group insights reveal an affinity between the learning theory and frameworks being examined; that together they can be productively applied to the planning and production of an online cultural safety eLearning module to achieve cultural safety's learning objectives.

The literature and focus group both support the idea that education can and should change students in ways beyond simply learning new material; echoing Taylor's (2009) proposition that change beyond learning new material presumes "an explicitly balanced approach to transformative learning;" where learning materials and activities support the learner's readiness, perceptions, and preferences (2009). It is this very balance that is exposed in the case examined in this project; where various approaches converge in support of the four objectives set out by Ramsden to negotiate a successful relationship between two cultures.

First learning objective: The first cultural safety learning objective is, "Educate the learner to not blame the victims of historical process for their current plights" (NAHO, 2006, p.3). Unfortunately this objective reads as a problem where the learner needs to be "taught" in the pedagogical sense; a problem to be addressed with better information. This may contribute to some of the conceptual confusion around cultural safety and the tendency for solutions to gravitate to descriptive multicultural teaching methods. The reality is that this objective

represents the unproductive cultural bias that implicates the practitioner-patient relationship in contributing to health disparities; the root cause of the problem. This is a problem that requires an andragogical and emancipatory solution supported by effective use of online learning tools.

The demonstration prepared for the focus group included an application of what the Creative Brief described as one of the more effective combinations of communication tools; the use of human potential value messages combined with an effective explanation of the social determinants of health. The human potential value focuses the connection between health and achieving human potential; revealing the problem's proper place as a social issue. The addition of an accessible and tested explanation of the social determinants of health was shown to significantly amplify the effect of using human potential messages. The application of a proven treatment such as this early in a learning module could support a perspective shift for the learner; by achieving what Ramsden describes as locating the action in the belief systems and behaviours of the caregiver rather than the patient (National Aboriginal Health Organization, 2006, p.3).

The focus group was presented with a set of slides that revised a section intended to introduce the importance of the course (see Appendix B1). Instead of a description of the nature of the problem with cultural safety as its solution, the focus group was presented with the urgency of the challenge, insight on what the learner's perspective needs to include and a series of slides that work through how health contributes to human potential alongside an empirically tested description of the social determinants of health.

The experts shared an appreciation for the revised approach, in particular the effective and efficient presentation of the social determinants of health and how leading with a value changed the nature of the presentation. The subjects noted that learners should gain an understanding of the social issue and valuable insight about how a lack of knowledge about these

issues could negatively affect human potential. This feedback demonstrated that strategic frame analysis can support the first objective of cultural safety. The feedback shows that the communication tools allow the learner to "see the problem" while developing a better understanding for the broad social forces that influence health. The experts observed that this approach allows people to "get past" a barrier they referred to as "the lack of understanding."

Leading with a the human potential value translated into feedback that validated the Frameworks Institute's claim that communications on complex social issues can be more effective when they appeal to values (Frameworks Institute, 2016). The experts could see that the approach leaves the learner sensing the need for perspective change and the need for a new relationship with a much broader concept of health and wellness. In addition, the feedback suggested that the approach was acting at a more emotional level; a level that can lead to self-reflection. This was seen in a few metaphysical comments such as "turn the lock open and transform," "open up and be open" and "connecting further on."

Second learning objective: A key challenge for cultural safety training is that it continues to be treated as a problem that can be addressed using knowledge-based, pedagogical approaches. It appears that cultural safety programs are overlooking Ramsden's desire to situate the learning action in the belief systems and behaviours of the caregiver rather than the patient. This is evident in the approach taken in the Aboriginal Health Program's eLearning module, but also by the significant history of conceptual confusion and resistance that has been shown to chronically impede cultural safety training. This challenge needs to be addressed in meeting cultural safety's second learning objective where the learner is required to, "Examine their own realities and the attitudes they bring to each new person they encounter in their practice" (NAHO, 2006, p.3).

The concept of shifting perspectives is central to transformational learning theory and strategic frame analysis, as are the notions of reflection and action. This was demonstrated in the feedback collected after sharing modifications to the Alberta Health Services' eLearning module. A wellness environment explanatory metaphor was used to revise a section that focused on describing the social determinants of health. The wellness environment explanatory metaphor is a translation device designed to promote critical reflection while preventing people from using individual-level explanations for health. According to the Frameworks Institutes' creative brief, people cannot solve the problem of health and wellness with the unproductive actors (the individual) and factors (lifestyle choices) they currently have in mind.

Instead of a few slides densely packed with important facts and links to reference materials, the explanatory metaphor's narrative was utilized along with imagery, animation and interactivity to provoke consideration of context and thinking about how some environments are less conducive to health than others (see Appendix B2). The expert reaction to the demonstration was telling; even demonstrating that the strategic frame analysis methods contribute to self-reflection.

There was unanimous commendation for the impact of the visuals prepared for the presentation of the explanatory metaphor. The experts described the visuals as engaging; indicating that they supported "a better sense for different communities." In addition, the experts admired how efficiently the metaphor conveyed the information; sharing their past struggles in developing and streamlining content. The most compelling testament to how the explanatory metaphor helped move the learner past the second cultural safety objective is that one expert reflected on his personal wellness environment; noting that "I can ride my bike at the park every day, but not everyone has this opportunity."

Third Learning Objective: Abundant research, the lived-experience of Indigenous peoples and the undeniable disparity in health outcomes are all testaments to the potent forces that have fostered a dominant culture whose actions reflect an unconscious acceptance of power, privilege and authority. This is an important consideration when examining Ramsden's third objective that requires caregivers, to be open-minded and flexible in their attitudes toward people who are different from themselves" (NAHO, 2006, p.3).This objective implies that a caregiver has, at the very least, accepted their obligation to confront and understand their own racial identity and the way their dominant culture shapes all of society and the norms by which people live.

Ramsden tempers this objective with language that indicates the objective is not an absolute; that the goal is for the caregiver to be "open minded and flexible in their attitudes." Again, transformational learning theory and strategic frame analysis align with cultural safety in that transformative learning or perspective change are both considered to be processes, not a binary phenomenon like pedagogy. "It would be simplistic to conceive of learning in a binary fashion, as either transformative or not transformative" (Hoggan, 2016, p.72).

The complex process of unearthing and examining unconscious bias was facilitated in the revision of one of the Alberta Health Services' eLearning module's numerous personal case studies. Strategic reframing tools were incorporated along with online learning methodologies that facilitate elements of Mezirow's transformational learning process. The revised case study was presented as a complete story; a reframing tactic where the language and examples used in the narrative can be adopted by the learner, repeated over time, and begin to replace the dominant default understanding. This was achieved in the online setting by integrating value frames and explanatory narrative with accessible, interactive visuals that illuminated the complex

context and historical factors contributing to the current circumstances of the subject in the case study (see Appendix B3).

Providing the learner with new perspectives, language and concepts that can be incorporated in future interactions is a precise fit with Ramsden's third objective. The focus group feedback confirmed the desirable nature of this approach and exemplified how online learning can help to minimize the complexity inherent in shifting attitudes. To start, this approach generated the greatest volume of discussion and was favourably described as, "compelling," "accessible," "a better way," and as something, "we can all relate to." The experts acknowledged the effectiveness of presenting a complete story, recognizing that "it ties everything together," and that it "gives our practitioners the reason why." Comments revealed that the revised approach expanded the learning beyond a binary pedagogical model with comments like: "changing hearts and minds," "think differently," "changes the whole perspective," and "honouring history, a strength based approach."

More important than the expert feedback was the observation that some subjects were adopting the novel language and concepts presented to them in the demonstration; something one of the subject experts became aware of and noted in the discussion. This provides an example of how a learner can move through a process of transformational learning in an online setting; in turn supporting the notion that provocative case studies can be used to trigger self-reflection and ultimately support a learner in meeting the third cultural safety objective.

Fourth learning objective: To "[p]roduce a workforce who is culturally safe to practice, as defined by the people they serve" is the fourth and final cultural safety learning objective (NAHO, 2006, p.3).This could be read as an ideal outcome or as the goal of cultural safety training. Unfortunately research has revealed little evidence that cultural safety is being realized

in practice; a situation that suggests: a) the myriad of forces working against cultural safety need to be addressed b) Ramden's approach needs to be updated and enabled by advances in theory and practice c) the perceived "black box" complexity and lack of efficacy need to be challenged with innovations arising from a productive cycle of empirical assessment informing the planning and delivery of cultural safety training.

The application of strategic frame analysis to the Alberta Health Services' cultural safety training module provides insight into how cultural safety training can be assisted in addressing some of the perceived complexity and confusion working against it. In this case, strategic frame analysis provides a practical set of communication tools that are solution focused, flexible and adaptable. These tools can be used not only to inform cultural safety training efforts, but on a much broader scale to consistently champion, educate and inform audiences through any and all channels of communication.

However, the most important advantage provided by strategic frame analysis is its ability to short circuit unproductive cultural models, or in this case, an unproductive cultural bias towards Indigenous peoples. As a "proprietary approach to communications research and practice that pays attention to the public's deeply held worldviews and widely held assumptions" ("FrameWorks Institute," n.d.), strategic frame analysis offers tools designed to strategically work around unproductive cultural models that are shared and expressed as biases. The advantages and efficiencies provided by this and other proven methods could inform and shape cultural safety program planning and delivery such that the root of the problem and reliable processes for addressing it are well defined. This outcome would offer decision makers a greater degree of confidence in their ability to understand, articulate and champion cultural safety within their organizations.

As has been mentioned earlier transformational learning theory and strategic frame analysis come together in this case study to exemplify how collective action might inform and empower online cultural safety training. Strategic frame analysis provides practical tools, while transformational learning theory provides foundational research that could attune planning to important features of learning and adult learners. Transformational learning theory research reveals an evolution of measures and methods for assessing perspective change, which in turn could provide a means of evaluating the effect of how changes to cultural safety programming impact outcomes. This would be a productive step towards addressing what Snyder (2008) found to be a lack of comparative studies that demonstrate the effectiveness of cultural safety improving the health of first nations. An improved body of evidence could work to drive cultural safety innovation and counter its reputation for being too “soft”.

Online learning is an excellent delivery system for cultural safety training. It can play a significant role in simplifying the delivery and assessment of cultural safety training efforts. Distributed learning technology continues to advance; offering a vast array of features and functionality that accommodate a wide range of learning requirements. In fact, the dominant observation from the focus group centered on a greater appreciation of eLearning’s potential as witnessed across the many examples that were shared. The experts were observed to be quickly connecting with the revised lessons and expressing a sense of confidence and even relief that there are ways to enhance online learning. They shared an appreciation for the effective and efficient concept translation provided by the reframing tools. Positive comments about the immediacy, efficiency and accessibility of the learning were common. In addition to an emphatic expression that “It really works,” they also noted that it “conveys the why,” “even teaches

theory," "ties everything together," "engages critical thinking," "makes a huge difference," and "helps me to see the big picture."

Finally, an important consideration in planning online cultural safety training is that an online platform is especially efficient in its ability to capture an array of user data such as: user experience, discussion themes, knowledge acquisition and even learner characteristics. Much of this data can and should be used to monitor, manage, evaluate and improve cultural safety training in an informed and effective manner.

X. Discussion

Longstanding and systemic racism, discrimination and deeply held stereotypes towards Indigenous patients (NAHO, 2008) make it fundamentally unsafe for Aboriginal people to use the healthcare system (Health Council of Canada, 2012). This situation leads to "high rates of noncompliance and reluctance to visit mainstream health facilities" (Cordell, 2013, p.8); a reaction that may be a contributing factor to the well documented disparity in health status between Aboriginal and non-Aboriginal peoples in Canada (Baker & Giles, 2012).

Although cultural safety training is intended to facilitate the negotiation of a successful relationship between two cultures (Ramsden, 2002), there is limited evidence of its practice (Baker & Giles, 2012). Considering the ineffective teaching strategies, Indigenous peoples' lack of safe care and the significant volume of training necessary to realize cultural safety; this research project intends to investigate and describe how to plan for and assess transformative learning in an online learning environment. Following are this study's objectives:

1. Establish that transformational learning is an important consideration in achieving cultural safety.
2. Investigate the impact of Strategic Frame Analysis communication tools when applied to the Aboriginal Health eLearning module.

Using a detailed set of "communication tools" described in the Overcoming Health Individualism: A Frameworks Creative Brief on Framing the Social Determinants of Health (Nall Bales, Volmert, & Simon, 2014), portions of the AHP eLearning module were revised and presented at an expert focus group to collect feedback, insights and reactions (see Appendix B1-B5 to view the revised eLearning module samples). Insights from the focus group and literature provide a broad understanding of the nature and extent of the challenges involved in delivering effective cultural safety training in a self-directed, eLearning environment.

The findings suggest that transformational learning and strategic frame analysis support cultural safety's learning objectives. The findings also reveal that Ramsden's cultural safety educational process does not address the inherent complexity or challenges that impede cultural safety training. However, the intrinsic qualities and sympathetic objectives shared across transformational learning theory, strategic frame analysis and cultural safety were found to collectively address cultural safety eLearning outcomes.

Changing context: Cultural safety was developed to teach nursing students in a classroom setting. This presumes the use of a pedagogical approach in a controlled setting, with a captured cohort of invested learners. However, the context for delivering cultural safety training today is that, "the responsibility for supporting culturally safe care is shared between individuals, professional associations, regulatory bodies, health services delivery and accreditation organizations, educational institutions, and governments" (NAHO, 2008, p.19). This accounts for some of the conceptual confusion shown to impede cultural safety training; and makes a case for centralizing the accountability for cultural safety training. In addition it highlights that cultural safety training processes need to evolve to meet changing demand from learners who desire more flexibility (Nsiah, 2013) and a greater desire from institutions for powerful, low-cost communication solutions (Anderson, 2010).

Supporting cultural safety: This case study demonstrates a number of ways that traditional cultural safety processes can be enhanced given the application of relevant theoretical insights and effective processes, such as strategic frame analysis, that are adaptable to alternative learning platforms.

Transformational learning theory and cultural safety both seek to initiate a perspective shift through self-reflection. However, transformational learning theory provides "proven

teaching strategies based on substantive research framed within sound theoretical assumptions" (Taylor, 2007, p.189); all of which can be "easily implemented using online learning methodologies" (Faulk & Morris, 2012, p.139).

Although Ramsden (2002) is clear that a paradigmatic shift can only be achieved using an approach to education that supports emancipatory change, there is a lack of attention to processes by which it can be achieved. Transformational learning theory however, considers many variables in articulating a balanced learning approach; backed by research focused on improving the transformative experience (Taylor, 2008).

For example, curriculum plans can be reviewed to ensure the inclusion of transformational learning process components; each can be realized through evidence-informed strategies and best-practice. Close consideration of learner characteristics such as cognitive and emotional development, readiness for change, and contextual factors can also inform course design and development; improving the likelihood of reaching learners who are ready for change and capable of critical self-reflection.

Finally, the transformational learning experience can be designed to include any number of critical factors that have been shown to support transformational learning. Although some of these factors, such as a the presence of a skilled educator or contextual learning are difficult to achieve in an online setting, rapidly evolving eLearning technology along with emerging refinements of theory and practice may provide viable alternatives in the future.

Measuring transformational learning: It is the prospect of future research efforts aimed at optimizing transformational learning that raise the urgency for developing valid methods of quantifying transformational learning in an online setting. Unlike the extensive methods available for measuring knowledge and competency-based learning, Springfield (2015)

found that few tools exist to measure transformative learning. However, Kitchenham sees transformational learning theory as "an excellent theoretical framework in which to study adult learners' experiences with technology" (2008, p.140). Therefore, improved measures of transformational learning's impact would promote innovation and advancement as curricula are designed and evaluated based on a desired type of impact (Springfield et al., 2015).

Strategic frame analysis: The adaptation of sections of the AHP eLearning module using strategic reframing communication tools demonstrated that strategic frame analysis makes important contributions to online cultural safety training.

Like both transformational learning and cultural safety, strategic frame analysis advances public engagement around social issues. In this case, the social determinants of health are advanced by strategic reframing; a subject that aligns with cultural safety's learning objectives. Again, the alignment observed across the theory and processes suggests that this affinity plays a part in meeting the cultural safety learning objectives.

The findings that demonstrated strategic reframing's positive impact on cultural safety training relate to how the tools acted to address challenges that the cultural safety approach alone would have failed to address, such as: a) the invisible bias towards Indigenous patients, b) the conceptual confusion about cultural safety and c) clarity that and how health is not based on an individual's choices. The reframing tools can move caregivers from a situation where they "may not realize that they are the reason someone may not return for treatment" (Health Council of Canada, 2012, p.12); to reflecting on the power and biases they bring to the patient relationship; the goal of cultural safety training.

The application of the communication tools to the AHP eLearning module contributed to a learning environment that bypasses unproductive cultural models, while promoting a truer

understanding of how social forces impact health, allowing the learner to see and understand the true nature of the problem. Because the tools translate the complexity of the social determinants of health and connect the learner to the problem there is a good chance that they also provide an effective pedagogical entry point that triggers self-reflection and ultimately transformational learning.

Working together: The findings from this study are important in a number of ways. They draw attention to the need for the cultural safety teaching model to be updated so that it is relevant and useful in more flexible, independent learning settings. This case study demonstrates that an appropriate learning theory combined with evidence-informed communication processes can advance online cultural safety training in these ways.

By improving online cultural safety training, this and future studies could increase the chance that cultural safety training might lead to evidence of its practice. Optimizing the online delivery of transformational learning may ensure that a greater number of health professionals can achieve a perspective shift and advance their capacity for self-reflection; affecting a shift in how they present themselves with Indigenous patients. Ultimately, successful cultural safety training could be associated with improvements in the health seeking behaviour of Indigenous people.

Cultural Safety 2.0: Given the broad barriers and lack of evidence that cultural safety training is being realized in practice, there is a need for cultural safety training principles, objectives and processes to be revisited and revised. Although ongoing research might aid the evolution of learning theory and practice, there are also many immediate and practical ways of improving cultural safety training that were revealed in the literature.

Although a self-directed online learning environment does not provide all of the features deemed important for optimal transformational learning, distributed learning technology is flexible and adaptable. For example, reflective dialogue (McLeod et al., 2015) was identified as important strategy in fostering transformational learning. Despite the fact that actual dialogue with another student or educator is not realistic in a self-directed learning experience, communication technology offers a range of options for promoting reflective dialogue such as: discussion forums, experience journals and interactive social media. In fact, online discussion has been widely reported in the literature to be more deliberate than spoken discourse (Curtis, 2006) and Blaschke (2014) sees the active use of social media promoting learning skills such as reflection and critical thinking.

Pedagogical entry point, trigger or disorienting dilemma are all terms used for the first step in Mezirow's transformational learning process. Preparing a compelling pedagogical entry point improves the chances of moving a learner towards self-reflection. The literature identified a noteworthy trigger that deserves further examination. "National concerns regarding social justice and health disparities have facilitated an increased awareness of the importance of culture in health care delivery" (Engebretson et al., 2008, p.172). This growing awareness along with seminal current events like the *Truth and Reconciliation Commission* could be harnessed to invigorate interest in cultural safety training around a social justice issue; an issue that could also act as a productive trigger for reflection and action.

Finally, it is important that the confusion surrounding ownership and accountability for cultural safety training be addressed. Based on the literature and the significant challenges facing cultural safety training, it is the researcher's recommendation that cultural safety training be the sole accountability of senior leadership within any given healthcare organization. This

recommendation is based on: a) cultural safety's system-wide implications, b) the problem is embedded in the attitudes and perspectives of every volunteer, staff and physician who are members of the dominant White culture, and c) cultural safety is related to significant, preventable health disparities that implicate deficiencies in patient care. It is for these reasons that cultural safety needs to be understood, resourced and championed by senior leadership.

To be clear, this recommendation also presumes that a true cultural safety initiative must be delivered as an exclusive program, independent of any other patient engagement activities. Unlike common multiculturalism solutions, "cultural safety requires the explicit and detailed recognition of the cultural identity of the Indigenous people and the historical legacy of power relations and repression" (Brascoupé, 2009 p.14).

XI. Limitations of the study

As this study used a case study method the researcher acknowledges the knowledge produced may not generalizable to the wider population or other settings and that researcher biases may be introduced in the interpretation of the findings.

XII. Conclusions

This case study demonstrates that the application of strategic frame analysis had important impacts on cultural safety training and that it can support a transformational learning experience.

Focus group participants shared an appreciation for how strategic frame analysis changed the nature of the presentation; altering the way the information was received. Feedback also highlighted the ability for strategic frame analysis to connect the learner in ways that are support the transformational learning experience required to achieve cultural safety's learning objectives. Finally, it was clear from expert feedback that the use of strategic frame analysis is a better approach that could support future training efforts.

Findings suggest that current approaches to cultural safety training could be enhanced by attuning curriculum development and eLearning technology with contemporary adult learning theory in pursuit of a transformational learning experience.

While it is clear that there are ways to improve on traditional knowledge based eLearning courses, work needs to be done to address the complex barriers preventing cultural safety training from being put into practice

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Appendix A

Focus Group Script

Introduction

Hello, welcome. My name is Greg MacIntyre. Thanks for taking time to attend today's focus group. This research project is the final component of my degree in Communications and Technology. I'd like to introduce you to Medina Dehatee. Medina works with me in the Healthy Public Policy Unit and she is here today to capture notes from the session.

To begin, I want to say that I am delighted to be using the *Aboriginal Awareness and Sensitivity eLearning* as a case study. My research project is investigating and describing how to plan for and assess transformative learning in a self-directed, eLearning environment.

One mechanism that could support transformative learning is Strategic Frame Analysis. The objective of this focus group is to gather your opinions and perspectives in response to the application of Strategic Frame Analysis tools to your eLearning module (slide). Being the team that worked to create the original learning module you hold a unique perspective. Today, I am hoping to tap into your knowledge, experience and insight as they relate to developing impactful training here at AHS.

I want to remind you that your participation is voluntary. You are free to leave at any time. However, what you have shared up to that point will be retained as data for analysis. Just a reminder that we will be taking notes for analysis purposes. While I will be using your comments in my findings, I will attribute the feedback to the Aboriginal Health Program. I will not use your individual names in my analysis.

Next, I am going to take a couple of minutes to walk through the process so that we all know what to expect.

I want to begin by taking walking through the plan for the next 90 minutes.(slide)

1. We will start by sharing something about ourselves and our relation to this particular project.
2. Next we are going reconnect with the goal of the *Aboriginal Awareness and Sensitivity eLearning* module.
3. Then we are going to review a series of SFA applications to eLearning module. We will take "X" minutes to discuss each modification.
4. The remainder of the time will be spent discussing a number of broader questions.

I will be monitoring the time closely and will have a parking lot for situations that may need follow-up. Are there any questions before we get started?

Discussion Session

1. Engagement Question: To open this session I'd like to take a few minutes to have everyone share answers to the following three questions.

    - Who am I?
    - Whom am I in relation to this work?
    - How do I feel about this relationship?

2. The Goal: The goal of achieving a culturally safe healthcare system is a significant challenge. I'm interested in hearing, from your perspectives, what it will take to achieve this goal?

    a. What would a culturally safe health care environment look like to a First Nations patient and their family?

    b. What qualities and behaviours does a culturally aware health practitioner need to have?

3. Setup for Strategic Frame Analysis

    This report describes the tools (hold the report up) used to guide the changes made to the learning module. This report represents an investigation of the most prevalent and highly shared cultural models that ordinary Albertans rely on when asked to think about: health, what determines health, and what can and should be done to improve health outcomes. In addition, communication tools were designed to make it easier for Albertans to understand how the social determinants of health influence health outcomes. It says that a better connection to the broad forces that influence health could lead to support for meaningful actions and policies.

    I will be using selections of your eLearning module to demonstrate the recommendations made in this report. All of the examples I will be presenting are intended to address "communication challenges" caused by unproductive cultural models held by Albertans.

Process

We will be looking at and discussing each example individually and then ending with a broader discussion.

Let's get started.

I'm going to show you a series of slides that you will be familiar with. I am hoping to contrast your work with sections that have been adapted using the ideas proposed by this creative brief (slide).

I will start each set of slides with a brief description of the challenge that is being addressed. I will then show you slides of your original work to orient you, after which I will give you time to review and react to the changes. We will then discuss the impact of the individual changes. At the end we will spend some time discussing the collective impact of these changes. Specifically we will discuss….(slide)

a. Will addressing these unproductive cultural models enhance the learners' ability to make the connections between SDOH and Aboriginal peoples' health?

b. How might a transformed appreciation for the social determinants of health impact biases towards First Nations patients?

a. Will the changes elicit greater direct or indirect support for policy change at Alberta Health Services?

Let's have a look at the first challenge

(Use individual slides to introduce and demonstrate the changes made to select parts of their learning module and ask the same questions for each)
1) Does the modification address the communication challenge described?
2) Comments, reactions, observations or feedback about this example?

1. (slide) Overcoming Health Individualism:
   This is the overarching and most important challenge for communicating about the social determinants of health and wellness in Alberta. Because Albertans believe that it is the individual's choices that are responsible for their health, this obscures *any connection to the social determinants of health and will undermines support for collective solutions.*

2. (slide) Making the social context visible:
   People cannot solve the problem of health and wellness with the actors and factors they currently have in mind. Need to define and illustrate social determinants to help people see and understand how these factors shape people's health and wellness.

3. (slide) Filling in the black box
   Need to support a greater understanding of the mechanisms by which social, environmental and economic environments shape health. Even when Albertans acknowledge that social context shapes health, the processes by which this happens constitute a black box for them.

4. (slide) Generating greater understanding of disparities
   Albertans do not understand how structural factors generate disparities in health and they will continue to hold individuals accountable for bad decision-choices. Communications tools are needed to help people understand how structural differences in access to resources and opportunities create systematic differences in population-level health outcomes in Alberta.

5. (slide) Broaden holistic understandings beyond the personal realm
   Albertans understanding of physical health is connected with other types of well-being. However, they fail to see how the different aspects of well-being are embedded in societal-level systems and structures. Need to widen the view of holistic thinking from the personal to a wider sphere.

6. (slide) Increasing support for policy solutions
   Albertans lack an understanding of how policy solutions might improve health. Need to connect the dots for Albertans by telling a complete story that links the definition of wellness to specific examples of social determinants to explicit policies that can be shown to improve health outcomes for the province.

7. Summary discussion: Now I'd like to take some time to collect your impressions about the collective impact of these changes to your eLearning module.

    a. Will addressing these unproductive cultural models enhance the learners' ability to make the connections between SDOH and Aboriginal peoples' health?

    b. How might a transformed appreciation for the social determinants of health impact biases towards First Nations patients?

    b. Will the changes elicit greater support for policy change at Alberta Health Services?

4. Setup for Transformation supported by SFA
   Irihapeti Ramsden is the Maori Nurse who developed the concept of cultural safety (picture). She believed that cultural safety would only be achieved by using an approach that would spark a transformation in the learner. For her this meant a shift in the power and perspective of the healthcare practitioner. Transformational learning theory sees this as a process where the learning revises their interpretation of something they experience in the world.

    a. How was the original learning module designed to move the learner towards culturally safe practice?
        i. How does the existing eLearning module challenge a learner to reconsider the power and perspective they bring to the care setting?

    a. How does the revised module challenge the learner to consider a shift in power and/or perspective?

Exit Question

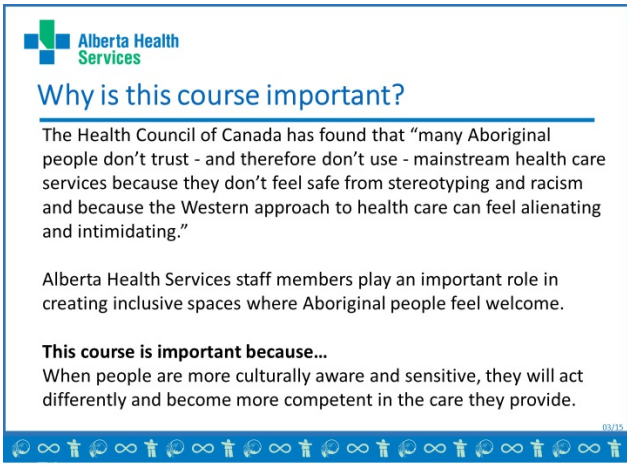
Is there anything else you would like to add? Anything I've missed?

If you have any insights after the session is over please feel free to contact me. There is also a chance that I may need to connect with you in the coming weeks to clarify something I've heard today.

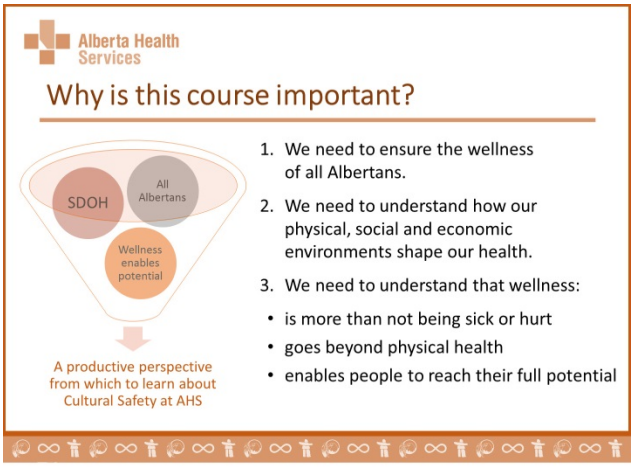
Thanks for your time. Have a great day!

Appendix B1

Overcoming Health Individualism



1



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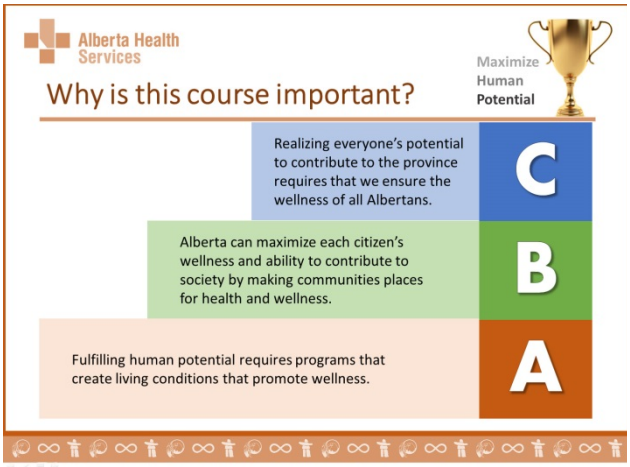

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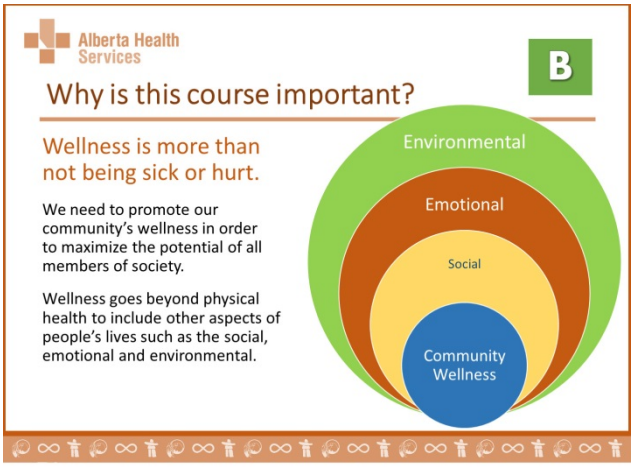

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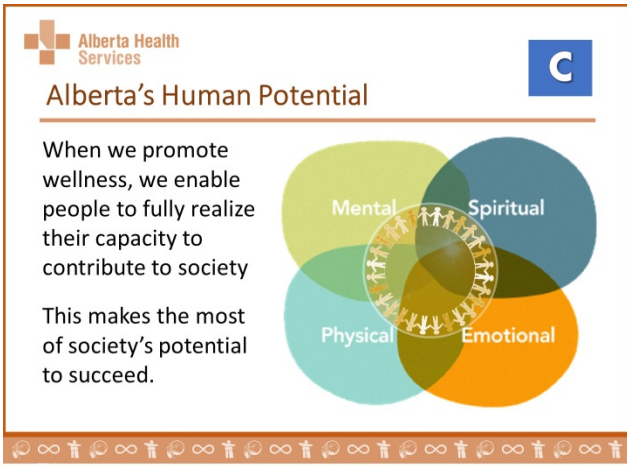

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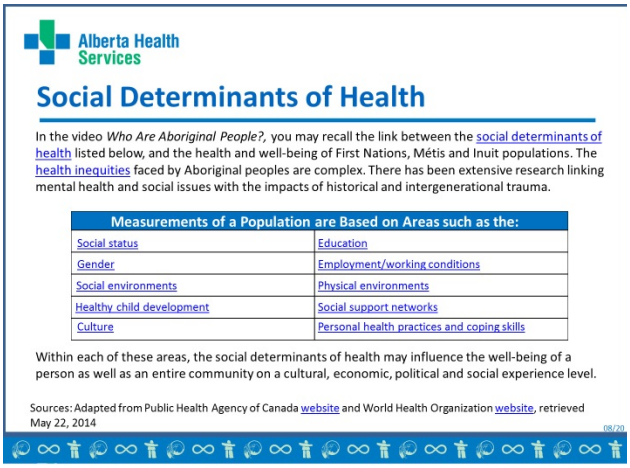
Appendix B2

Making the Social Context Visible



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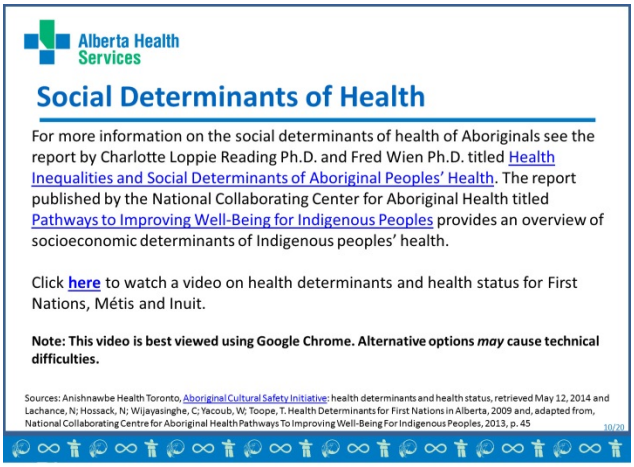

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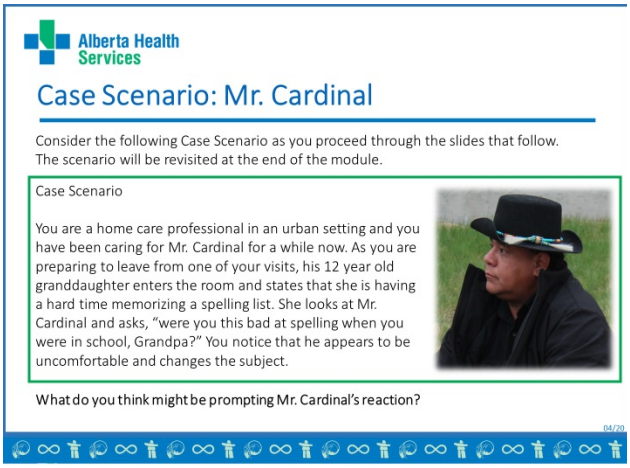
Appendix B3

Filling in the "Black-box"



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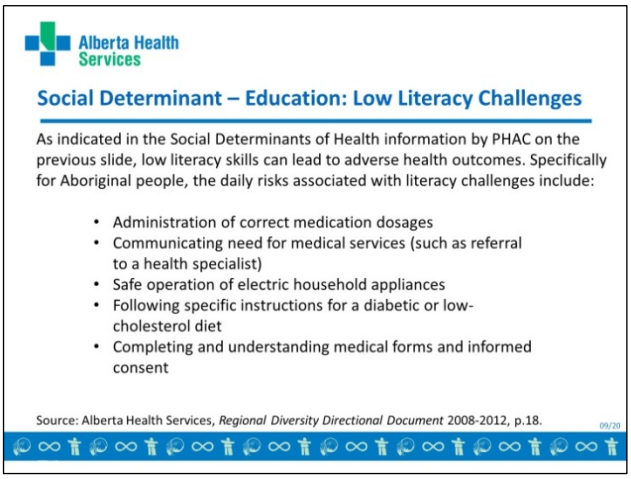

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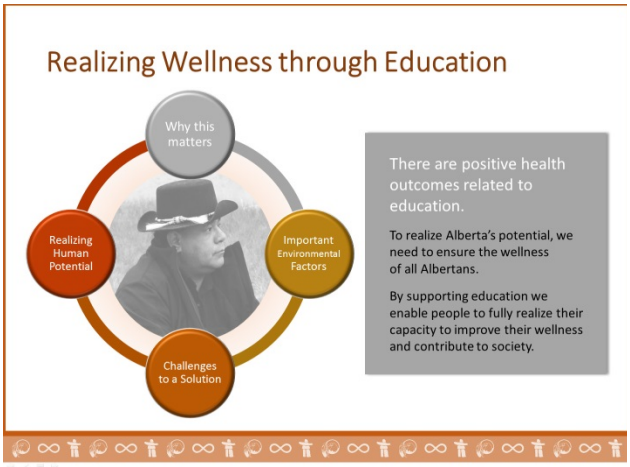

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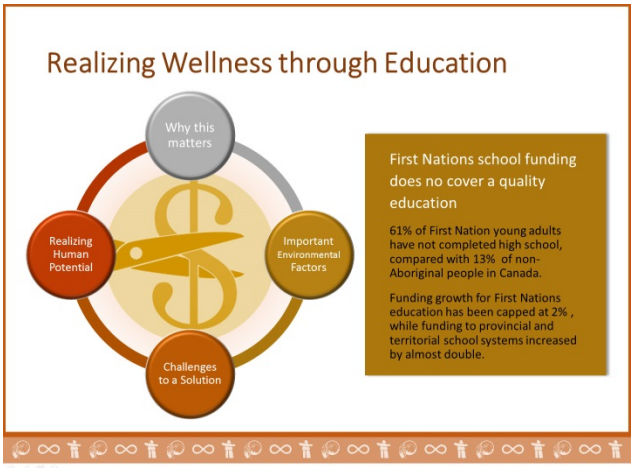

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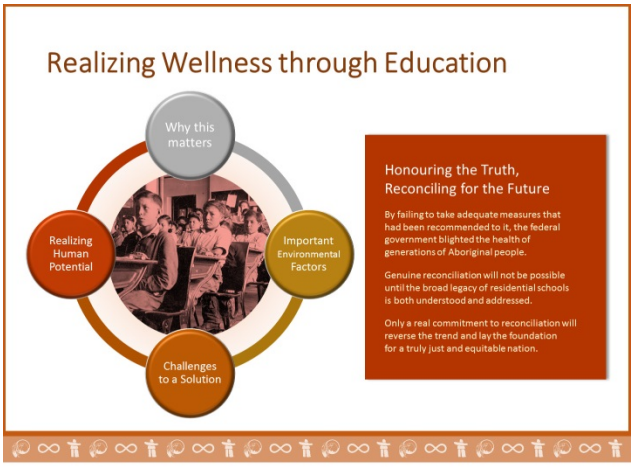

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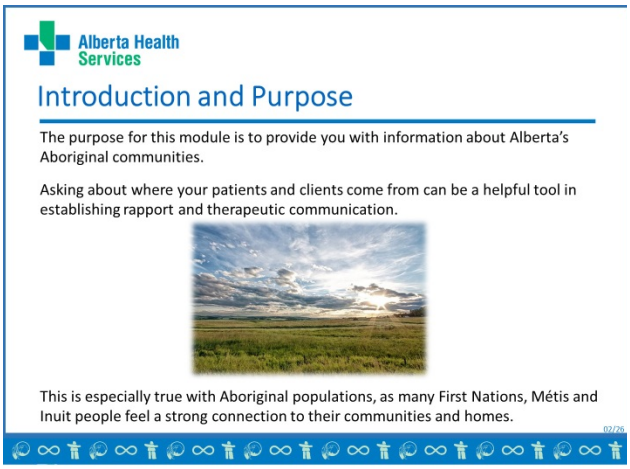
Appendix B3

A greater understanding of disparities.



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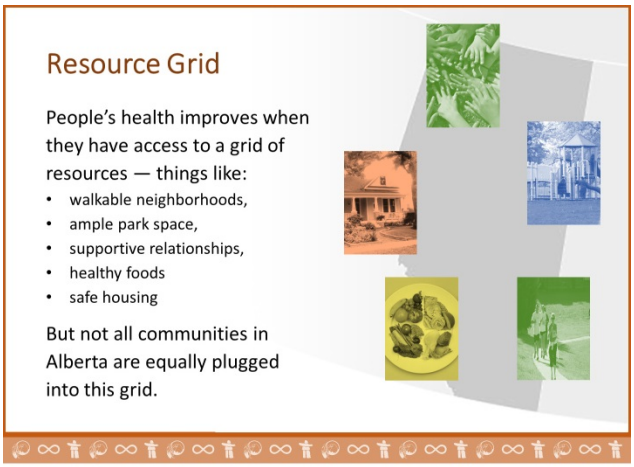

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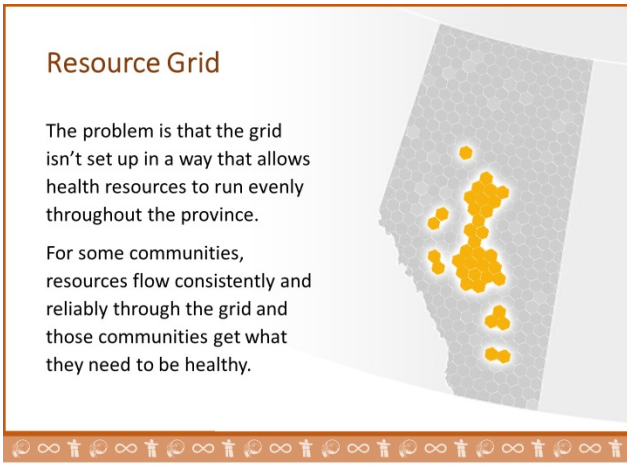

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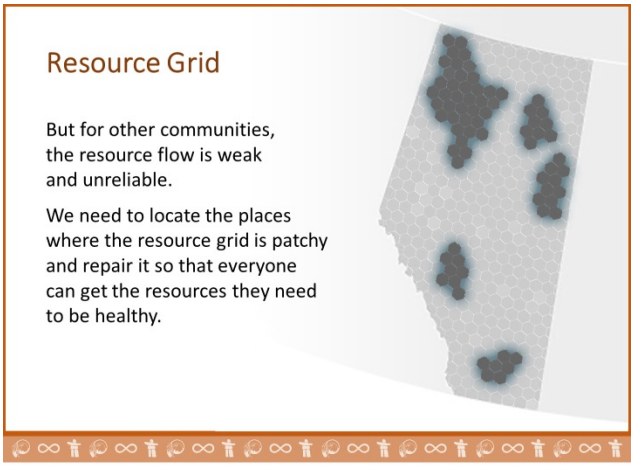

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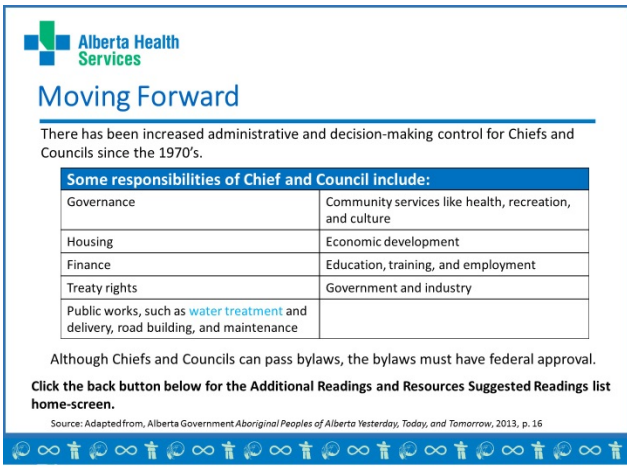
Appendix B5

Increasing support for policy solutions



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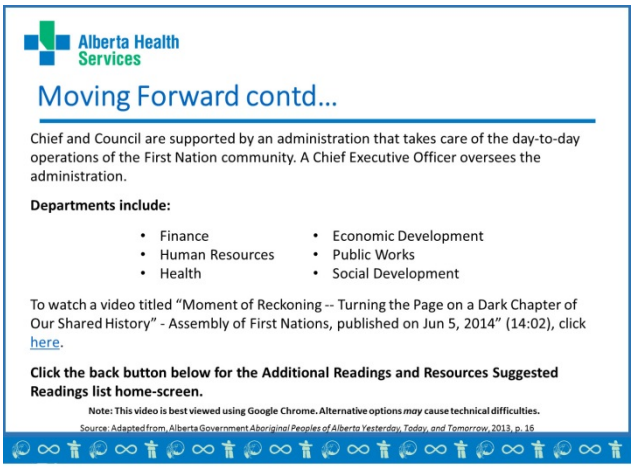

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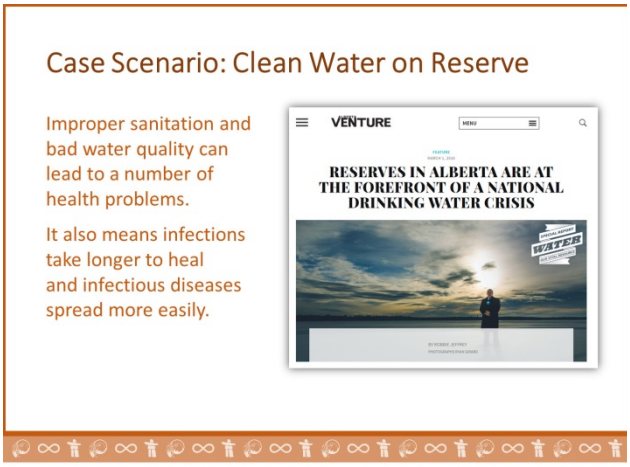

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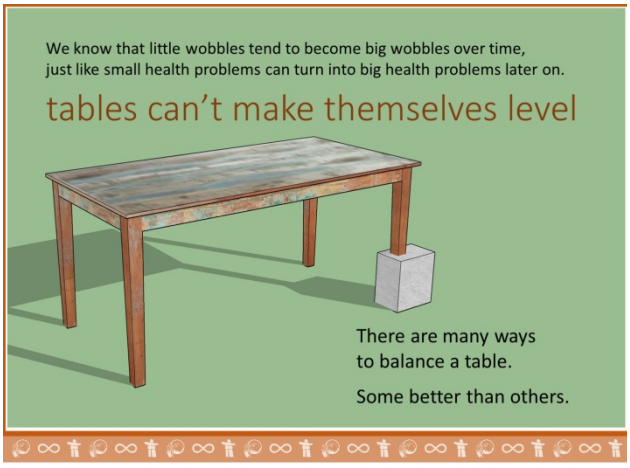

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