Reviewer's report

Title: What all students in healthcare training programs should learn to increase health equity: Perspectives on postcolonialism and health

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Reviewer: Louise Racine

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Major Compulsory Revisions

The research questions are well defined but the problem from which these research questions arise must be clearer and presented at the beginning of the paper, rather than starting on page 4. Health inequities arise from contexts or conditions of social injustice related to the legacy of colonialism and this era of neocolonization. What are the problems underlying colonialism and neocolonialism? It would be important to discuss about the notion of 'democratic racism' and how it affects public and private discourses in Canada (See Tator & Henry) on democratic racism. One cannot discuss postcolonialism without discussing ‘race’ and the exclusionary process of racialization. How does racialization work in the health care system and how does racialization work within nursing and health care professions? (e.g., Puzan (2003) The Unbearable Whiteness of Being in Nursing). Aboriginal peoples in Canada live the aftermath of colonization (e.g. residential schools, the Indian Act), and the current politics of neocolonialism, (also derived from racialization) but translated into ideologies that affect lack of accessibility to health services, discrimination based on stereotypes, and gendering. In other words, I suggest presenting or describing health problems related to colonization/ neocolonization or problems related to health encounters with mainstream Canadian professionals and attitudes that may be unsafe when caring for Aboriginal peoples.

p. 3 I see postcolonialism not as a tool but as a theoretical approach; postcolonialism is an abstract theoretical approach and cultural safety may be the concept (or proxy) by which the ontological and epistemological assumptions of postcolonialism can be operationalized at the clinical, practice or education levels.

p. 3 I do not understand why it would be necessary to define postcolonialism from an overarching definition. It is not the postcolonialism lacks a single definition; it is that postcolonialism cannot be reduced to a single entity. It is like feminism, there are many strands of feminist theories.

p. 3 Please provide some examples of health inequities in Canada arising from colonialism and neocolonialism. What is the health status of the ‘colonized’? What are the outcomes of unequal relations of power on the health of the populations? Say more about this so that international readers may understand
the broader historical, social, cultural, economic, and class contexts of health inequities.

p. 4 Postcolonialism has been integrated into healthcare training programs’ How and can you describe the strategies used to implement postcolonialism into healthcare training programs? Or is this a conflation between postcolonialism and cultural safety?

p. 4 The authors need to expand on cultural safety and provide a definition from the original author Ramsden. It would be important to bring some original definitions especially the one from Ramsden. I suggest saying the descendants of British settlers. Settlers were colonizers but New Zealand and Australia like Canada were privileged colonies of settlers whereas other countries were pillaged of their human capital and natural resources by European colonialist countries.

p. 4 Risk of becoming agents of colonization (yes but only if ideologies that underpin view of Western medicine and nursing practice are not critically examined). I would argue that nurses can be agents of colonization/neocolonization if they do not reflect on their own racial and ethnical biases and if they do not critically engage with cultural differences. Neither is it a question of total rejection of one’s own culture, it is a question of reflexivity to deconstruct racism and ethnocentrism.

p. 5 Papers on postcolonialism cannot escape a discussion on ‘race’ and the process of racialization because colonialism is based on the ideology of racial discrimination. The ideology of Whiteness (Frankenberg, 1988) is the underpinning of any colonial enterprise.

p. 5 Avoid conflating colonialism and racialization. Major compulsory revision

Please clarify the use of an interpretivist paradigm. As I read the results and the discussion, it seems that this study is rooted in a post-positivist paradigm which does not preclude the interpretation of data. It is like the ‘etic’ knowledge in a conventional ethnography.

p. 7 How the use of this DEPICT method may stifle creativity in qualitative inquiry? See Sandelowski on “rigour and rigour mortatis” in qualitative research.

p. 7 It seems as if the data were analysed according to the research questions. Why did you decided to approach data analysis from the research questions? Does it affect induction and the process of emergence?

p. 7 Did you achieve data saturation? and when did you achieve it?

p. 7 How qualitative validity was attended? Were participants informed about your collective interpretation of the data? Did they receive their transcripts? How data trustworthiness was ensured?

p. 10 What do you mean by intersectionality? What are the differences between intersectionality theory and postcolonialism? In other words, is intersectionality a
better theoretical approach than postcolonial feminism? And if yes, why?

p. 11 I suggest not referring to non-Western immigrants and refugees in the text because the emphasis is on Aboriginal peoples. Colonialism/neocolonialism can affect these groups differently; however the common denominator of colonial practices is racialization. There is no one size fits all. Racialization can be effected through the presence of an accent (language), sexual orientation, and faith/religion. I suggest reading Tang and Browne (2008).

p. 12 Please appraise the following piece of data: “This notion of competency in someone else’s culture is ridiculous.” Can this excerpt also translate the fact that perhaps cultural competency is misunderstood? It is evidence that one cannot speak all languages in Canada and knows about all ethnocultural groups but is there a certain ethical duty to know about cultural differences? Can we be culturally safe without being a priori culturally competent?

I suggest pushing further the analysis in the discussion and move at a higher level of theorization. On page 14, what could be the advantages and disadvantages of having only Aboriginal instructors to teach postcolonialism? While acknowledging the negative and stigmatizing experiences lived by First Nations, Inuit and Metis peoples of Canada though colonization, I would avoid making sweeping generalizations that create opposing dichotomies and may reinforce a priori stereotypes. The experiences of colonization and suffering and the colonized subjects’ lived experiences of subjugation or oppression or marginalization are important to reveal. Yet, it does not mean that some mainstream instructors or health professionals cannot understand race and racialization. I suggest reading the cogent discussion of Dr. Joan Anderson about the Conundrums of Binary Categories and how she argues that “racialization can cut both ways” (2004, p. 12).

p. 17 I suggest avoiding using postcolonialism as a tool. It is a complex theoretical perspective that can be operationalized at the clinical and practice level through reflexivity and cultural safety without disregarding some important elements of cultural competency like attitudes and skills.

p. 18 A critical appraisal of cultural competency may reveal some advantages of the concept. Culturalist theorists focus on ethnicity an “exotic” cultural differences but it was never asked to know every ethnocultural differences. But the goal of cultural competency is not to challenge relations of power, it is about cultural openness (attitudes and skill), cultural knowledge, cultural awareness (attitude), and cultural desire (Campinha-Bacote, 2005). So cultural competency and cultural safety address different concepts yet cultural competency and safety may be more correlated than expected.

p. 18 Explain in more details how your findings align with the cited authors under the section Beyond Cultural Competency. Culture is a social determinant of health.

The major limitation that has not been stated is that a qualitative sample of 19
participants does not allow for generalizability. It can inform the teaching of cultural safety through using postcolonial or intersectionality theories.

I suggest to move content from page 4 to page 1 and describe the problem. What is the problem and why healthcare educators are invited to rely upon postcolonial theories to approach health inequities and issues of social injustice that create negative health outcomes of some racialized populations. It will bring a logical presentation of the arguments.

Minor Essential Revisions

p. 3 The authors seem to refer to political colonization through imperialism. But there are other forms of colonization and imperialism such as science, knowledge, the politics of evidence in health research, the politics of race, and neoliberal economic policies. So it is important not to reduce colonialism to a political and ethnic domination but to other forms of subjugation.

p. 4 I would suggest not completely rejecting the notion of cultural competency. Campinha-Bacote’s model can be useful to develop attitudes, skills, and knowledge that will be used to understand cultural safety.

p. 4 The Indian Act must be a bit more discussed to locate international readers. What are the elements of the Indian Act that preclude empowerment or decolonization?

p. 9 Do you mean statistical data or epidemiological data. Please clarify.

p. 10 I suggest changing Eurocentric worldview to Western worldview because it includes both European and North American worldviews. The notion of causality of diseases and treatments can be interesting to explore here (mechanistic vs. holistic views of health).

Yes but the data analysis should go deeper. For instance, in p. 11 an important element emerge from the data analysis. It would be interesting to add more depth on reflexivity.

I suggest revising the title. The focus in on Aboriginal peoples and it must be reflected in the title.

Discretionary Revisions

p. 6 Were participants sent a letter to explain the goals of the study?

p. 9 Insert ““around “Sixties Scoop”

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable
**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare I have no competing interests