Learning Objectives

Upon completion of this nursing continuing professional development activity, the learner will be able to:

1. Apply culturally safe communication techniques for discussing alcohol use and contraception.
2. Evaluate their current communication practices for implicit bias using the Model of Five Principles of Cultural Safety and AWHONN's Respectful Maternity Care Guideline.

Continuing Nursing Education (CNE) Contact Hours

A total of 1.0 nursing contact hour may be earned for completing "Facilitating Culturally Safe Conversations Around Substance Use Disorder and Contraception to Provide Inclusive Care for Neurodiverse and Neurotypical Populations", the online posttest, and participant feedback form through December 5, 2028. A score of 80% or higher on the posttest is required to receive nursing contact hours.

This nursing continuing professional development activity is free for AWHONN members and available for purchase by nonmembers. To access it, go to my.awhonn.org/store/s/ and look for "Journal CNE" under "CATEGORIES."

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Disclosures

The authors and nurse planners report no conflicts of interest or relevant financial relationships. No commercial support was received for this learning activity.

Facilitating Culturally Safe Conversations Around Substance Use Disorder and Contraception to Provide Inclusive Care for Neurodiverse and Neurotypical Populations CNE

Lily R. Kelyn Bastian, Faith A. Ozer Green, Corrie B. Whitmore, Kassandra S. Greci & Alexandra E. Edwards

ABSTRACT: Nurses are vital to facilitating patient-centered discussions on alcohol use, substance use, and contraception, yet they face significant barriers to effective communication, including time constraints, stigma, and implicit bias. This article presents an inclusive framework to support culturally safe, patient-centered dialogue, with attention to neurodiverse populations, including those with fetal alcohol spectrum disorders. Drawing on the Model of the Five Principles of Cultural Safety and the Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guideline from the Association of Women's Health, Obstetric and Neonatal Nurses, we offer actionable strategies for improving communication, reducing bias, and enhancing patient trust. Training in culturally safe communication improves nurses' confidence in sensitive conversations, promotes patient-centered care, reduces stigma, and improves patient experiences. Integrating these principles into nursing education and practice equips nurses to meet patients' complex needs, advancing equitable, compassionate, and effective reproductive health care.

doi: 10.1016/j.nwh.2025.07.006

Accepted September 22, 2025

KEYWORDS: contraception, communication, cultural safety, inclusive care, informed decision-making, neurodiverse, patient-centered care, respectful care, shared decision-making, substance use disorder

Nurses play a pivotal role in both inpatient and outpatient settings, dedicating significant time to patient education. Engaging in open, effective discussions on sensitive topics, such as alcohol use, substance use, and contraception, can be particularly challenging in fast-paced clinical environments. Bias, whether conscious or unconscious, and a lack of understanding of patients' unique circumstances and cultural background often create barriers to communication (Kwame & Petrucka, 2021; Wu & Baker, 2023). These barriers can compromise the quality of patient care and strain the patient–provider relationship, which negatively affects health outcomes (Gordon & Beresin, 2016). Given the inherent power imbalance in the patient–provider dynamic, it is the responsibility of health care professionals to foster meaningful and respectful communication. This highlights the need for targeted, skills-based training that incorporates cultural safety principles and adheres to the Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guideline published by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN, 2022).

Our objective for this article is to enhance nurses' understanding of culturally safe care and patient-centered communication, by

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CLINICAL IMPLICATIONS

- Nonjudgmental care is built through active listening and self-reflection, guided by respectful care frameworks.
- Standard practice within a harm reduction framework includes universal alcohol and substance use screening during reproductive health visits using validated tools such as AUDIT 1-3, ASBI, or SBIRT.
- Informed decision-making is supported by education on the risks and benefits of using alcohol, substances, and contraception concurrently, while promoting patient autonomy.
- Culturally safe communication is supported by techniques such as thoughtful questioning, positive reinforcement, active listening, and summarizing conversations, to build collaboration.
- Communication that acknowledges trauma histories in patients with alcohol and substance use disorders supports cultural safety by offering the patient control, clear explanations, and shared care planning.

emphasizing the impact of these practices on patient outcomes. Additionally, we aim to strengthen nursing professionals' knowledge about and confidence in facilitating discussions on sensitive topics, such as alcohol use, substance use, and contraception.

Background

Funding from the Centers for Disease Control and Prevention provided an opportunity to establish a partnership between the University of Alaska Anchorage, the National Association of Nurse Practitioners in Women's Health, the American College of Nurse-Midwives, and AWHONN. This partnership, known as the Women's Health Nurses and Midwives Collaborate for Alcohol-Free Pregnancy (WHNMCAP), has developed clinician-led training, conference presentations, webinars, and publications to increase knowledge and awareness about alcohol-exposed pregnancies, fetal alcohol spectrum disorders (FASDs), and prevention strategies among women's health nurses. Examples of these resources can be found in the following citations: AWHONN (2025) and NPs, Midwives, and Nurses Partnering to Prevent FASDs (2024; 2025a; 2025b). In 2022, funding was awarded to continue the work for another 4 years.

In the United States, approximately 41.6% of pregnancies are unplanned and nearly 14% of pregnant individuals between the ages of 18 and 49 reported alcohol consumption on the 2018–2020 Behavioral Risk Factor Surveillance Survey (Centers for Disease Control and Prevention, 2024). An estimated 5% of school-age children are currently living with a FASD. FASDs are brain-based conditions that encompass a range of life-long behavioral, cognitive, and physical conditions resulting from prenatal alcohol exposure and are considered a type of neurodiversity (Harding et al., 2023; May et al., 2018; Momin et al., 2023). Stigma, fear of legal repercussions, and societal norms may contribute to the under-reporting of alcohol use during pregnancy, especially in cases of unintended or undetected pregnancies, suggesting that the real rate of alcohol consumption during pregnancy, which can lead to life-long developmental, behavioral, and physical challenges, may be more than 14% (National Institute on Alcohol Abuse and Alcoholism, 2021).

In a 2023 survey of U.S. adults ages 18 and older, 67.1% reported that they had consumed alcohol in the past 12 months and 23.5% reported binge drinking (i.e., consuming five or more drinks for a male or four or more drinks for a female in approximately 2 hours) (National Institute on Alcohol Abuse and Alcoholism, 2025). Among adults aged 18 and older, 6.3% engaged in heavy drinking (i.e., consuming more than the daily or weekly limits for males or females). The 2023 National Survey on Drug Use and Health also reported illicit drug use in the same age group—in the last year, 25.9% reported using illegal drugs or misusing prescription medications and 17.8% reported doing so in the past month (Center for Behavioral Health Statistics & Quality, 2025). These data represent significant opportunities for patient-centered education with a harm reduction focus from nursing professionals about lower risk drinking, early intervention for alcohol use, or substance use counseling or treatment.

The use of effective contraception methods is a primary way to reduce unintended and substance-exposed pregnancies (Reid et al, 2021). According to the 2023 National Survey on Drug Use and Health, approximately 78% of adult women report using alcohol or other substances (Center for Behavioral Health Statistics & Quality, 2025). Unfortunately, provider bias, discomfort, and assumptions about what is best for patients when it comes to contraception, regardless of patient preferences of lifestyle, can act as barriers to contraceptive counseling (Berndt & Bell, 2020; Beznos et al. 2024; Mann et al., 2022). Patient-centered counseling using shared decision-making and similar communication strategies can enable better contraceptive use and overall adherence among

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 doi: 10.1016/j.nwh.2025.07.006

patients (American College of Obstetricians and Gynecologists, 2022; Dehlendorf et al., 2014; Klein et al., 2024).

Communication Challenges and Barriers

Although early intervention using evidence-based alcohol screening tools is an effective method for preventing alcohol-exposed pregnancies, the implementation of skills-based training for screening and intervention remains insufficient, leaving many providers and clinical staff unequipped to offer this vital service (Substance Abuse and Mental Health Services Administration, 2024). Health care professionals have expressed discomfort, hesitation, and—in some cases—implicit bias when addressing topics such as alcohol use, substance use, and contraceptive care, despite the profound impact these behaviors can have on patient health and the risk of an alcohol or substance-exposed pregnancy (Berndt & Bell, 2020; Mann et al., 2022; McNeely et al., 2018; McRee et al., 2025). Nurses, who often spend the most time with patients and are responsible for routine screenings, would benefit from more instruction and hands-on practice in providing patient-centered counseling and interventions around these critical topics.

Stigma and bias, both implicit and explicit, pose significant barriers to effective care for individuals with alcohol use and/or substance use disorders. Patients with known alcohol and/or substance use disorders often experience differential treatment, which can lead to inadequate care or deter them from seeking treatment altogether (Schmidt et al., 2023). Among the two-thirds of adults ages 18 and older who consumed alcohol in the past year, 10% met the criteria for an alcohol use disorder, highlighting the importance of providers routinely discussing alcohol and other substance use as a routine preventive practice (Esser et al., 2014; National Institute on Alcohol Abuse and Alcoholism, 2024). Recognizing that all health care providers, regardless of intent, harbor biases is crucial to ensuring equitable care (Maina et al., 2018; Mann et al., 2022). Nurses and other health care professionals benefit from training to acknowledge and address biases. Increased self-awareness is the first step in mitigating the harmful effects of bias on patient care.

> Engaging in open, effective discussions on sensitive topics, such as alcohol use, substance use, and contraception, can be particularly challenging in fast-paced clinical environments

It is essential to integrate frameworks that promote patient-centered care and inclusivity to bridge the gap between the need for improved screening and intervention skills among nursing professionals and the implementation of culturally safe communication strategies. The Model of Five Principles of Cultural Safety (Ball, 2025) provides a structured approach to addressing biases, fostering respectful engagement, and ensuring that health care interactions are responsive to diverse patient needs. This framework outlines five core principles—protocol, personal knowledge, process, positive purpose, and partnerships—that guide nurses and practitioners in examining their own cultural positioning, listening actively to patients' lived experiences, and co-creating safe, respectful care environments. By operationalizing these principles, the model helps nurses to move beyond cultural competence to cultural humility and cultural safety in practice. Applying cultural safety principles can enhance the effectiveness of discussions surrounding alcohol use, substance use, and contraception (Ball, 2025; Bresnahan & Zhuang 2024; Papps & Ramsden, 1996).

The AWHONN Respectful Maternity Care Guideline offers a complementary framework to ensure that maternity care is equitable, patient-centered, and culturally competent (AWHONN, 2022) By embedding both these strategies into clinical practice, health care providers can create a more supportive environment that prioritizes patient autonomy, safety, and trust, to improve health outcomes and reinforce equitable care delivery. Furthermore, incorporating harm reduction language and communication strategies can help to mitigate stigma, foster open dialogue, and encourage patient engagement, ensuring that individuals feel heard, respected, and empowered in their health care decisions (Fitzgerald et al., 2019).

Models and Communication Strategies

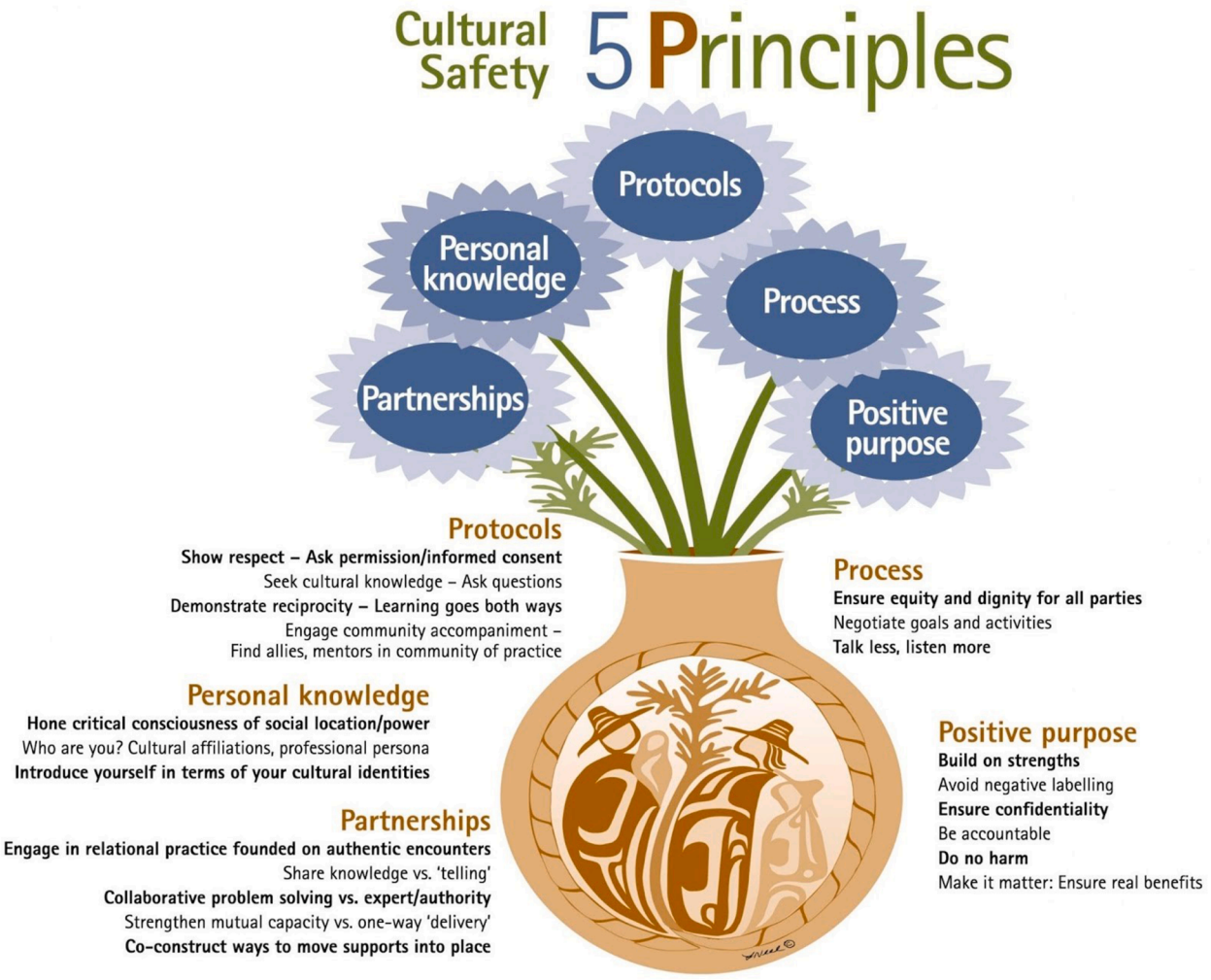
Model of Five Principles of Cultural Safety

Facilitating culturally safe conversations around sensitive topics, such as alcohol use, substance use, and contraception, is essential for providing equitable and effective



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FIGURE 1 **CULTURAL SAFETY**



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care, particularly when working with neurodiverse patients, including those with FASDs (Harding et al., 2023; May et al., 2018; Momin et al., 2023). Neurodiverse individuals often have unique communication needs, making it crucial for health care providers to approach these conversations with cultural sensitivity, respect, and an understanding of how patients experience and engage with health care. The cultural safety framework (see Figure 1) supports these practices (Ball, 2025). The concept of cultural safety was originally developed to address the cultural needs of marginalized groups and enhance health care interactions across cultures; today, it provides a useful framework to guide nurses and providers in acknowledging and respecting patients' diverse cultural backgrounds (Pirhofer et al., 2022).

The cultural safety framework emphasizes the need for health care professionals to recognize and address their own biases, attitudes, assumptions, stereotypes, and prejudices that may affect the quality of care they provide (Ball, 2025; Gordon & Beresin, 2016; Mann et al., 2022). Nurses can foster cultural safety by acknowledging and addressing these biases and ensuring the care offered is aligned with the patient's cultural values and preferences (Ball, 2025). Unlike cultural competence or cultural sensitivity, cultural safety focuses on outcomes related to the patient's experience of care in terms of respect, safety, and cultural understanding (Ball, 2025; Bresnahan & Zhuang 2024; Papps & Ramsden, 1996).

Incorporating cultural safety into conversations about alcohol use, substance use, and contraception requires the

 doi: 10.1016/j.nwh.2025.07.006

BOX 1 FIVE PRINCIPLES THAT GUIDE CULTURAL SAFETY

1. Protocols: Respecting cultural forms of engagement
2. Personal knowledge: Developing self-awareness among health care professionals
3. Partnerships: Promoting collaborative care
4. Process: Fostering mutual learning and adaptation
5. Positive purpose: Ensuring care is meaningful and beneficial to the patient

Sources: Ball (2025); Papps & Ramsden (1996).

health care professional to recognize and address their personal biases and understand the unique cultural and communication needs of neurodiverse individuals, including those with FASDs. Many people from marginalized or minoritized groups, including neurodiverse patients, may have encountered health care professionals who dismissed or overlooked their cultural identity, beliefs, or communication styles, leading to mistrust and poor health outcomes (Fitzgerald et al., 2019; Hall et al., 2015). By centering cultural safety in their conversations, health care professionals can create an inclusive and respectful approach that addresses the patient's needs and preferences.

The five principles that guide cultural safety in practice are listed in Box 1. Integrating these principles helps nurses create a safe, supportive environment for patients, especially those who are neurodiverse or from a different cultural background, to discuss sensitive health matters, including alcohol and/or substance use and contraception (Bresnahan & Zhuang 2024).

Respectful Maternity Care

Frameworks such as AWHONN's Respectful Maternity Care Guideline (see Figure 2) are essential for providing culturally safe care for patients, particularly those from diverse backgrounds or with unique needs such as neurodiversity (AWHONN, 2022). The guideline assists health care professionals in navigating complex interactions and providing care that is inclusive, patient centered, and culturally competent. It was developed to ensure culturally competent care across various maternity care settings, including inpatient and outpatient environments. The guideline is applicable to individuals at all stages of maternity care, including preconception, interconception, prenatal, antepartum, intrapartum, and postpartum, and acknowledge that health and wellness are influenced by a variety of social determinants, such as socioeconomic status, culture, environment, and interpersonal relationships. By implementing the guideline, nurses can foster an environment of respect, autonomy, and optimal outcomes for their patients (Hill et al., 2024; Lunda et al., 2024).

Harm Reduction Language With Communication Strategies

Effective communication is foundational in clinical practice, because it builds trust and positions the health care team as a reliable resource for ongoing patient engagement. Respectful, culturally sensitive communication is particularly important for creating open dialogue, allowing for meaningful conversations about risk reduction, health behaviors, and sensitive topics (Fitzgerald et al., 2019). In contrast, poor communication can have negative consequences, such as a reluctance to seek future care and concealment of critical health behaviors due to feelings of shame or judgment (Gordon & Beresin, 2016). Breakdowns in communication can inhibit self-disclosure and hinder the quality of care, ultimately impacting health outcomes (Hall et al., 2015).

To avoid these breakdowns, nursing professionals are encouraged to incorporate patient-friendly language—which has been identified as a key facilitator of communication—into conversations around shared decision-making and informed consent before medical interventions (Beznos et al., 2024). Figure 3, developed by our team, illustrates effective communication strategies that nurses can incorporate into their practice to support open, collaborative conversations with their patients.

Nursing Education on Culturally Safe Conversations

Education plays a critical role in equipping nursing professionals to facilitate culturally safe conversations. Professional development for nurses benefits from incorporating the foundational principles of cultural safety, emphasizing self-awareness and reflection on potential biases and prejudices (Chooniedass et al., 2025; Papps & Ramsden, 1996). This approach empowers nurses to foster a safe, nonjudgmental environment, to support open dialogue on sensitive health issues. Specifically, professional development needs to provide communication strategies that support all pregnant-capable individuals, including neurodiverse patients. Effective communication strategies include using clear, patient-friendly language, avoiding assumptions, and providing information in various formats such as visual aids, written materials, or hands-on demonstrations (Beznos et al., 2024). Additionally, nursing professionals must be prepared to recognize how social and cultural factors, such as stigma, previous negative experiences, and varying levels of health literacy, can influence a patient's comfort and willingness to engage in discussions about alcohol use, substance use, and contraception (AWHONN, 2022).

Nurses are encouraged to approach alcohol and substance use discussions with compassion and a nonstigmatizing attitude, encouraging open discussion about recent use and collaboratively exploring safer alternatives. Similarly, contraception counseling requires respect for patient autonomy in

decision-making while ensuring access to the most appropriate and effective methods based on the patient's preferences and needs (Charron et al., 2022; Hill et al., 2024).

Ultimately, integrating cultural safety principles, inclusive communication strategies, and harm reduction practices into nursing education equips health care professionals with the tools to deliver culturally safe, compassionate, and inclusive care. This approach enhances the quality of conversations around alcohol use, substance use and contraception while fostering health care environments that are supportive and responsive to the diverse needs of all patients.

> Ultimately, a commitment to cultural safety and inclusivity not only improves individual health outcomes but also drives systemic change toward justice and equity in reproductive health care

Implications for Practice

Implementing culturally safe, patient-centered communication in nursing care requires a structured approach that encompasses education, clinical practice, and institutional commitment. One approach is to improve curricula within academic programs and ongoing professional development by embedding cultural safety, stigma reduction, and bias awareness training into existing courses. Training may include simulation-based exercises and peer practice opportunities that provide hands-on experience in navigating sensitive conversations, such as those surrounding alcohol and/or substance use and contraception, as well as structured reflection tools and team debriefs to reinforce nonjudgmental communication and ongoing self-assessment. Furthermore, referencing evidence-based guidelines, such as the Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guideline (AWHONN, 2022) and the Five Principles of Cultural Safety, provides helpful directives to incorporate culturally safe, patient-centered communication into protocols, documentation templates, and patient education materials, which in turn supports consistency and respect at the point of care through standardized communication frameworks (AWHONN, 2022; Hill et al., 2024).

Providing universal screening for alcohol and substance use within the clinical setting, such as in the project reported by Waddell et al. (2025), is an important way to increase opportunities for education and intervention with patients. Using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach allows nurses and other health care providers to assess alcohol and substance use, conduct effective and brief interventions as needed, and potentially refer patients to treatment when appropriate. SBIRT is a billable, clinically tested way to gauge patient motivation to change and increase awareness around substance use (Substance Abuse and Mental Health Services Administration, 2024). Combining the SBIRT approach with evidence-based screening tools, such as the Alcohol Use Disorder Identification Test or Drug Abuse Screening Test, in person by the health care professional or self-administered during check-in, has been proven effective. Challenges regarding staff and provider discomfort, patient concerns about repercussions of substance use disclosure, and social stigma should be considered during implementation (McNeely et al., 2018).

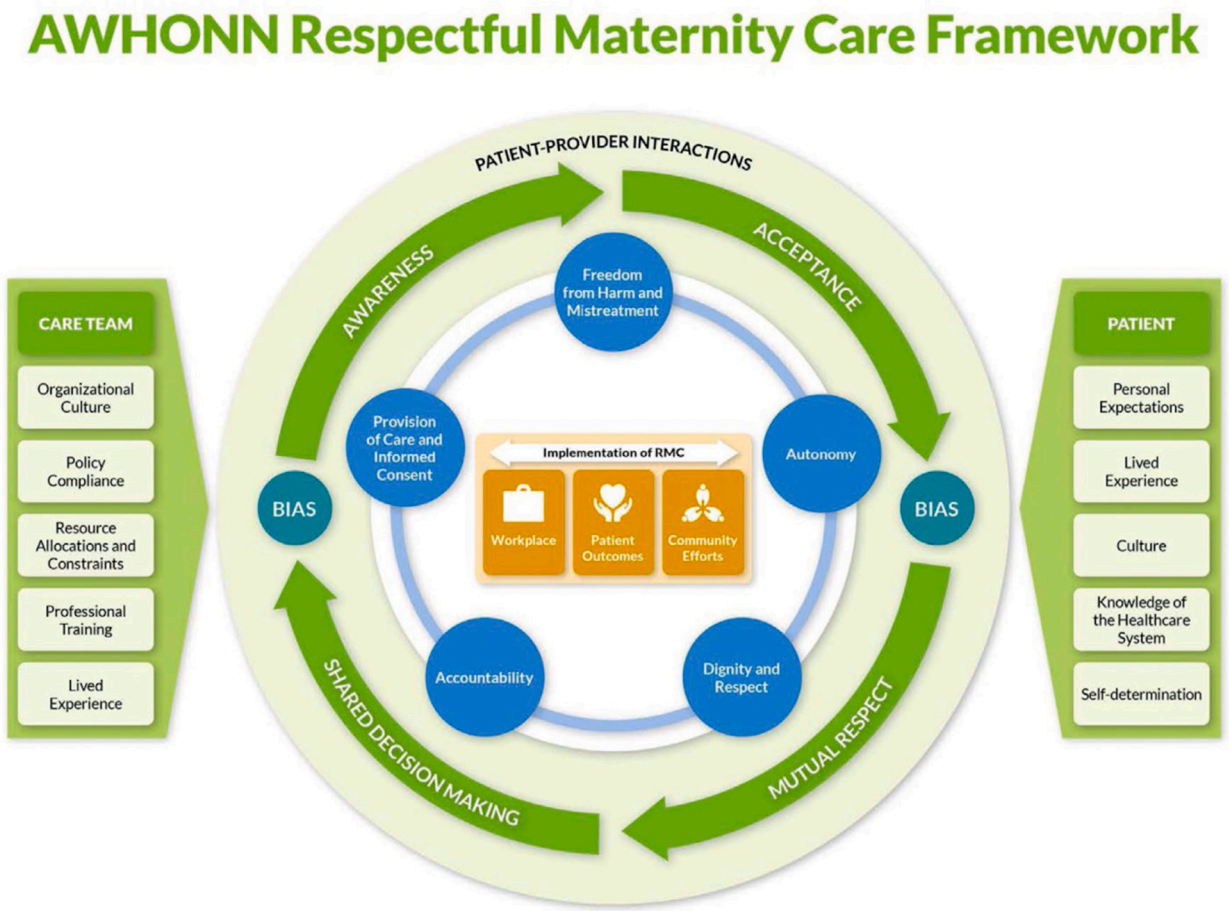
Nurses can use tailored language prompts and harm reduction scripts to guide discussions about alcohol and other substances with patients, promoting safer choices without stigmatization. To meet each patient's unique needs, it is best to customize interactions to individual abilities and cultural identities and use various communication strategies, including employing respectful language, using visual aids, and offering varied formats to convey information, with the goal of explicitly avoiding assumptions and prioritizing shared decision-making (Chooniedass et al., 2025; Hill et al., 2024). By honoring each individual's background and communication style, nursing professionals can create a safe environment where patients, especially those from marginalized groups, feel empowered to engage openly in health decisions.

During discussions with neurodiverse patients, it is important to consider their individual experiences. There is no one-size-fits-all approach to working with patients with neurodiversity. Approaching each individual with curiosity and respect for their autonomy and using nonjudgmental language is foundational in establishing a safe patient–provider relationship (Klein et al. 2024). Nurses will want to consider each patient's goals and what education, support, or resources they may need to succeed in achieving them, to ensure plans are co-created and fit within the patients' lifestyle (AWHONN, 2022). Specific considerations, including how to address challenges around verbal communication or accommodate differing learning styles, can be made based on each individual's characteristics and needs. By asking for clarification and aiming to understand a particular patient's experience, nurses can establish themselves as safe and supportive members of neurodiverse individuals' care teams and build trust in the patient–provider relationship (Bresnahan & Zhuang, 2024; Kwame & Petrucka, 2021).

Actionable practice steps translate these principles into daily care. These include completing annual cultural safety and implicit bias training, scheduling regular reflection sessions alone or with peers, and practicing harm reduction phrasing (e.g., "Tell me more about your use" or "Would this be something you're interested in?") during assessments. Additionally, it is essential to regularly review and update guidelines within the clinical setting. Referencing Figure 3 for specific scripts, methods, and protocols can further support consistent

 doi: 10.1016/j.nwh.2025.07.006

FIGURE 2 **AWHONN RESPECTFUL MATERNITY CARE FRAMEWORK**



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implementation. By adopting these strategies, nurses can strengthen trust, improve patient engagement, and ultimately enhance health outcomes for all.

In practice, nursing professionals benefit patients by adopting a harm reduction approach when addressing alcohol and/or substance use, focusing on providing safer alternatives, and avoiding judgment (Beznos et al., 2024). In the context of contraception, nurses support patient autonomy by ensuring that patients have access to a range of contraceptive options while respecting their personal choices (Hill et al., 2024). Training in these approaches enables nurses to create a therapeutic environment where patients feel valued, respected, and empowered.

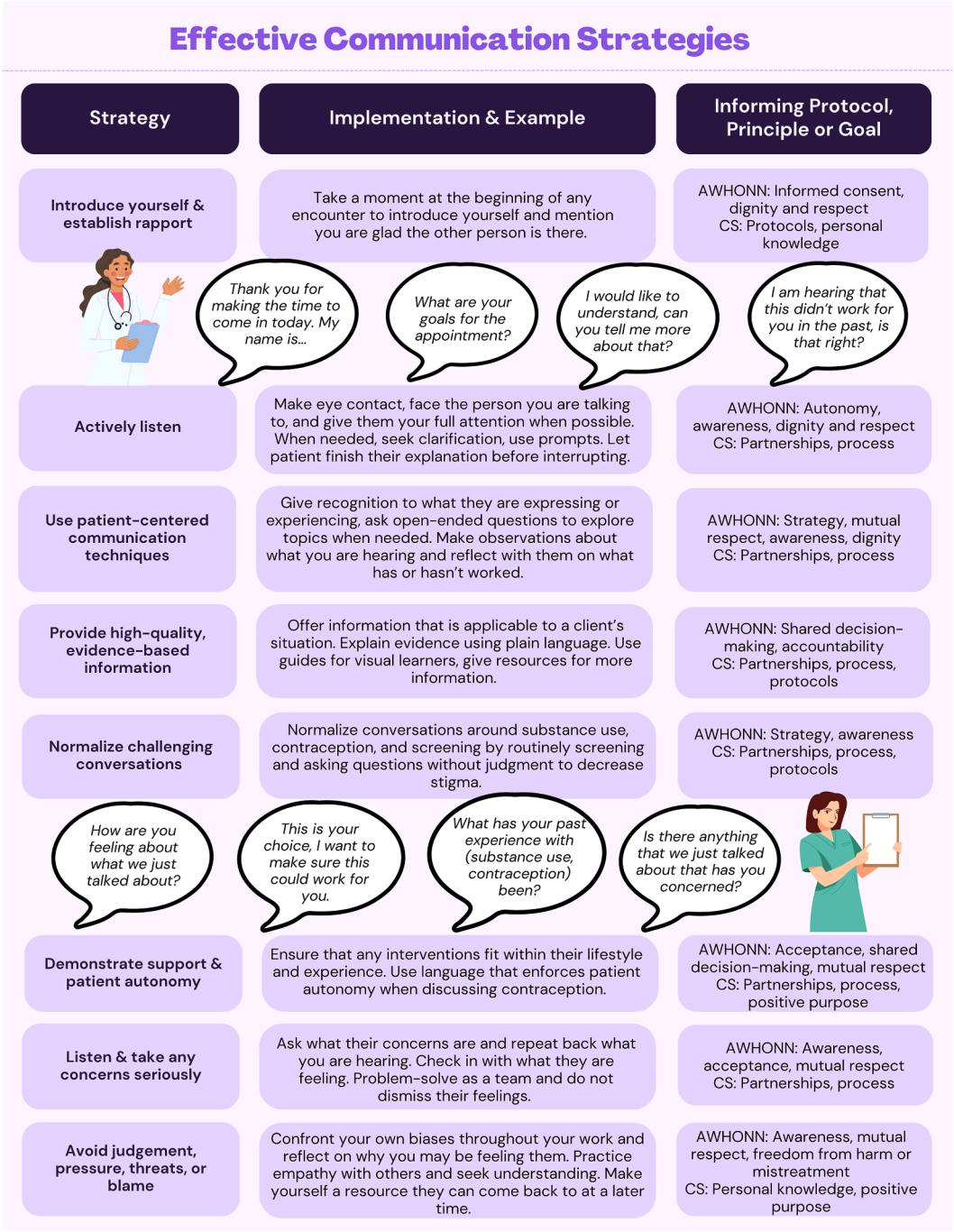
Resources for Further Learning

As part of the WHNMCAP collaborative, a variety of resources are available online at the collaborative's website (NPs, Midwives, and Nurses Partnering to Prevent FASDs, n.d.). Resources include professional development and continuing education opportunities and patient- and provider-facing handouts, resources, and referral information. Additionally, the WHNMCAP collaborative has produced online video resources guiding viewers through evidence-based screening and lower risk drinking recommendations (YouTube. (n.d.). NPs, midwives, & nurses partnering to prevent FASDs. Retrieved September 19, 2025 from https://www.youtube.com/@npsmidwivesnursespartnerin7335/playlists.).

Conclusion

Integrating cultural safety principles, harm reduction frameworks, and inclusive communication strategies into nursing practice is critical to enhance quality of care, build trust, and improve clinical outcomes. These approaches are foundational to advancing a more equitable health care system by ensuring that all individuals, particularly neurodiverse patients, receive respectful, culturally responsive support to make informed and autonomous health decisions (AWHONN, 2022). By equipping nursing professionals with the knowledge, skills, and

FIGURE 3 EFFECTIVE COMMUNICATION STRATEGIES



Note. CS = communication strategies

self-awareness needed to navigate culturally sensitive conversations, health care organizations can strengthen patient–provider relationships and foster environments that are adaptable, inclusive, and responsive to the diverse needs of the communities they serve. Ultimately, a commitment to cultural safety and inclusivity not only improves individual health outcomes, but also drives systemic change toward justice and equity in reproductive health care.

 doi: 10.1016/j.nwh.2025.07.006

Author Disclosures

The authors and planners of this learning activity report no conflicts of interest or relevant financial relationships. No commercial support was received for this learning activity.

Funding

The authors' work on this article is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $913,750 with 100% funded by CDC/HHS. The contents of the article are those of the authors and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS, or the U.S. Government or of the University of Alaska Anchorage Institute of Social and Economic Research. **NWH**

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Posttest Questions

Instructions: This learning activity is free for AWHONN members and available for purchase by nonmembers. To access it, go to my.awhonn.org/store/s/ and look for "Journal CNE" under "CATEGORIES".

1. A nurse educator is designing professional development training for staff nurses who will be providing care to neurodiverse patients. Based on evidence regarding culturally safe communication, what foundational element should be prioritized in the curriculum?

    a. Advanced clinical assessment techniques specific to neurological conditions
    b. Detailed medical knowledge about various neurodevelopmental disorders
    c. Self-awareness and reflection on potential biases and prejudices as the foundation for cultural safety
    d. Standardized communication protocols that can be applied to all patient populations

2. When developing communication strategies for discussing contraception with pregnant-capable individuals, a nurse recognizes the need to accommodate diverse learning needs and backgrounds. Based on evidence about effective communication approaches, what strategy should the nurse implement?

    a. Focus on providing the most medically appropriate contraceptive recommendation based on clinical guidelines.
    b. Limit discussions to basic information to avoid overwhelming patients with too many choices.
    c. Provide information in various formats including visual aids, written materials, and hands-on demonstrations while respecting patient autonomy in decision-making.
    d. Use primarily verbal explanations to ensure direct personal interaction.

3. When implementing the AWHONN Respectful Maternity Care Guideline with a patient from a different cultural background during preconception counseling, a nurse recognizes that health and wellness are influenced by social determinants. What approach best demonstrates understanding of this guideline's principles?

    a. Apply standardized care protocols equally to all patients regardless of their social or cultural context.
    b. Focus primarily on medical interventions while acknowledging the patient's cultural background.
    c. Limit discussions to clinical topics to maintain professional boundaries and avoid cultural assumptions.
    d. Provide care that considers the patient's socioeconomic status, culture, environment, and interpersonal relationships as factors influencing health outcomes.

4. A nurse is caring for a neurodiverse patient with FASD who has had previous negative healthcare experiences and appears mistrustful during discussions about contraception. Using the Model of Five Principles of Cultural Safety, what should be the nurse's priority focus?

    a. Personal Knowledge - examining their own biases and assumptions about neurodiverse patients before proceeding.
    b. Positive Purpose - focusing solely on ensuring the patient receives the most effective contraceptive method.
    c. Process - immediately implementing mutual learning strategies to gather patient feedback.
    d. Protocols - ensuring all standard contraceptive counseling procedures are followed exactly.

5. A nurse is evaluating the long-term impact of their communication approach on patient care outcomes. Based on evidence regarding communication effectiveness, what relationship should the nurse expect between respectful communication and patient engagement?

    a. Communication style has little influence on whether patients will seek future health care services.
    b. Effective communication builds trust and positions the healthcare team as a reliable resource for ongoing patient engagement.
    c. Professional communication is most important during initial encounters but less critical for ongoing care.
    d. Respectful communication primarily improves patient satisfaction but has minimal impact on health outcomes.

6. A nurse notices that a patient seems hesitant to discuss their health behaviors during a routine assessment. Based on evidence about communication and patient engagement, what should the nurse recognize as the most likely underlying cause?

    a. The patient is intentionally being difficult and uncooperative with care.
    b. The patient lacks knowledge about the importance of sharing health information.
    c. The patient may have experienced poor communication in previous health care encounters, leading to feelings of shame or judgment.
    d. The patient prefers to discuss health behaviors only with physicians.

7. A nurse recognizes that despite having good intentions, they may still harbor implicit biases when caring for patients with substance use disorders. According to evidence on cultural safety, what is the most effective first step for this nurse to take?

    a. Complete additional training on addiction medicine to better understand substance use disorders.
    b. Focus on following established protocols more strictly to ensure consistent care delivery
    c. Increase self-awareness by examining their own cultural positioning and biases through reflection.

d. Seek supervision from a more experienced nurse when caring for patients with substance use disorders.

8. When implementing alcohol screening in clinical practice, a nurse understands that many health care providers express discomfort with these conversations. Based on the evidence regarding screening effectiveness and provider barriers, what approach should the nurse advocate for in their workplace?

   a. Delegate all alcohol screening responsibilities to social workers or addiction specialists.
   b. Implement skill-based training that includes hands-on practice in patient-centered counseling and evidence-based screening tools.
   c. Limit alcohol screening to patients who voluntarily disclose alcohol use to avoid provider discomfort.
   d. Use written questionnaires exclusively to minimize direct conversations about alcohol use.

9. A nurse is working to improve care for patients with alcohol use disorders who often experience differential treatment in healthcare settings. Using principles of cultural safety and harm reduction, what communication strategy should the nurse prioritize?

   a. Emphasize the medical consequences of continued alcohol use to motivate behavior change.
   b. Focus primarily on abstinence-based approaches as the gold standard for treatment.
   c. Refer patients immediately to specialized addiction treatment programs.
   d. Use harm reduction language to foster open dialogue while ensuring patients feel heard, respected, and empowered.

10. A nurse is caring for a 25-year-old female patient who reports occasional binge drinking and is seeking contraceptive counseling. Based on evidence regarding unintended pregnancies and substance use, what is the nurse's priority approach?

    a. Delay contraceptive counseling until the patient demonstrates sobriety for at least 30 days.
    b. Focus on alcohol cessation counseling before discussing contraceptive options.
    c. Recommend long-acting reversible contraception (LARC) methods only, as they are most effective for patients who drink alcohol.
    d. Use patient-centered counseling with shared decision-making to discuss contraceptive options while addressing alcohol use through harm reduction strategies.

doi: 10.1016/j.nwh.2025.07.006