

Canada Healthcare-Similar Handout

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CENTRE FOR
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Canada Healthcare-Similar Handout

Canada Healthcare Similar (CHS) is a concept that another country's healthcare is similar to or comparable to Canada's healthcare setting. When determining if an academic/professional resource (like an article) is appropriate for use, a criteria framework must be applied to determine if it is CHS. This framework is heavily topic-dependent and will differ depending on the context surrounding it.

CHS is a term used in education to refer to countries that match as closely as possible to Canada and Canada's healthcare system. This term is primarily applied when assessing research articles' overall quality and suitability for academic writing. When assessing an article for CHS, it is the student's responsibility to determine which country an article originates from, where the study was conducted, and if that country is appropriately comparable to Canada's Healthcare setting.

When we use the term CHS, we compare other countries' healthcare systems to a framework. This implies that those systems share some of the same characteristics, but they will preferably have all of these characteristics.

Assess articles for their overall pertinence to Canadian population health needs, including similarity in culture, communication style, conditions, treatments, professional ethics, competencies, education level (patient and practitioner), healthcare model, etc.

The below criteria provide a framework for the assessment. **The context of your chosen topic matters when selecting an article.** Critically appraise each article to make sure it is context-appropriate.

Criteria **Communication Style**

This includes verbal and nonverbal communication. How Canadians express themselves can vary wildly depending on the province, urban vs. rural, and how diverse that region is. Body language, personal space, eye contact, hand gestures, greetings, forms of address, informal vs. formal language, professional vs. personal language, humor, idioms, and jargon are all communication formats that can come across as polite or offensive.

For example, in South Korea, it is common practice to ask someone how old they are when you first meet them. This is because Korean's formal and informal suffixes are age-based, with a greater degree of respect and formality placed on the elderly and people in positions of power. In Canada, it can be considered rude to ask a stranger their age.

Cultural Similarities

While cultural differences include communication styles, they also include dress, body modifications, jewelry, appearance, gait, religious expression in everyday lexicon, intersectionality, interpersonal dynamics, everyday routines, materialism, competitiveness, performance, assertiveness, humility, collectivism, individuality, confidence displays, etc.

For example, in Japan, you can be refused entry into public spaces if you have visible tattoos, are visibly a non-Japanese person, or do not speak Japanese. In Canada, being barred from a public space would only be considered acceptable if the person in question committed a crime or caused a disturbance that infringed upon the patron's/staff's sense of safety. Barring someone from a public space because they could not speak English would surprise most Canadians.

Similar Education and Standards

When comparing countries, an emphasis is placed on the quality of education medical practitioners receive and the standards/competencies they must continue to meet.

For example: The US, UK, India, Philippines, New Zealand, Australia, Nigeria, and Hong Kong are all fast-tracked countries for the Licensure of RNs and LPNs in Newfoundland.

Publically Funded National Health Insurance Model

Canada operates under a single-payer model, where the government is the sole payer for health care services. Canada's health care system is primarily funded through taxes. The government collects funds and allocates them to provincial and territorial health authorities. Private insurance covers only services not covered by the public system. The Canadian system provides comprehensive coverage for essential health services, including doctor visits, hospital stays, surgeries, and preventive care.

There are various 'universal' healthcare models worldwide:

- The out-of-pocket model
- The national health insurance model
- The Bismarck model
- The Beveridge model

Equity, Accessibility, and Portability

Health care services are accessible to all residents, regardless of income, employment status, or pre-existing conditions. Canadians can access health care services across provinces and territories without losing coverage.

Direct Charges and Exceptions

Patients do not pay directly for most medically necessary services. However, some services may not be fully covered and must be paid out of pocket or subsidized by employment insurance, individual insurance, or government assistance programs.

For example, exceptions include vision care, prescription drugs, some elective health procedures, some gender-affirming care, dental care, mental health care, ambulance services, and home care. They must be paid for in part by the individual and are often supplemented by having medical and dental insurance through the payer's place of employment.

Additional Considerations

1. The location in which the research was conducted supersedes the authors' and publication's location affiliation.
2. Meta-analyses, systematic reviews, integrative reviews, and umbrella reviews, where multiple articles from various countries are assessed, can be presumed to be CHS as their research is robust and comprehensive.

Assessing articles for Canada Healthcare Similar in CINAHL

Author location affiliation:

Authors: [Banks, Janneka](#); ¹[Lopez, Violeta](#); ¹[Sahay, Ashlyn](#); ¹[Cleary, Michelle](#)¹

Affiliation: ¹School of **Nursing**, Midwifery and Social Sciences, CQUniversity, Australia.

Authors: [Collier, Jodi](#); ¹[Bergen, Tania](#); ²[Hua Lj](#)³

Affiliation: ¹Alberta Health Services, 3942 50a Ave, Red Deer, AB, T4N 6R2
²Faculty Instructor, College of **Nursing**, University of Saskatchewan
³Assistant Professor, College of **Nursing**, University of Saskatchewan

The Journal location affiliation:

Source: [Canadian Oncology Nursing Journal](#) (CAN ONCOL **NURS** J), Winter2024; 34(1): 28-48. (21p)

Journal Subset, minor subjects:

Journal Subset: Core **Nursing**; Double Blind Peer Reviewed; Editorial Board Reviewed; Expert Peer Reviewed; **Nursing**; Peer Reviewed; USA

The location that the study was conducted in:

Viewable in the abstract on CINAHL or in the body of the article (usually in a methods/methodology section).