

Nurses' Professional Responsibilities in Partnering with Indigenous Peoples¹ in Improving Health Outcomes: Cultural Competence and Cultural Safety

Assumptions

Cultural competence and cultural safety

- Cultural competence is the ability of nurses to self-reflect on their own cultural values and how these impact the way care is provided. It includes each nurse's ability to assess and respect the values, attitudes and beliefs of persons from other cultures and to respond appropriately when planning, implementing and evaluating a plan of care that incorporates health-related beliefs and cultural values, knowledge of disease incidence and prevalence, and treatment efficacy (Lavizzo-Mourey & MacKenzie, 1996).
- Cultural safety is the goal and outcome of practising in a culturally competent environment.
- Cultural safety surpasses cultural sensitivity, which recognizes the importance of respecting difference. Cultural safety is predicated on the understanding of power differentials inherent in health-service delivery and redressing these inequities through educational processes (CINA, 2011, p. 2).
- Cultural competence includes the attitude of humility.
- Cultural competence promotes cultural safety.
- Cultural competence does not have an end point; rather, it is a lifelong process of striving to learn about and understand a particular culture.
- Clients define what culturally safe means to them and how their cultural location, beliefs and values are or were considered.
- Cultural differences are a strength and not a problem to be overcome.
- Culturally competent practice recognizes the value of a holistic model of health.
- Nursing has an obligation to respond to the effects of past and present colonial ideology embedded in the systems in Canada (such as the educational, political and health-care systems) that affect Canada's Indigenous peoples.
- Social justice is the underpinning value of cultural safety competence.
- Understanding that worldviews (e.g., values and beliefs of self and others) will have a profound impact on each encounter and health outcomes is vital to cultural safety.
- Intercultural refers to differences and commonalities within and among Indigenous peoples.

The client and family

- The client is self-defined and may include the individual, the family, community or "everyday family."
- The term "Indigenous peoples" refers to First Nations, Inuit and Métis peoples.
- The concepts of accountability and reciprocity are integral to the relationship with Indigenous peoples.
- The client is not a passive receiver of care but is an equal player in the relationship.

¹ This term refers to First Nations, Inuit and Métis peoples.

- The client has unique psychosocial, emotional, spiritual and physical needs, as defined by the client.
- Indigenous peoples are disproportionately affected by health inequities compared to the general Canadian population.
- Indigenous peoples are at risk of having negative encounters and experiences within the health-care system and with health-care providers (including nurses).

The nurse

- Authentic relationships are defined by the client and are foundational to the experience with Indigenous peoples; there is a need to cultivate sincere relationships.
- The nurse supports self-determination and Indigenous peoples taking control over their own decisions as individuals and communities.
- The nurse recognizes culturally determined ways of communicating (e.g., not questioning health-care professionals, downplaying illness, facial movements that indicate yes/no).
- The nurse understands the differences between health equity vs. equality and advocates with clients experiencing inequities.
- The nurse acknowledges that Indigenous knowledge and ways of knowing and being are unique to each Indigenous community.
- The nurse is aware of Indigenous ways of being, learning and knowing; through dialogue and reciprocity, the nurse supports clients in expressing their wishes/preferences and health understandings and works with clients to negotiate and determine safe outcomes.
- The nurse understands that cultural competency, safety and humility are professional responsibilities.
- The nurse co-creates care plans and discharge plans with individuals and families that are reflective of cultural health perspectives.
- Nurses understand that, in their place of privilege and power in the nurse-client relationship, they are to serve and advocate for the client's power and the client's identified needs.
- The nurse considers the roles of Elders, family, traditional healers and traditional medicines in healing.
- The nurse understands that distinct histories, cultures, languages and social circumstances are manifested in the diversity of First Nations, Inuit and Métis peoples.
- Nurses are self-aware of their personal beliefs and values, and have a responsibility to challenge harmful biases, stereotypical views and discriminatory and racist behaviours and to promote social inclusion.
- The nurse is aware of the social and environmental determinants of health specific to Indigenous peoples as well as the physical, social economic, cultural, relational and systemic barriers to health and accessibility before, during and after encounters with the client.
- Nurses are guided by a trauma-informed care approach and awareness of the intergenerational trauma effects for Indigenous peoples and communities.
- Nurses are familiar with the Truth and Reconciliation Commission of Canada's Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples.

The practice environment

- There are physical, social, cultural, relational and systemic barriers to health and accessibility before, during and after encounters with the health-care system and health-care providers.
- Jurisdictional disputes at the federal, provincial, municipal and community levels impact the access to timely care.
- There are a variety of practice environments, including on- and off-reserve, community health centres, nursing stations, urban and rural, and primary, secondary and tertiary health care.
- The environment supports a collaborative approach and the development of reciprocal relationships with the family and interprofessional team that are respectful regardless of professional beliefs and values.
- Health is interconnected with the environment (e.g., health and well-being of the land, access to healthy foods, clean drinking water).
- Ethical research with Indigenous peoples will be guided by the principles of OCAP (ownership, control, access and possession).
- The nurse creates a safe space for clients to self-identify who they are, what their needs are and how those needs are to be addressed.

The health situation

- Health inequities and inequalities are shaped by history and ongoing systemic racism and have a profound impact on Indigenous peoples' health.
- The distal determinants of health (colonialism, racism, self-determination and social exclusion) account for the oppressive historical and contemporary context in Canada and have resulted in direct impacts on the health of Indigenous peoples.
- Historical trauma has intergenerational impacts on the health and well-being of Indigenous peoples.
- Some legislation and health policies have a direct impact on the health and well-being of Indigenous peoples (e.g., the *Indian Act* specifies who is considered to have First Nations status and non-status. Status determines access to federal versus provincial services).
- Indigenous women carry a greater burden for health and social disparities.
- Culture provides protective factors in the health of Indigenous peoples.
- To provide culturally competent and culturally safe care in Canada, it is imperative that the Truth and Reconciliation Commission of Canada's Calls to Action for health (18, 19, 21, 22, 23, 24) are addressed.

Competencies

1. Critical perspective

The nurse:

- 1.1. Describes connection between contemporary and historical context and practices towards Indigenous peoples.
- 1.2. Recognizes the intergenerational impact of historical trauma on current generations of Indigenous peoples.
- 1.3. Recognizes how current policies impact Indigenous peoples health (e.g., food security and food safety contaminants, land usage plans and hunting regulations, firearms licensing issues).
- 1.4. Understands that Indigenous peoples do not access the health-care system (and its practitioners) when they do not feel safe doing so and when encountering the health-care system places them at risk of harm.
- 1.5. Identifies ways of redressing inequity of access to health care/health information with Indigenous clients, families and communities across the continuum (before, during and after encounters).
- 1.6. Understands that unique histories, cultures, languages and social circumstances are manifested in the diversity of Indigenous peoples.
- 1.7. Recognizes and implements the health-care rights of Indigenous peoples as identified in international law, constitutional law and under the Treaties (e.g., United Nations Declaration on the Rights of Indigenous Peoples, *Indian Act* (First Nations), the 1939 *Re Eskimo* (Inuit) decision).
- 1.8. Identifies and closes the gaps in health outcomes between Indigenous and non-Indigenous communities. Such efforts focus on indicators such as infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
- 1.9. Is aware of possible jurisdictional disputes and resulting policies concerning Indigenous peoples, such as Jordan's Principle.
- 1.10. Seeks out ongoing professional development opportunities to enhance cultural competence and cultural safety for oneself and for Indigenous colleagues and clients.
- 1.11. Identifies, acknowledges and analyzes one's emotional response to the many histories and contemporary environment of Indigenous peoples.
- 1.12. Understands that symptoms have culture-specific meanings and clients from diverse backgrounds will describe their symptoms differently, have different ideas of what might have caused them, will have different acceptance of them, and have different views on what kind of treatment they would seek for them.

2. Therapeutic relationship building

The nurse:

- 2.1. Demonstrates humility (humbly acknowledging being a learner when attempting to understand another person's experience) in interaction with Indigenous clients.
- 2.2. Reflects on personal values, beliefs and biases.
- 2.3. Understands how beliefs and worldviews impact communication and behaviour (e.g., the notion of truth telling, imposing point of view).
- 2.4. Acknowledges and analyzes the limitations of one's knowledge and perspectives, and incorporates new ways of seeing, valuing and understanding Indigenous health and health practices.
- 2.5. Demonstrates authentic, supportive and inclusive behaviour in all exchanges with Indigenous clients, health-care workers and communities.
- 2.6. Considers the health literacy when providing information, education and care for Indigenous clients.
- 2.7. Demonstrates the ability to establish a positive therapeutic relationship with Indigenous clients, characterized by reciprocity, understanding, trust, respect, honesty and empathy.
- 2.8. Identifies specific populations that will likely require the support of trained interpreters, and demonstrates the ability to utilize these services when providing care to clients.

3. Indigenous knowledges

The nurse:

- 3.1. Demonstrates ways to acknowledge and value Indigenous knowledges with respect to the health and well-being of Indigenous clients (e.g., about specific people groups, about the ways of knowledge transmission [e.g., story-telling]).
- 3.2. Is aware that there is a range of Indigenous health knowledges and practices (traditional and non-traditional) among Indigenous peoples.
- 3.3. Recognizes the value of Indigenous healing practices and uses them in the treatment of Indigenous clients in collaboration with Indigenous healers and Elders when requested by Indigenous clients.
- 3.4. Places equal value on Indigenous knowledge (compared to Western/biomedical knowledge).
- 3.5. Appropriately inquires whether Indigenous clients are taking traditional herbs or medicines to treat their ailments and integrates that knowledge into their care.
- 3.6. Engages in nursing care that incorporates holistic concepts of health including the spiritual, psychological, physical and emotional dimensions across the life course.

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Compendium

- Oppressive colonial historical and current policies impact the health and well-being of Indigenous peoples, leading to marginalization, racialization and health disparities.
- There are historical and current incidents of discrimination and racism in the health-care system that have led and lead to disadvantaged health outcomes.
- The Indigenous population has a higher burden of illness than the total population in Canada.
- A lack of knowledge and education of Indigenous health issues results in barriers to the health-care system in many forms.
- Nurses are often the first point of contact for Indigenous peoples in the health-care system.
- Social and professional discourses can negatively influence nurses' knowledge and assumptions about Indigenous clients (Browne, 2009).
- Indigenous peoples are the youngest and fastest growing population in Canada, leading to an increase in encounters (Statistics Canada, 2017).
- Providing equitable services requires nurses to understand the barriers that disadvantage one client versus another in accessing health care. It is incumbent upon nurses to ensure equitable distribution of services and to address systemic barriers.
- Indigenous nurses only represent 2.9% of the Canadian nursing workforce (University of Saskatchewan, ANAC, 2014), compared to approximately 5% of Indigenous peoples in the population of Canada (Statistics Canada, 2017).
- Indigenous knowledge is not mandatory content in nursing education.
- Approximately 50% of Indigenous peoples reside in urban settings; therefore, nurses will encounter Indigenous clients across all clinical practice settings (INAC, 2016).
- Research shows that access to culturally safe health care improves health-care seeking behaviours (e.g., Di Lallo, 2014).
- As leaders promoting culturally competent and culturally safe care, nurses have a social obligation to implement the Truth and Reconciliation Commission's Calls to Action and CNA's Code of Ethics.