REGISTERED NURSES ASSOCIATION
OF THE NORTHWEST TERRITORIES AND NUNAVUT

CULTURAL SAFETY POSITION STATEMENT

Position:

The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) promotes cultural safety for peoples of the Northwest Territories (NT) and Nunavut (NU).

RNANT/NU Beliefs:

- "All peoples contribute to the diversity and richness of northern civilization and culture" (National Centre for Truth and Reconciliation, 2015, p. 102) and "have a right to access a healthcare system that is free of racism and discrimination and should feel safe when receiving healthcare" (First Nations Health Authority [FNHA], 2017, p. 5).
- In every domain of nursing practice, "nurses have an obligation to respect and value each person's individual culture and consider how culture may impact an individual's experience of health care and the healthcare system" (Canadian Nurses Association [CNA], 2018, p. 1).
- "The client participating in the professional encounter or relationship with the nurse determines if it is culturally appropriate or not" (CNA, 2018, p. 1).
- Cultural safety is an entry-to-practice competency (RNANT/NU, 2019) that requires ongoing professional development with a shared commitment among individual nurses, organization, employers, unions, governments and the public (CNA, 2018).

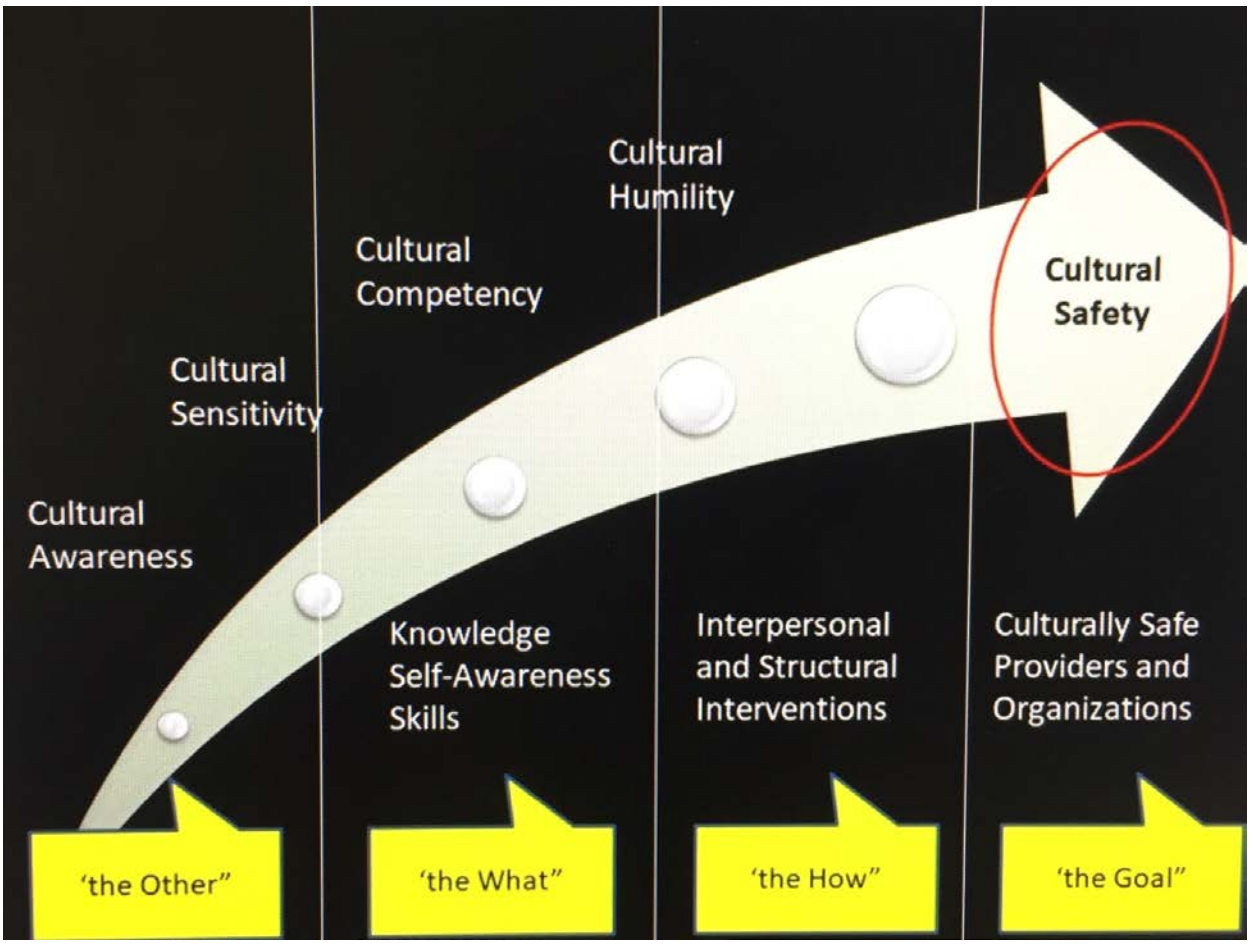
Background:

Achieving cultural safety is based on understanding **power differentials** inherent in health care delivery (CNA, 2018). This power is measured by the clients' "perceived capacity to influence the decision-making encounter" (Joseph-Williams, Elwyn, & Edwards, 2014, p. 306 as cited in CNA, 2018, p. 4). "The development of trust is essential to offset power differentials and is a central piece of all safe nurse-client relationships" (Dinc & Gastmans, 2012 as cited in CNA, 2018, p. 4). Relationship-based care is essential to removing barriers that perpetuate **health disparities/inequities** (Government of the Northwest Territories [GNWT], 2019). There continues to be disproportionately poorer health outcomes for Indigenous people in Canada compared to their non-Indigenous counterparts. This is particularly relevant to the RNANT/NU as a large portion of the population we serve identifies as Indigenous: NT (50.7%) and NU (85.9%) (Statistics Canada, 2016). Inequitable health services and health outcomes are also documented for other marginalized populations that reflect the demographics of the NT and NU such as immigrants and the LGBTQ2S+ community. In this contemporary climate of reconciliation, nurses have a significant role to play in ensuring "not only Indigenous residents but all residents, receive respectful, responsive, and accessible health care" (GNWT, 2016, p. 4).

Defined well by the CNA (2018) (p. 2):

> **Culture** is "a specific individual's beliefs, values, norms and lifeways that can be shared, learned, and transmitted; it influences people's thinking, decisions, and behaviours in their everyday life" (Cai, 2016, p. 269). Culture is understood as a "complex, shifting, relational process" that changes over time and is influenced by "our history, our experiences, our social, professional, and gendered location, and our perceptions of how we are viewed by others in society" (Browne & Varcoe, 2006, p. 162). "Culture must be considered in historical, social, political, and economic contexts" (Garneau & Pepin, 2015, p. 10). Culture is not limited to a person's ethnicity or race and can change over time; it can also "assume many forms in society – such as age, gender, sexual orientation or socioeconomic status" (Blanchet Garneau & Pepin, 2015, p. 10).

The following diagram illustrates the **cultural safety** continuum:



(St. Denis, 2017)

Cultural Awareness is a beginning acknowledgement that there are differences between people, and this is an important first step in working across cultures. This alone is not adequate (St. Denis, 2017).

Cultural Sensitivity is understanding that there is a difference, and also that these differences may be important. This supports multiculturalism; however, it may not support cultural safety (St. Denis, 2017).

Cultural Competency focuses on knowledge, self-awareness and skill development (St. Denis, 2017). To be cultural competent, there is deliberate engagement with clients of other cultures to improve client outcomes, yet, this may be limited in that the client outcome is not necessarily understood. The CNA (2018) believes that "cultural competence promotes cultural safety" (p. 1).

Cultural Humility is a lifelong process of self-reflection and self-critique to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves "humbly acknowledging oneself as a learner when it comes to understanding another's experience" (Hunt, 2001; Wilson et al,. 2013 as cited in FNHA, 2019, p. 11).

Cultural Safety is an outcome that is the gold standard in contemporary health care. It promotes a healthcare environment that is physically, spiritually, socially and emotionally safe for clients (Nursing Council of New Zealand, 2005). This requires respectful relationships, ultimately empowering clients to comment on practices and participate in achieving positive experiences and health outcomes (FNHA, 2016; GNWT, 2019). Cultural safety extends beyond cultural awareness, cultural sensitivity, and cultural competence. **Cultural safety is not achieved until the client says it is**.

Regulation:

<u>CNA Code of Ethics (2017)</u>

C. Promoting and Respecting Informed Decision Making

4. Nurses are sensitive to the inherent power differentials between care providers and persons receiving care. They do not misuse their power to influence decision making.

D. Honouring Dignity

3. In health-care decision making, in treatment and in care, nurses work with person receiving care to take into account their values, customs and spiritual beliefs, as well as their social and economic circumstances without judgement or bias.

F. Promoting Justice

1. Nurses do not discriminate on the basis of a person's race, ethnicity, culture, political and spiritual beliefs, social or marital

status, gender, gender identity, gender expression, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability, socio-economic status, or any other attribute.

2. Nurses respect the special history and interests of Indigenous Peoples as articulated in the Truth and Reconciliation Commission of Canada's (TRC) Calls to Actions (2015).

Truth & Reconciliation Commission - Calls to Action (2015)

23 (iii) - all levels of government to provide cultural competency training for all health-care professionals.

24 - all nursing schools in Canada to require students to take a course that requires skills-based training in intercultural competency, conflict resolution, human rights and anti- racism.

53 (iii) - development and implementation of a multi-year National Action Plan for Reconciliation, which includes research and policy development, public education programs, and resources.

(iv) - promote public dialogue, public/private partnerships, and public initiatives for reconciliation.

Article 15

1 - Indigenous peoples have the right to the dignity and diversity of their cultures, traditions, histories, and aspirations which shall be appropriately reflected in education and public information.

References:

Canadian Nurses Association. (2018). *Promoting cultural competence in nursing*. Retrieved from https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/position_statement_promoting_cultural_competence_in_nursing.pdf?la=en&hash=4B394DAE5C2138E7F6134D59E505DCB059754BA9

First Nations Health Authority. (2017). *FNHA's policy statement on cultural safety and humility.* Retrieved from http://www.fnha.ca/documents/fnha-policy-statement-cultural-safety-and-humility.pdf

Government of the Northwest Territories. (2016). *Building a culturally respectful health and social services system.* Retrieved from https://www.hss.gov.nt.ca/sites/hss/files/resources/building-culturally-respectful-hss-system.pdf

Government of the Northwest Territories. (2019). *Caring for our people: Cultural safety action plan 2018-2020.* Retrieved from https://www.hss.gov.nt.ca/sites/hss/files/resources/cultural-safety-action-plan.pdf

National Centre for Truth and Reconciliation. (2015). *Truth & reconciliation: Calls to action* [booklet]. Winnipeg, Canada: University of Manitoba.

Registered Nurses Association of the Northwest Territories and Nunavut. (2019). *Entry-level competencies for the practice of registered nurses.* Yellowknife, Canada: Author.

Statistics Canada. (2016). *Aboriginal population profile, 2016 census.* Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/details/page.cfm?Lang=E&Geo1=PR&Code1=61&Data=Count&SearchText=Northwest%20territories&SearchType=Begins&B1=All&SEX_ID=1&AGE_ID=1&RESGEO_ID=1

St. Denis, V. (2017, April 27). *Critical race theory and its implication for Indigenous cultural safety* [online webinar]. Retrieved from www.icscollaborative.com/webinars/critical-race-theory-and-its-implication-for-indigenous-cultural-safety

Companion Documents:

First Nations Health Authority. (2019). *Creating a climate for change.* Retrieved from http://www.fnha.ca/wellness/cultural-humility

Canadian Nurses Association. (2019). *Nurses' professional responsibilities in partnering with indigenous peoples in improving health outcomes: Cultural competence and cultural safety.* Retrieved from https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/cultural-competence-and-safety-competencies.pdf