



## Canadian Association of Nurses in AIDS Care

### Position Statement: Cultural Safety for First Nations, Inuit and Métis people

#### Background

First Nations, Inuit and Métis people are central to Canada's history and future. Their resilience and diversity are evident in the many unique languages, cultures, practices, art and world views which collectively create the Aboriginal landscape on which Canada is built.

As nurses, we understand that culture is more than beliefs, practices and values. We understand it as a sociopolitical construct with underlying power relationships, which is enacted relationally through history. Lack of cultural safety between nurses and patients has been demonstrated to produce adverse outcomes, poor quality care and to disenfranchise patients. Cultural safety takes us beyond awareness and the acknowledgement of difference. Whilst cultural competency focuses on the skills, knowledge and attitude of health professionals, cultural safety focuses on the power differentials that are inherent in health care delivery, and redressing these inequities through education and changes to practice.

First Nations, Inuit and Métis people in Canada hold a unique social, economic and political position based on the historical antecedents that have contributed to the unequal power hierarchies that exist in Canadian society. Aboriginal health is a complex issue, reflecting historical disadvantages such as colonialism, racism, introduced diseases and the imposition of cultural and political institutions resulting in loss of land, loss of traditional food and lifestyle, residential schools and the forced separation of healthy families, poverty, unemployment and inadequate housing. CANAC recognizes the individual, family and community impacts of forced assimilation and Residential Schools and the escalation of child removal which occurred with the Section 88 amendment to the Indian Act.

HIV/AIDS nursing involves the care and treatment of a very diverse population of First Nations, Inuit and Métis, women, and children who have unique and multifaceted needs. Due to social, economic and political factors Aboriginal people make up a disproportionate percentage of all new HIV diagnoses. An important feature in shaping improved health outcomes for First Nations, Inuit and Métis peoples is the ability of health care professionals and organizations to provide culturally safe and competent care. In addition to requiring expert knowledge of the complex and continually emerging diagnostic and treatment modalities, nurses working in HIV/AIDS care must also be cognizant of racism, power relationships and negative impacts of social exclusion, negative stereotyping and victimization on the health of their clients.

Nurses must work from a strengths based approach with all clients and communities. Research, data and clinical care should be framed by the individual or community itself, and be presented in strengths based language to avoid further stigmatization.

To provide the expertise required for culturally safe HIV/AIDS care, nurses need more than the general knowledge and skills acquired in basic nursing education programs. It is generally accepted that nurses with specialized knowledge and skill are more efficient and provide safer, more competent and compassionate care. Culturally safe HIV/AIDS nursing care includes:

**Strengths based approach:** A strengths-based approach to nursing care offers a genuine basis for people taking control of their health and life in meaningful and sustainable ways. Nurses should focus on the positive basis of the person's resources and resilience. First Nations, Inuit and Métis people should be empowered to take a lead in their own care and draw upon their community and personal resources of motivation and hope.

**Self reflection:** nurses should reflect on their own cultural experiences, beliefs and attitudes and gain an understanding of privilege and how power is enacted, received and perceived in the nurse-client relationship.

**Understanding of postcolonial theory:** nurses should understand the relationship between colonization, residential school and historic/generational trauma and the impact this has on health disparities and inequities. Ideally, this education and exposure should be led by people with Aboriginal heritage.

**Inclusive engagement and respect** of First Nations, Inuit and Métis peoples and cultures that entails effective communication, inclusion of First Nations, Inuit and Métis peoples in the conduct of research and health care service planning and recognition of uniqueness and diversity in First Nations, Inuit and Métis communities. Research data and community level health data should be owned by, and framed by First Nations, Inuit and Métis people, to avoid the further stigmatization of communities.

**Acknowledging indigenous knowledge.** Nurses should understand Indigenous information systems as dynamic, continually influenced by internal creativity and experimentation as well as by contact with external systems. Indigenous knowledge is unique to each community, nation and family. Nurses should respect the practice and integration of traditional healing, medicine, oral narrative, oral knowledge and wisdom in health care.

## Position

It is the position of the Canadian Association of Nurses in AIDS Care that:

- First Nations, Inuit and Métis people are a diverse, vibrant population who bring strength, fortitude and knowledge to our communities.
- First Nations, Inuit and Métis people experience unique barriers to health and well being due to a history of colonization and continued racism in both general society and within health care.
- Racism is a social determinant of health that must be addressed, explored, challenged and changed to ensure that all care is culturally safe.
- To provide optimal prevention, health promotion and care for First Nations, Inuit and Métis people, nurses require knowledge and skills about indigenous history, colonization, generational trauma and culturally safe practice.
- Nurses recognize that all interactions with clients are bi-cultural and nurses must understand their role as a 'bearer of culture' and examine their own realities, attitudes and beliefs.
- Nurses must acknowledge the power they possess as a nurse and its impact on others – cultural safety is determined by the person we are providing care to.
- Nurses should work with their organization to identify and address issues that may affect client's accessing services.
- Nursing care should be undertaken whenever possible, with the input of the client and/or whomever the client identifies as their community, family, significant other(s) and support structure.
- Nurses working in HIV/AIDS care must be committed to ongoing professional development to obtain and maintain cultural competency.
- To optimize client outcomes, workplaces and nursing education programs should make every effort to recruit and retain nurses with First Nations, Inuit and Métis heritage.

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