Standards for Cultural Safety

NANB

Mandate

Public protection through regulation of nurses in New Brunswick.

Under the *Nurses Act*, NANB is legally responsible to protect the public by regulating registrants of the nursing profession in New Brunswick. Regulation makes this profession, and nurses as individuals, accountable to the public for the delivery of safe, competent, and ethical nursing care.

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Preamble

The Nurses Association of New Brunswick (NANB) has been the professional regulatory body for nurses[1] in New Brunswick since 1916. The *Nurses Act* defines NANB's responsibilities and gives the authority to establish, maintain, and promote education and practice standards for registered nurses and nurse practitioners in New Brunswick.

The *Standards for Cultural Safety* establish the expected level of performance for nurses to provide culturally safe, competent, compassionate, and ethical nursing care in all practice settings. This standard can be considered in two parts.

Part One

Part one of this standard document includes the principles of cultural safety, which are broad in application and extend beyond ethnic understandings of **culture** to also include religion, language, health condition, age, ability, gender identity, and sexual orientation. The principles and indicators of cultural safety are applicable to all nurse-client relationships and practice settings. These principles and indicators have been intentionally designed so that nurses start from within and move outward. This sets the expectation that nurses reflect on their **positionality** as bearers of culture and how this influences nursing practice and broader systems.

Part Two

Part two of this standard document outlines the principles of Indigenous-specific cultural safety. NANB upholds that First Nations, Inuit, and Métis Peoples have constitutional, Treaty, and human rights that must be acknowledged, defended, and respected. The principles of Indigenous-specific cultural safety stem from the United Nations Declaration on the Rights of Indigenous People Act , the Truth and Reconciliation Commission of Canada: Calls to Action, and in collaboration with local Indigenous nurses.

Introduction to Cultural Safety

Safety in healthcare and optimal health outcomes are not guaranteed for those who experience **discrimination**. Over one in four Canadians have faced discrimination in their lifetime, including prejudice based on **race**, religion, ethnic origin, language, health condition, age, ability, gender identity, and sexual orientation (Godley, 2018; Public Health Agency of Canada [PHAC], 2019; Rousseau et al., 2022). Discrimination and **racism** in healthcare lead to mistrust in the healthcare system and an avoidance of services or institutions that may covertly or outright perpetuate discrimination and stigmatization (McGough et al., 2022).

Experiences of discrimination that lead to unsafe care and poor health outcomes are not solely individual occurrences. The drivers of discrimination are often structural and deeply embedded within our current healthcare and social systems. For example, Canada's ongoing history of

[1] For the purposes of this standard, the term "nurse" refers to registered nurses and nurse practitioners

colonization and **cultural assimilation** has resulted in culturally unsuitable care and mistreatment by healthcare providers and systems (Francis, 2019; PHAC, 2019). Existing policies and laws often enforce invisible, dominant cultural values that disproportionately affect certain social groups (Curtis et al., 2019; Horrill et al., 2021). Moreover, power imbalances between **privileged** and oppressed groups often mirror the imbalances between providers and **clients**, which create additional barriers to culturally safe healthcare provision.

The above conditions that lead to culturally unsafe healthcare are a result of modifiable social structures (Horrill et al., 2021). In other words, the status quo can be changed, and action can be taken to redress culturally unsafe healthcare experiences. Cultural safety is both a process and an outcome based on respectful engagement; it recognizes and strives to address power imbalances inherent in the healthcare system. Cultural safety aims to promote an environment free of racism and discrimination, where people feel safe, valued, and heard when receiving healthcare. Cultural safety was originally conceptualized with an understanding that the ways in which nurses interact with clients significantly influence whether a client will seek or avoid healthcare services (Horrill et al., 2020). Cultural safety also highlights the influences of power dynamics and covert structures of colonization and **oppression** within healthcare systems, that must be addressed so that systemic changes can occur.

Principles of Cultural Safety

It is expected that the principles of cultural safety be applied to all practice settings and all nurse-client relationships. There are four principles with associated indicators that outline the accountabilities and responsibilities of nurses to optimize culturally safe, competent, compassionate, and ethical nursing care. Although each principle builds upon the last, it is important to note that cultural safety is not a linear process; each nurse has a unique learning journey in creating and contributing to environments that support cultural safety.

The principles of cultural safety are:

1. Self-awareness
2. Relational awareness
3. Client-led relationships
4. Safe healthcare experiences

Principles of Indigenous-Specific Cultural Safety

It is expected that the Indigenous-specific cultural safety principles be applied in all practice settings and all relationships with Indigenous people. NANB believes that we all have a responsibility to be a part of reconciliation. The state of Indigenous health in Canada is "a direct result of previous Canadian government policies" (Truth and Reconciliation Calls to Action, p. 2). Canada's history of colonialism made possible laws and policies, including residential schools, removal of Indigenous People from traditional lands to reserves, criminalization of languages and cultural ceremonies, and denial of Treaty rights. These laws, policies, and practices have directly impacted the health and well-being of First Nations, Inuit, and Metis Peoples. For this reason,

there are two principles with associated indicators that outline the expectations of nurses to uphold the principles of Indigenous-specific cultural safety and integrate these principles into their nursing practice.

The principles of Indigenous-specific cultural safety are:

5. Journey of Learning
6. Respect for Indigenous Identity and Knowledge

The Standards for Cultural Safety apply to all nurses, including graduate nurses, nurses on the temporary register, registered nurses, and nurse practitioners. This standard describes nurses' accountabilities and is not intended to replace legal advice or employer policy.

Standards for Cultural Safety

1. Self-Awareness

Nurses understand that cultural safety starts from within. Nurses commit to self-reflection and evaluation of their reality, attitudes, and beliefs to foster the foundation of culturally safe care.

Nurses:

1.1 Reflect on their historical, social, and political **positionality**.
1.2 Reflect on their own **culture**, beliefs, and values and how these influence ways of knowing, thinking, and doing.
1.3 Critically reflect on emotional reactions when examining their positionality or privilege.
1.4 Identify and evaluate personal biases that may facilitate or hinder a culturally safe healthcare experience.
1.5 Commit to intentional, lifelong, reflective practices.
1.6 Continually seek opportunities to improve their ability to provide culturally safe care.

2. Relational-Awareness

Nurses understand the interactive and dynamic nature of cultural safety. Nurses identify relational aspects of cultural safety and create awareness, sensitivity, and humility before the onset of the nurse-client relationship.

Nurses:

2.1 Reflect on **power** dynamics in nurse-client relationships.
2.2 Reflect on the culture of their practice setting and how this impacts **client** care.
2.3 Reflect on **cultural awareness** and **cultural sensitivity** as precursors to cultural safety**.**
2.4 Accept that healthcare providers' attitudes, beliefs, and practices can facilitate or hinder **culturally safe** care.
2.5 Acknowledge beliefs and practices that differ from their own without discrimination, regardless of age, sexual orientation, gender identity, occupation, socioeconomic status, ethnic origin, migrant experience, religious or spiritual belief, or disability.
2.6 Commit to **cultural humility.**
2.7 Seek feedback on behaviour from **trusted colleagues** and clients.

3. Client-Led Relationships

Nurses foster a nurse-client relationship that strives for culturally safe care and is underpinned by an understanding of the client's experience, needs and expectations, and mutual trust and respect.

Nurses:

- 3.1 Understand that the care recipient (client, family, and/or community) determines whether a healthcare encounter is culturally safe.
- 3.2 Offer the choice to involve the client's family, support people and other community-based supports and providers (e.g., Elders, patient advocates, community health nurses, etc.) to facilitate and support culturally safe client care.
- 3.3 Respect the client's right to respect and dignity and refrain from placing judgment, labels, **stigma**, and/or eliciting humiliating behaviour (which may be intentional or unintentional) toward the client.
- 3.4 Respect and support the client's right to informed decision-making.
- 3.5 Communicate with clients effectively and respectfully, without judgement or discrimination, including actively listening and seeking to understand the client's perspective.
- 3.6 Co-create and incorporate plans of care that include cultural rights, values, spiritual beliefs, customs, and practices without judgment or bias.
- 3.7 Incorporate approaches informed by **trauma and violence-informed care** into the nurse-client relationship.
- 3.8 Take appropriate action when others act in a discriminatory manner, including following NANB's Duty to report guidelines and reporting instances of racism and discrimination to your employer and regulatory body.

4. Safe Healthcare Experiences

Nurses create safe healthcare experiences beyond the individual client encounter. Nurses address the root causes of unsafe healthcare experiences and promote **inclusion** and **equity**, including advocating for organizational and structural change that enhances culturally safe systems.

Nurses:

- 4.1 Understand how structural inequities, rather than individual characteristics, influence access to care, including social, political, historical, and economic conditions.
- 4.2 Help colleagues (e.g., nurses, allied health professionals, physicians) identify and eliminate attitudes, language, and behaviours that negatively impact the safe healthcare experience of clients.
- 4.3 Acknowledge that **structural oppression** and **structural racism** are real and that may interfere with care and advocate to address barriers that impact culturally safe care.
- 4.4 Identify and eliminate policies and practices that negatively impact culturally safe environments.

4.5 Advocate for the expansion and uptake of culturally safe policies, procedures, and mandatory professional development from employers.
4.6 Create positive and culturally safe work environments through role modelling **anti-racism** and anti-oppressive practices and supporting the rights and safety of clients and colleagues.
4.7 Advocate for the development of anti-racist policies and practices with employers.

Standards for Indigenous-Specific Cultural Safety

5. Journey of Learning

Nurses build knowledge through ongoing education and lifelong learning to understand the connection between the historical treatment of Indigenous people and current health outcomes.

Nurses:

5.1 Understand how **colonialism** and Indigenous-specific racism has and continues to affect health outcomes and access to healthcare services.
5.2 Understand and respect the diverse histories, languages, and traditions of Indigenous people, particularly the Wolastoqiyik, Mi'kmaq, and Peskotomuhkati.
5.3 Understand the treaties and laws that have been established to create a distinctive sociopolitical space for Indigenous people.
5.4 Acknowledge that shifting perspectives of previously held beliefs or prior knowledge may occur.
5.5 Recognize that colonialism, trauma, and prior experience may affect clients view, access, and interaction within healthcare systems.
5.6 Understand that each client's experience is unique and may be influenced by a combination of factors.

6. Respect for Indigenous Identity and Knowledge

Nurses demonstrate respect for Indigenous identity within nurse-client relationships when clients self-identify. Nurses offer the choice to incorporate values and traditions into nurse-client interactions, and advocate for and support initiatives that honour and preserve Indigenous health practices at the organizational and system level.

Nurses:

6.1 Treat Indigenous clients with respect and empathy by:
  6.1.1 Seeking to understand the client's lived experience.
  6.1.2 Being open to learning from Indigenous clients, their family, community members, Indigenous colleagues, Elders and knowledge-keepers.
6.2 Incorporate client's personal strengths that will support the achievement of their optimal health.

6.3 Recognize, value, and honour traditional Indigenous healing practices and collaborate with healers and Elders to incorporate them into nursing care plans upon request.
6.4 Advocate for Indigenous consultation and engagement in policy development, and organizational planning, processes, and decision-making.
6.5 Have an awareness of the Indigenous services offered and advocate for policies that support access to healthcare and system change.

Glossary of Terms

Anti-racism: The active process of identifying and eliminating racism by changing systems, organizational structures, policies practices and attitudes so that power is redistributed and shared equitably.

Client: Individuals, families, groups, populations, or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

Colonialism: A practice or ideology where one nation establishes and maintains control over another territory, its resources, its people, often through political domination and cultural influence. This benefits the colonial power and is typically justified by ideologies such as racial superiority, economic necessity, or religion.

Colonization: A dominant society that "discovers" and claims rights to unsurrended lands already lived upon by original inhabitants. Colonizers then determine and shape laws, language, economy, social relations, and cultural life, and subject all people on the land to these dominant norms. Colonization denies sovereignty and self-determination of the Indigenous peoples originally inhabiting the land by asserting that dominant norms are superior and subjecting everyone to live by these norms. This denies Indigenous peoples' freedom to the land, as well as their language, culture, and social values.

Cultural Assimilation: The imposition of a dominant way of life which intends to cease distinct legal, social, cultural, and religious ways of life. The purpose is to integrate all people into one way of life, which is the dominant social and cultural norm. In a Canadian context, cultural assimilation has been a process, through legislation and policy, to attempt to abolish Indigenous peoples' distinct governments, cultures, and identities.

Cultural Awareness: The acknowledgment of difference. It involves observing those differences. Cultural awareness focuses on seeing beyond one's own culture and understanding that many forms of culture exist.

Cultural Humility: Cultural humility is a process of self-reflection 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 understanding another's experience.

Cultural Sensitivity: Recognizing the need to respect cultural differences. Cultural sensitivity involves exhibiting "behaviours that are considered polite and respectful by the [person who has cultural differences from your own]."

Culturally Safe Care: Culturally safe care is a refinement of the concept of "cultural safety". Nurses do everything they can to provide culturally safe care, but they remain aware that they are in a position of power in relation to the clients and some clients may never feel fully safe. Nurses allow those who receive care to determine what they consider to be safe. Nurses support them in drawing strength from their personal identity, culture, background, and community.

Culture: An individual's beliefs, norms, and values that influence their opinions, thoughts, and behaviours in everyday decision-making. Culture is a complex relational process influenced by history, personal experiences, and perceptions of society. Culture evolves and is not limited to ethnicity or race; it also comprises age, language, gender expression, sexual orientation, and socioeconomic status.

Discrimination: An action or a decision that results in the unfair or negative treatment of a person or group owing to conscious or unconscious prejudice that favours one group over others because of differences in for example, their race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, language, physical or mental ability, or other categories.

Equity: The fair treatment, access, opportunity, and advancement of all people, and the attempt to identify and eliminate barriers that have prevented the full participation of some groups. The principle of equity acknowledges that historically underserved and underrepresented populations exist and that fairness regarding these unbalanced conditions is required to assist in the provision of adequate opportunities for all groups. Equity also considers that social groups (gender, religion, socioeconomic status etc.) do affect equality.

Inclusion: An active and intentional operationalization of equity and diversity within organizations and communities to be welcoming, helpful, and respectful to everyone. Inclusion requires that every person within a community demonstrates the values and principles of fairness, justice, and being open to different perspectives, experiences, and cultures. Organizational inclusion requires the identification and removal of barriers (e.g. physical, procedural, invisible, visible) that inhibit member participation or contribution.

Oppression: An unearned disadvantage when a particular social group is unjustly subordinated, resulting from a complex network of social restrictions, ranging from laws and institutions to implicit biases and stereotypes.

Positionality: The understanding that people have multiple identities and make meaning of the world from the various aspects of their background and identities (gender, race, language, ability, etc.). These differences in social position and power shape individual and collective identities, as well as worldviews.

Power: The nurse-client relationship is one of unequal power. Although nurses may not perceive themselves as having power in the relationship, they have more power than the client. The power of the nurse comes from the authority associated with their position in the healthcare system, specialized knowledge, influence with other healthcare providers in the decision-making process, and access to privileged information. In any professional-client relationship, there is an imbalance of power in favour of the professional and is reinforced in healthcare services by the vulnerability of a client needing care. A misuse of power can be considered client abuse.

Privilege: An unearned right, benefit, or advantage given to a person, not from work or merit but because of race, social position, religion, gender, or another social category. Unearned privilege tends to be systematically given to dominant social groups.

Race: A social construct that artificially divides people into distinct groups according to specific characteristics such as physical appearance (especially skin color), ancestral heritage, cultural affiliation, cultural history, ethnic classification, and the social, economic, and political needs of a society at a given period of time. Most sociologists believe that race is not "real" in the sense that no distinctive genetic or biophysiological characteristics exist that truly distinguish one group of people from another. Instead, different groups share overlapping characteristics.

Racism: Racial prejudice or discrimination. The belief that one's race is superior to another, based on one's particular racial or ethnic group. Racism is both covert and overt and includes arbitrary power to suppress, exclude, demean, deauthorize, and/or degrade a racial group.

Stigma: Negative, unfounded attitudes or beliefs (i.e., prejudice) towards an individual based on their actual or perceived membership of a stigmatized group. Stigma is often accompanied by negative actions/ behaviours.

Structural oppression: Vast and deep injustices that some groups suffer as a consequence of often unquestioned norms and processes that are embedded within everyday life. These norms and processes are seen within societal level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being of certain groups.

Structural (or systemic) racism: Political, social and economic structures and institutions where a dominant group is established, and its power is reinforced through inequitable laws, policies, rules and regulations, and access to resources.

Trauma and violence-informed care: Trauma- and violence-informed care (TVIC) creates emotionally, culturally, and physically safe services by understanding the experiences of trauma

and their impacts on people's lives and behaviours. TVIC accounts for the intersecting impacts of systemic and interpersonal violence and the structural inequities on a person's life, emphasizing both historical and ongoing violence and its traumatic impacts. Key principles include fostering trust by offering authentic choice, collaboration, and connection; providing strengths-based and capacity-building care to support clients; and creating environments where clients do not experience re-traumatization or harm.

Trusted colleague: A person who may be an ally or may identify as someone from an equity-deserving group and believes in justice, equity, diversity, and inclusion. A trusted colleague is willing to support initiatives that can foster diverse and/or inclusive environments.

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