



Canadian Association of Perinatal and
Women's Health Nurses

Association canadienne des infirmières et infirmiers
en périnatalité et en santé des femmes

CAPWHN POSITION STATEMENT ON CULTURAL SAFETY/HUMILITY FOR INDIGENOUS HEALTH AND CARE IN CANADA

The Canadian Association of Perinatal and Women's Health Nurses (CAPWHN) is a national organization that promotes excellence in nursing practice, leadership, education, and research in perinatal and women's health (CAPWHN, 2017). The Canadian Indigenous Nurses Association (CINA, 2022) assists in bringing forth historical and current perspectives to provide and improve the health of Indigenous Peoples. CINA is leading the way for health care providers to recognize the importance of cultural safety and humility which allows for people to safely access and receive care. CAPWHN acknowledges the necessity for the commitment to improve nursing practice with both Indigenous and non-Indigenous health care providers.

Within this position statement regarding cultural safety and humility in perinatal and women's health, CAPWHN seeks to address the role that the nursing profession has played in creating the stark inequity in health care access, provision, quality, and outcomes specific to Indigenous Peoples in Canada. It also assists in building health care professionals' awareness and understanding of cultural safety and humility to construct relationships with Indigenous People and each other to improve care experiences. This position statement acknowledges the truth of nursing's role in the biomedical curative model of care and its potential to be used as a tool for colonialism (Kavanaugh, 2003; Stote, 2015). Finally, it advocates for professionals engaged in perinatal and women's health nursing to employ cultural safety as a practice to safeguard against neo-colonial practices in nursing.

Nursing providers need to follow principles that follow cultural safety and humility in every practice encounter (Grandmother Shingoose, Knowledge Carrier, personal communication Dec 21, 2022).

BACKGROUND

INDIGENOUS HEALTH and CARE on TURTLE ISLAND PRE-CANADA

Indigenous Peoples is a collective term used to include, or which includes, the original peoples and their descendants on Turtle Island, otherwise known as North America. In Canada, the constitution recognizes the three Indigenous groups to be First Nations, Métis, and Inuit (Indigenous and Northern Affairs Canada, 2016). It is recognized that Indigenous Peoples' identity stems from numerous variables, including the physical, spiritual, emotional, and mental being. These interrelated aspects are compounded by the past, present, and future. Identity among Indigenous is inclusive of the term "two-spirit which "encompasses the wide variety of social meanings that are attributed to sexuality and gender roles across Indigenous American culture" (Wilson, 1996, p. 305), not only lesbian, gay, and bisexual but also including the appearance and dress of people in various roles. This term supports the interrelatedness of culture, community, sexuality, gender, and spirituality in the expression of identity (Walters, Evans-Campbell, Simoni, Ronquillo, & Bhuyan, 2006; Wilson, 1996).



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“Women and Two-Spirit persons are sacred. A pregnant person is a water carrier, the water is sacred and a bond is formed between mother and baby”

(Grandmother Shingoose, Knowledge Carrier, personal communication Dec 21, 2022).

There are many Indigenous Nations with their own beliefs and values including:

- Intricate systems of balance which exist between self and others and are embedded in ceremony, such as various care practices, governance systems, and traditional Indigenous laws (Jasen, 2007; Leitenberger, 1998);
- The promotion of traditional birth practices by birth keepers, midwives, and/or natural supports birth attendants (such as aunties, grandmothers, sisters, mothers) (NAHO, 2004; Carroll & Benoit, 2001);
- The use of ceremony and cultural practices to honour and ground women/two-spirit people's wellness as the backbone central to the health of communities (Carrol & Benoit, 2001; Cook, 2007);
- The passing of Traditional Medicine knowledge from generations with connection to plants, animals and lands with many effective medicines that keep people strong and provide medicine for the community (Carrol & Benoit, 2001; Cook, 2007).

NURSES ROLES

INDIGENOUS PERINATAL AND WOMEN/TWO-SPIRIT PERSON'S HEALTH

It is imperative to recognize that the current social and health inequities amongst First Nations, Métis, and Inuit women/two-spirit people have been exacerbated by the historical health practices within Canada, including those undertaken by perinatal and women's health nursing professionals (Stote, 2015; Health Canada, 2003). The history of the nurses' roles included assisting with the forced sterilizations of Indigenous peoples and participating in the administration of residential schools and Indian Hospitals (Stote, 2015). The generational legacy of colonialism continues to affect Indigenous peoples today, as witnessed by the tragic revelation of massed, unmarked graves of children found on the grounds of former residential schools. There are on-going discoveries of the graves and burial sites on residential schools, but Indigenous people have known that these have existed (Grandmother Shingoose, Knowledge Carrier, December 2022), discoveries which continue to this day.

Historically, nurses have acted within a broader medical model that has supported the institutionalization of the childbearing experience and has undermined the importance of the traditional knowledge of healers, midwives, and birth attendants, including family members (Carrol & Benoit, 2001; Jasen, 2007).



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Whereas this medical model of care advocated for the removal of birth from communities without consideration or involvement of community members in these decisions, these actions have significantly and negatively impacted Indigenous Peoples (NAHO, 2004). Nurses played a role in the practice of 'birth alerts' which has given rise to a disproportionate number of Indigenous children being taken from their parents, in many cases at birth, and placed in the social welfare system (Malebranche, 2020). Parents were often not aware of the planned apprehension of their infants, requiring nurses to care for patients in ways that eroded the therapeutic relationship, the foundation of care that requires transparency and the right to self-determination for patients. Although some provincial jurisdictions have moved to discontinue this practice, it continues to be a reality for many Indigenous families in Canada today, thereby perpetuating systemic racism and institutional violence towards Indigenous Peoples. Nurses must be familiar with Bill C-92: An Act respecting First Nations, Inuit, and Metis children, youth, and families (Parliament of Canada, 2019).

Nursing professionals must recognize the historical impact of institutionalized racism, provider racism, and their impact on the overall health care experiences for Indigenous clients. The aforementioned participation of nurses in medical acts of colonialism and cultural genocide (Parker, 2015), against the backdrop of the Government of Canada's Indian Act, is recognized and identified as contributing to poorer health outcomes and shorter life expectancy for Indigenous Peoples. Racism and its interconnection with colonialism have created profound health inequities for Indigenous Peoples with reduced access to health services, including primary health care, education, safe housing, clean drinking water and economic opportunities within Indigenous communities (Public Health Agency of Canada, 2018).

Nursing professionals must acknowledge that systemic racism and institutionalized violence remains a reality and is therefore a challenge that must be recognized and addressed to advance healing for Indigenous people. In September 2020, the death of Joyce Echaquan, a member of the Atikamekw Nation who was seeking health care in a Quebec hospital, highlighted only one example of how Indigenous peoples continue to face racism within the healthcare system. Following this tragic event, the Council of the Atikamekw of Manawan and the Council de la Nation Atikamekw drafted 'Joyce's Principle', which "aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional, and spiritual health. Joyce's Principle requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health." (Council of the Atikamekw of Manawan and the Council de la Nation Atikamekw, 2020).

Colonial interference and definition of historical events, such as experiences with residential schools and the 'Sixties Scoop', have resulted in intergenerational trauma among Indigenous families. Today, this intergenerational trauma is amplified by the ongoing injustice related to Missing and Murdered Indigenous Women and Girls (MMIWG). While colonial values and systems continue to perpetuate harm, it is important that healthcare systems and those who work within them actively address the 94 calls to action (especially calls #18-#24 specifically addressing Health) outlined by the Truth & Reconciliation Commission of Canada (2015).



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The upholding, protecting, and sharing of Indigenous identities, culture(s), values, and practices is a testament to the resilience and strength of Indigenous women and two-spirit people. Indigenous women and two-spirit people share special gifts that address holistic wellness and healing (Cook, 2007). Despite past acts of cultural genocide by various levels of government and the Catholic Church (Stote, 2015), Indigenous Peoples in Canada maintain ceremony, customs, traditional knowledge, and practices that are vibrant and deeply enriching. The leadership and commitment of Indigenous Peoples contributes to the resurgence and reclamation of traditional practices across Canada and beyond.

*Indigenous persons have survived and thrived despite the harms and racism they experienced
(Grandmother Shingoose, Knowledge Carrier, personal communication December 2022).*

A VISION FOR MEANINGFUL PARTNERSHIP BETWEEN HEALTH CARE PROVIDERS AND FIRST NATIONS, INUIT AND MÉTIS WOMEN AND CHILD-BEARING PEOPLE

As an organization and as Registered Nurses, we are committed to the principles of perinatal and women's/two-spirit health nursing including caring, compassion, and understanding (CAPWHN, 2017; CNA, 2015). We are committed to the health of all child-bearing people, including families and individuals who identify across the spectrum of gender or sexuality. We acknowledge the devastating ways in which nursing as a profession has been complicit in the colonial processes that have resulted in personal and intergenerational trauma in the lives of Indigenous communities, families, and patients where we work (First Nations Health Authority [FNHA], 2017; Stote, 2015). If we acknowledge and recognize colonialism and its impact on the social determinants of health and injustices for our Indigenous colleagues and clients, we may then seek meaningful ways in which nursing as a profession can contribute positively to decolonization efforts. There needs to be unlearning of biases and stereotypes that perpetuate racism and colonial practices (Grandma Shingoose, Knowledge Carrier, personal communication December 21). The nurses need to utilize strength-based approaches and acknowledge the beliefs, values, and ways of each Indigenous person and their community (Grandmother Shingoose, Knowledge Carrier, person communication December 21, 2022).

The Truth and Reconciliation Commission of Canada (2015) has stated that to advance reconciliation, health care professionals must answer the calls to action, acknowledge the colonial history of Canada and how this affects Indigenous health, and begin training in conflict resolution, anti-racism, and human rights. Reconciliation requires a commitment to establishing and maintaining relationships when working with First Nations, Inuit, and Métis peoples (Wiebe, van Gaalen, Liebe, & Costen, 2014).

This change in professional practice from its colonial and paternalistic roots to one of meaningful collaborative respectful partnership and recognition of fundamental inequities in power dynamics will create a positive vision for improved health and well-being for Indigenous women and families (Wiebe et al., 2014). Reconciliation cannot occur until the truth is recognized (Grandmother Shingoose, Knowledge Carrier, December 21, 2022).



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CULTURAL SAFETY AND HUMILITY IN PERINATAL AND WOMEN'S/TWO-SPIRIT HEALTH NURSING

Cultural safety includes and goes beyond cultural awareness, which refers to awareness of differences between cultures (Ward, Branch, & Fridkin, 2016). It also goes beyond cultural sensitivity, which is about realizing the legitimacy of difference and the power one's own life experience can have on others. Cultural safety means understanding the power imbalances inherent in health services and health care relationships and addressing these inequities in service delivery (Wiebe, et al., 2014). Cultural safety is rooted in self- understanding rather than understanding the other, it counters the essentialist ideals of nursing knowledge (Wiebe et al., 2014). The aim of cultural safety is to create an environment free of racism and discrimination where people feel safe receiving and accessing care (FNHA, 2017).

Cultural humility includes self-reflection to understand experiences and thoughts that contribute to our own understanding of culture and the system in which we practice with an appreciation that each health care professional is a learner. Cultural humility should "maintain respectful processes and relationship based on mutual trust" (FNHA, 2017, para. 3). As such, cultural safety and humility do not have endpoints, rather they evolve as an ongoing process in working with patients and families.

CULTURAL SAFETY

First Nations, Inuit, and Métis people have a right to access a health care system that is free of racism and discrimination. Perinatal and women's health nurses who care for Indigenous peoples have a responsibility to learn from the past and actively participate in the professional change required to build a health care system that can provide culturally safe care with Indigenous peoples.

A culturally safer approach to providing perinatal and women's/two-spirit health nursing care includes:

- Knowing Recognizing the nursing profession's role in the historical and contemporary colonial processes and thus shaping the encounters and realities of people during perinatal and health care experiences;
- Understanding that culture is something that is living, current, complex, and dynamic rather than a set of historical beliefs or practices;
- Having a professional commitment to self-reflection with the identification of personal assumptions and positions of power within the health care system;
- Recognizing that one's own culture influences personal beliefs in the provision of health care.

CULTURAL HUMILITY

The demonstration of cultural humility by nurses creates a space for safer health care, and one that First Nations, Inuit, and Métis people are more likely to access. This in turn can facilitate accessible and timely entry to a health care system that is improved with the ability to respond to the needs of the individual, the family, and the community.



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A culturally humble approach to perinatal and women's/two-spirit health nursing care includes:

- Providing health care in a way that respects Indigenous people as equal partners in their own care;
- Understanding personal biases and developing and maintaining mutually respectful partnerships based on mutual trust through a life-long process of self-reflection and self-critique;
- Respecting the individual and family in the provision of care and respect for self as a life-long learner in coming to understand another person and community (Joyce's Principle);
- Challenging assumptions regarding other people's cultural experiences including the acknowledgement that an individual's culture is integral to identity or relevant to their health care;
- Acknowledging that health care professionals can never be "expert" or "competent" in another person's culture or history, but can instead, demonstrate an openness to learning.

Nurses must be aware of the practice shifts needed at multiple levels in healthcare, in collaboration with Indigenous Peoples, recognizing and respecting their cultural needs, preferences and priorities. The 4 R's can be a basis for cross cultural dialogue and includes: Respecting Indigenous Peoples for who they are; Providing Indigenous Peoples with information that is relevant to and respectful of their worldviews; Encouraging reciprocity in healthcare relationships; and Enabling Indigenous Peoples to exercise responsibility and agency over their health (Perinatal Services BC, 2021).

A willingness to learn, engage with, and reflect on Indigenous history and culture is critical. The recommendations of the TRC (2015) highlights the work that will be required to address the inequities faced by indigenous persons across a broad cross section of Canadian life in areas such as health, child welfare, the justice system, education, language, and culture. Answering the calls to truth and reconciliation will require systemic change across these systems. Nursing practice that parallels key principles of cultural safety and humility will assist in creating a health care system that is more respectful for Indigenous Peoples in Canada. The commitment of nurses moving forward in their role requires a major shift in learning, practice, and especially in Indigenous patient care that honors their wellbeing and culture (Grandmother Shingoose, Knowledge Carrier, personal communication Dec 21).



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Additional Resources:

San'yas Indigenous Cultural Safety Training

The coin model of privilege and critical allyship: implications for health

<https://www.culturallyconnected.ca/>

CAPWHN Position Statement on Cultural Safety/Humility approved by the CAPWHN Board of Directors December 15, 2022.

Endorsements:

The CAPWHN Position Statement (version 1.0) on Cultural Safety/Humility 1.0 has been endorsed by: Canadian Association of Neonatal Nurses – July 4, 2018

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