



CAPWHN POSITION STATEMENT ON CULTURAL SAFETY/HUMILITY

In 2015, the Canadian Association of Perinatal and Women’s Health Nurses (CAPWHN) Advocacy and Health Policy Committee chose Aboriginal Women’s Health as an initiative to highlight in our national committee. One of the committee’s key actions was to develop a position statement on cultural safety and humility. The committee collaborated with the Canadian Indigenous Nursing Association (CINA) to develop the position statement, which was finalized in June 2017. The position statement 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 while recognizing the historical treatment of Indigenous People of Canada by mainstream society including nurses. The position statement outlines the Canadian treatment of Indigenous people and seeks to address the role nurses can play in implementing the Truth and Reconciliation Commission of Canada recommendations (www.trc.ca) by committing to practice in a culturally safe and humble way.

Please join us in honouring and celebrating Indigenous people on June 21, 2017 as we launch the CAPWHN Cultural Safety/Humility Position Statement. We support the road to healing through the journey of Truth and Reconciliation for the Indigenous People of Canada.



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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 Nursing Association (CINA) 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, in collaboration with CINA, 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 Canada's Indigenous people. 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 and begin a larger process of healing.

INDIGENOUS HEALTH and CARE on TURTLE ISLAND PRE-CANADA

Indigenous people is a collective term used to include, or which includes, the original peoples and their descendants in 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. The term "two-spirit 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).

There are many Nations, many beliefs and values including:

- The intricate systems of balance 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 importance of practice of traditional birth keepers, midwives, and/or birth attendants (such as aunties, grandmothers, sisters, mothers) (NAHO, 2004; Carroll & Benoit, 2001);

- Ceremony and cultural practices are used to honour and ground women/two-spirit wellness as the backbone central to the health of communities (Carrol & Benoit, 2001; Cook, 2007);
- Traditional Medicine knowledge is passed down from generations with connection to plants, animals and lands with many effective medicines that kept people strong and provide medicine for the community (Carrol & Benoit, 2001; Cook, 2007).

NURSES WERE THERE: INDIGENOUS PERINATAL AND WOMEN'S HEALTH

It is imperative to recognize the current social and health inequities amongst First Nations, Métis, and Inuit women and those who identify as well as 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 sad 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). 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). 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 people (NAHO, 2004).

The aforementioned participation of nurses in medical acts of colonialism and cultural genocide (Parker, 2015) is recognized and identified as contributing to poor health outcomes, violence, poverty, and the significant relationship to the social determinants of health. Nursing professionals need to recognize the historical impact and current reality of institutionalized racism, provider racism, and their impact to the overall health care experiences for Indigenous clients.

Overcoming these contributions and succeeding to reclaim Indigenous identity is a true testament to the resilience and strength of Indigenous women and two-spirit people. The Indigenous women and two-spirit people share special gifts that address holistic wellness and healing (Cook, 2007). In spite of attempted cultural genocide (Stote, 2015), Indigenous people in Canada maintain ceremony, customs, traditional knowledge, and practices that are vibrant and well. The leadership and commitment of these people contribute to resurgence and reclaiming of these practices across Canada and beyond.

PERINATAL and WOMEN'S HEALTH NURSES ARE HERE: 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 with various genders and 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 recognize colonialism and its impact on the social determinants of health for our Indigenous colleagues and clients, we must then seek real ways in which nursing as a profession can contribute positively to decolonization efforts.

The Truth and Reconciliation Commission of Canada (2015) has stated that in order to advance reconciliation, health care professionals must answer a call to action, acknowledge the history of Canada and how this affects Indigenous health, and begin training in conflict resolution, anti-racism, and human rights. Reconciliation requires a commitment 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).

THE PROCESS: 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. 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).

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.

Culturally safe perinatal and women's/two-spirit health nursing care includes:

- 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.

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;
- 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.

This process will assist in creating a health care system that is culturally safe for Indigenous people in Canada.

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