



Nurses¹ have a duty to provide safe, competent, and ethical nursing care and service in the best interest of the public. The College and Association of Registered Nurses of Alberta (CARNA) recognizes that culturally safe² practices, and practices that are inclusive and do not discriminate based on a client's³ attributes or circumstances, are essential to providing safe, quality, and equitable care, and contribute to the improved health of Albertans.

Nurses practice in a variety of settings and in all domains of practice, interacting with and providing care for diverse clients from varied cultures, perspectives, and backgrounds. Nurses respect diversity and are responsible for safeguarding human rights, equity, fairness, and inclusivity to promote culturally safe practice environments for clients and members of the health-care team. This means that they 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 (Canadian Nurses Association [CNA], 2017).

Purpose

CARNA's mandate is to protect the public, and this document provides guidance and direction on the responsibilities and accountabilities of nurses to provide care that is culturally safe and inclusive as outlined in CARNA's *Practice Standards for Regulated Members* (2013) and the fundamental values of CNA's *Code of Ethics for Registered Nurses* (2017).

What is Culture?

Culture is the integration of values, attitudes, behaviours, links, relationships with others, and specific ways of living. Culture refers not just to race and ethnicity; it includes but is not limited to: age, sex, gender, gender expression, sexual orientation, mental or physical ability, religious and spiritual beliefs, social class, and economic and political status (Bozorgzad, Negarandeh, Raiesifar & Poortaghi, 2016).

¹ Nurses refers to all CARNA registrants, including registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners, and RN or NP courtesy registrants on the CARNA registry.

² Culturally safe is an outcome based on respectful engagement free from racism and discrimination so that the patient is a powerful player, not a passive receiver, of health care (Yeung, 2016).

³ Clients refers to patients, residents, families, groups, communities, and population.

What is Culturally Safe and Inclusive Practice?

Clients have a right to access health care that is free of stigma, racism, and discrimination, and have the right to feel safe and respected when accessing health care (First Nations Health Authority [FNHA], 2017). Culturally safe practice includes, but also goes beyond cultural awareness and cultural sensitivity. It creates a space where clients experience respect for their unique health-care practices, preferences, and decisions, and feel safe when receiving care. Most importantly, the client determines whether the encounter is culturally safe.

Nurses promote culturally safe practice environments and inclusivity when their interactions with clients come from a place of cultural humility, anti-racism, and a trauma and violence-informed approach. Cultural humility is a lifelong process of critical self-reflection, and an openness to understanding personal culture, biases, and privilege. Interacting from a place of cultural humility occurs when nurses humbly acknowledge themselves as lifelong learners with regards to understanding clients' experiences and culture, and demonstrate an openness to learning (FNHA, 2017).

Practicing from a place of cultural safety and cultural humility requires a therapeutic relationship built on a foundation of trust that puts the need of clients and families first. Nurses recognize and understand the power differential within the therapeutic relationship and strive for shared decision-making about care. Shared decision-making reduces health inequities and unjust health outcomes that have resulted from oppression and powerlessness (CNA, 2018).

Nurses acknowledge they have implicit or unconscious biases that are most often the root causes of unintentional, insensitive attitudes and behaviours and that reflect innate prejudices or biases, leading to care that is not culturally safe and inclusive (FitzGerald & Hurst, 2017). Recognition of implicit biases and critical self-reflection reduces the risk of any unintended discriminatory behaviour and unsafe care based on stereotypes. When nurses lack self-reflection on their interactions with clients, stigmatizing and discriminatory practices may happen (Narayan, 2019).

Nurses' Responsibility and Accountability

CARNA's *Practice Standards for Regulated Members* (2013) and CNA's *Code of Ethics for Registered Nurses* (2017) provide a foundation for nurses to understand their responsibility and accountability to provide care that is culturally safe and inclusive and free of stigma, discrimination, and racism.

Nurses are responsible and accountable for

- practicing safely, competently, and ethically with honesty, integrity, and respect;

- protecting and promoting a client’s right to respect and dignity, and refraining from judging, labelling, stigmatizing and humiliating behaviours towards clients by
 - ◆ mindfully seeking to view clients as individuals and not making assumptions that lead to stereotypes, and
 - ◆ interacting with clients with open-mindedness and a nonjudgmental approach, using person-first language that focuses on individuals first and not their specific health condition or behaviour;
- upholding ethical standards and providing nursing care that is in the client’s best interest by
 - ◆ applying a lens of intersectionality⁴ to understand that a client’s experience of discrimination is unique as it may be influenced by a combination of factors (e.g., race, gender, ability, sexual orientation), and
 - ◆ recognizing and understanding the role of history, society, and past traumatic experiences (e.g., slavery and colonization), and their impacts in shaping health, well-being, and health care experiences (FNHA, 2017) and applying trauma and violence-informed approaches to care as a result of those experiences;
- questioning policies and procedures that are inconsistent with therapeutic client outcomes, best practices, and safety standards that may be discriminatory or oppressive by recognizing the effects on clients and their cultural beliefs and practices, and taking action to address discriminatory policies and practices;
- ensuring that their relationships with clients are therapeutic and professional, outcome-focused, and centred on client needs by
 - ◆ asking clients about their health experiences and the impact it has had on them and their family, and
 - ◆ recognizing the power differentials within the nurse-client relationship, and intentionally structuring client encounters to strengthen the therapeutic relationship by mutually identifying client health goals and working collaboratively toward the same goals;
- communicating effectively and respectfully with clients, significant others, and other members of the health-care team to enhance client care and safety outcomes by
 - ◆ asking clients for their preferred name and pronouns, and

⁴ Intersectionality emphasizes the importance of recognizing that individuals have multiple and diverse identity factors that intersect to shape their perspectives, ideologies, and experiences (Government of Canada, 2021).

- ◆ actively listening and respectfully seeking to understand clients' perspectives, experiences, values, preferences, and hopes (Narayan, 2019);
- collaborating with clients, significant others, and other members of the health-care team, and others outside of the health sector regarding activities of care planning, implementation and evaluation taking into account the client's values, customs and spiritual beliefs, as well as the client's social and economic circumstances without judgment or bias and advocating for the inclusion of client cultural beliefs and practices in their plan of care;
- regularly assessing their practice through a lens of cultural humility and taking the necessary steps to improve personal competence by
 - ◆ reflecting on their own culture, beliefs, and values (FNHA, 2017);,
 - ◆ reflecting on their own implicit biases and beliefs behind thoughts and actions and the impact these have on how they provide care, and
 - ◆ being open to learn from and interact with culturally diverse clients, and self-reflecting on those interactions (Foronda, Baptiste, Reinholdt & Ousman, 2016);
- intervening and responding to discrimination by speaking up when any discriminatory or racist behaviour is observed as to be silent is to condone the behavior (CNA, 2017); and
- reporting unprofessional conduct to the appropriate person, agency, or professional body.

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