



Canadian Nursing Students' Association
Association des étudiant(e)s infirmier(ère)s du Canada

Position Statement

Cultural Safety in the Context of Aboriginal Health in Nursing Education

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Introduction and Background

Canada is categorized as a first world country, however the health disparities of Aboriginal people associated with social, economic, cultural and political inequities result in the Aboriginal population of Canada being rated as 3rd world status with outcomes of ill health and social suffering (Adelson, 2005). According to Kurtz, Nyberg, Van Den Tillaart and Mills (2013), prior to colonization Aboriginal people had an active lifestyle, healthy traditional diets and spiritually rich traditional approaches to health that suggests longevity, good health and thriving populations. Colonization resulted in population collapse from epidemics, loss of traditional diets, cultural practices and in some cases the denial of health services to Aboriginal people leading to endemic disease and health issues (First Nations Health Authority, 2014). Residential schools led to loss of culture and resulted in high mortality rates, high incidents of abuse, and poor health impacting future generations. (Kurtz et al., 2013; Aboriginal Nurses Association of Canada, 2009). As the Aboriginal population continues to grow, so do the inequities they face, which is one of our nation's serious shortcomings (Institute on Governance, 2013).

Aboriginal populations in Canada are growing at a rate six times higher than non-Aboriginal populations. Colonization, racism and residential school trauma has uniquely affected Aboriginal peoples' determinants of health (Canadian Nurses Association [CNA], 2014; Canadian Federation of Nurses Unions [CFNU], 2011). Aboriginal people living in Canada are more likely to be unemployed, subject to poor living conditions and have been victimised by abuse and violent crimes (Canadian Human Rights Commission, 2010). Furthermore, Aboriginal people have an increased incidence of obesity, cancer, hepatitis, HIV, and poor mental health (Canadian Human Rights Commission, 2010).

There is an ethical obligation to support reconciliation and restorative justice, leading to the improved health and right to self-governance of Aboriginal people, which is congruent with the *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2008; Mahara, Duncan, Whyte & Brown, 2011). Canadian nurses need to be aware of the unique context of Aboriginal people in order to provide adequate, culturally safe and competent care to promote the health of Aboriginal people.



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Stakeholder Information

The Canadian Nurses Association ([CNA], 2014b) passed two motions from the floor at the annual general meeting “to ensure that aboriginal cultures, histories and contexts are alive and accurately reflected throughout all nursing programs” (p.1) and “that CNA continue to show leadership in ensuring that aboriginal context and cultural safety competencies are represented... in educational program approval and accreditation processes across Canada” (p.1).

A review of policies and positions from national and provincial nursing associations, colleges, and unions has revealed multiple stakeholders. The majority of provincial regulators require cultural safety and the ability to engage in culturally safe relationships as an entry-to-practice competency and several of these provincial regulators also require additional knowledge of disparities encountered by Aboriginal people (Registered Nurses Association of Northwest Territories and Nunavut [RNANTN], 2014; Nurses Association of New Brunswick [NANB], 2013; College of Registered Nurses of Nova Scotia [CRNNA], 2013; College of Registered Nurses of British Columbia [CRNBC], 2014; College of Nurses of Ontario, 2014; Association of Registered Nurses of Newfoundland and Labrador, 2013, Association of Registered Nurses of Prince Edward Island, 2013; Saskatchewan Registered Nurses Association, 2013; College and Association of Registered Nurses of Alberta, 2013).

The Registered Nurses Association of Ontario (2011) has been noted to take political action, requesting that the provincial and federal government take action against the critical living situations in the Aboriginal community of Attawapiskat, Ontario.

Another stakeholder is the Canadian Association of Schools of Nursing, who was noted as a collaborator in the Aboriginal Nurses Association of Canada (2009) document that published a framework for cultural competence in nursing education that identifies that all new graduate nurses need to understand the socio-political relations between government and Aboriginal people. It identifies five core competencies for nurses, while advocating for a safe learning environments for students to attain these competencies.

Canadian Nursing Students' Association Position

The Canadian Nursing Students' Association (CNSA) advocates for the inclusion of Aboriginal health and ways of knowing into Canadian nursing curricula to enhance the cultural competence of new graduate nurses. CNSA takes the position that incorporation of Aboriginal cultural competence supports the health of Aboriginal people and allows new graduate nurses to meet their entry-level competencies in most Canadian provinces and territories. This position is congruent with CNSA's objective to influence and innovate nursing curriculum in Canada.



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Relation to Canadian Nursing Schools' Curriculum

Stansfield and Brown (2013) state that Indigenous knowledge (IK) and epistemologies are grounded in hermeneutic phenomenology, which focuses on how individuals are affected by their context and how their context affects them. The incorporation of Indigenous knowledge into nursing curriculum provides nurses with broader, non-linear perspectives, which are centered in relational philosophies and different ways of knowing (Stansfield & Brown, 2013). The inclusion of Indigenous knowledge into nursing curriculum could promote nursing research that is evidence-based knowledge grounded in Indigenous values and principles. Indigenous knowledge can be incorporated into health policies that improve understanding of health issues that affect aboriginal people, protect Aboriginal traditions and healing practices and foster participation of Aboriginal people in the delivery of health care through increased research and partnerships (National Aboriginal Health Organisation, 2011).

The Canadian Association of Schools of Nursing (2014) states that knowledge of the history, nursing and health care in the context of Aboriginal peoples is an entry-to-practice level competency. Ensuring that nursing curriculum includes Aboriginal education and promotes cultural safety, is in line with the entry-to-practice competencies set out by CASN and by several provincial regulators (CRNBC, 2014; RNANTN, 2014; NANB, ND; CRNNA, 2013). Including education about the disparities faced by Aboriginal people and promoting the value of Indigenous knowledge in all nursing curriculum would allow graduates of these programs to meet the entry-to-practice requirements in all Canadian provinces.

Additionally CNA (2014b) supports cultural competency in the context of Aboriginal people to be included in Canadian nursing curriculum, registration and accreditation processes. Hence, CNSA takes this position that Aboriginal cultural safety shall be included in nursing education so that its associates may be fit to meet any of these registration standards and be culturally safe in the context of the Aboriginal people.

Conclusion

CNSA advocates for the inclusion of cultural safety in the context of Aboriginal people in nursing education. This is congruent with CNSA's objective to support innovation in nursing curriculum. Additionally, this is reflective of the values expressed by several stakeholders across the nation including CNA, CASN, and many of the provincial and territorial regulators. CNSA believes that if nursing students receive aboriginal education in their curriculum, this will promote the cultural safety nursing students will require to meet entry-to-practice competencies and adhere to the ethical standard of Canadian nursing practice.



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