Improving Care for First Nations and Inuit by Countering Systemic Racism

Position Statement and Nursing Courses of Action for Fostering Optimal Collaborative Partnerships and Improving Cultural Safety for First Nations and Inuit
The illustration on the cover page represents:

“A commitment to complementarity and the union of two perspectives”
Group of Experts

Co-chairs
Régina Chachai, Atikamekw from the Obedjiwan community
Responsible of nursing care and interim health services manager
Opitciwan Nursing Station

Jacinthe Pepin, non-Indigenous, R.N., Ph.D.,
Faculty Secretary, Full professor
Faculty of Nursing, Université de Montréal

Members
Mikonis Awashish, Atikamekw Nehirowisiw and Pekuakamishkueu, R.N., B.Sc.
Nurse preceptor
Centre intégré de santé et de services sociaux du Saguenay–Lac-Saint-Jean

Isabelle Beaudoin, non-Indigenous, R.N., B.Sc.N.
Responsible for nursing care for First Nations
Timiskaming First Nation Health & Wellness Centre

Mona Eepa Belleau, Inuk activist from Iqaluit, Nunavut

Amélie Blanchet Garneau, non-Indigenous, R.N., Ph.D.
Assistant professor and researcher, Faculty of Nursing, Université de Montréal
CIHR Indigenous Research Chair in Nursing, Centre for Public Health Research

Sandro Echaquan, Atikamekw Nehirowisiw from the Manawan community
Nurse Practitioner Specialized in Primary Care (IPSPL)
Responsible for nursing care, Quality and Professional Development Section
Masko-Siwin Health Centre

Édith Picard-Marcoux, Elder of the Wendake community
Retired nurse

OIIQ representatives
Run Kim, non-Indigenous, R.N., B.Sc.N., Studying for M.Sc.N.
Practice quality advisor
Professional Development and Support Department

Caroline Roy, non-Indigenous, R.N., M.Sc.N.
Assistant director, Relations with external partners
Professional Development and Support Department

Other Contributions
The OIIQ would like to thank the following individuals for their suggestions when reviewing this statement: Dr. Christopher Fletcher (Université Laval), Mathilde Lapointe (Université Laval), Francine Moar (Masko-Siwin Health Centre), Jennifer Petiquay-Dufresne (CIUSSS Mauricie et Centre-du-Québec), Pierre Picard (Indigenous psycho-social interventions and research group) and Sophie Picard (First Nations of Quebec and Labrador Health and Social Services Commission).
**President’s Message**

*Action is required now, more than ever!*

We have all witnessed, at one time or another, an event that has so affected us that it changed the course of our lives. Collectively, one of those events was the tragic death of Joyce Echaquan, which is sadly now part of our country’s history. It was the breaking point between a colonial past marked by a misunderstanding of history and the reality lived by First Nations and Inuit and the emergence of a relational model with them.

Today, by publishing our position statement entitled “Improving care for First Nations and Inuit by countering systemic racism,” we want to change the course of our history. Yes, we know, we’re being ambitious! But we are determined, and together we will succeed!

In the 21st century, it is imperative for nurses to adopt respectful attitudes and behaviours, and to be open to and capable of building a partnership based on trust for the sake of the health and wellbeing of all our patients, including First Nations people and Inuit. The honour of the profession demands nothing less.

The creation of a group of experts composed of Indigenous and non-Indigenous individuals coming together to co-construct a partnership is part of a long-term process. This position statement is only a part of that process and marks the beginning of a new era of heightened awareness.

The tragic circumstances surrounding the passing of Joyce Echaquan have sounded the death knell for insidious racism. Starting now, we must break the silence. We have the professional responsibility to intervene whenever we witness attitudes, actions, words or even inactions that violate a person’s dignity and deny them the right to receive the care and treatment they deserve.

As nurses, we must remain vigilant and be sensitive to the lived experiences of First Nations people and Inuit. The systemic racism which has become entrenched in many spheres of our society must be vigorously prevented and countered. We must also keep in mind that each of the members of these communities to whom we provide care bears lifelong scars of decisions, preconceptions, prejudices, and discriminatory and – let’s call a spade a spade - racist acts.

Only one thing matters now: rebuilding bridges by respecting each individual’s right to be treated with dignity.

Now more than ever, let’s stand shoulder to shoulder, proud of this commitment we’re making together!

*Luc Mathieu, President of the OINQ*
Foreword

Édith Picard-Marcoux
Elder of the group of experts

Being asked to comment on this position statement highlighted the need for me, like other First Nations people and Inuit, to juxtapose a concept or process with a representation or depiction from nature.

I recognize the importance of this initiative aimed at implementing actions for improving the health of First Nations people and Inuit and the quality of the care and treatment provided to them, through recognition of their values and culture.

The position statement brought to my mind the image of a tree, associated with adaptation and evolution.

Trees develop patiently, acclimating to changing seasons and conditions, and evolving just as we do. They adapt to headwinds and grow deep roots.

Trees are without question indispensable for our environment, and their exchanges of oxygen and carbon dioxide are to my mind like exchanges that contribute to a harmonious environment. All exchanges are enhanced by a welcoming and trusting attitude.

Not to mention the support and services that trees progressively offer, through the environment they create, the shelter and sustenance they provide to birds and squirrels, cool shade, syrup, protection against erosion, etc.

Trees' winter dormancy is followed by regeneration, and blossoming. We are now living through such a period, a time of reflection, adaptation and evolution.

Trees embody patience, perseverance, trust, sharing, growth. These values give them strong but hidden roots, as well as a lush and verdant exterior.

Similarly, this position statement has sprouted, evolved and progressed. Our practice too must evolve, for the sake of the wellbeing of those whom we care for.

Let's embrace the position statement, and dare to make it our own.

Read on!
Régina Chachai and Jacinthe Pepin
Co-chairs of the group of experts

A constructive effort is now well underway within the nursing profession to improve the medical care provided to members of First Nations and Inuit communities. We are confident that the work of our group of experts, created by the OIIQ, and its Board of Directors' acknowledgement of systemic racism, will prompt a dialogue with the communities and result in changes in the area of care. We are convinced that other decision-making bodies will also see fit to work to the same end in order to bring about the provision of culturally safe and equitable care in all regions of Quebec, thereby fostering a therapeutic alliance in the provision of nursing care.

Throughout the course of our work, listening to peoples’ testimonies, and showing respect, humility and openness to “two-eyed seeing”1 on the part of all those involved, have led to genuine exchanges. We thank Elder Edith Picard-Marcoux and each of the members of the group of experts for bravely sharing their knowledge and experiences, being moved and moving others, and suggesting scientific and other papers by both Indigenous and non-Indigenous authors leading to a better understanding of First Peoples. We also thank all individuals or groups who have reviewed and commented on a previous version of this position statement with the intention of increasing the reach of the position statement and actions of the nursing profession.

We are grateful for the trust and confidence placed in us and we ardently wish for continued co-construction for the future of the nursing profession. Restoring mutual trust is a long process requiring the commitment of all members of the profession, wherever they practice, as well as all First Nations people and Inuit. Measures have been put in place to counter systemic racism, and positive results have already been observed in the provision of care. Much remains to be done. Let’s take advantage of these moments of openness and collaboration to take action and contribute to the transformation of the healthcare system, such that the health of First Nations people and Inuit is markedly improved.

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1 “Two-eyed seeing’ (Sesatu’k Etuaptmunk): A concept first used by Elder Albert Marshall of Eskasoni First Nation, Nova Scotia, Canada, means that Indigenous knowledge and Western science are considered complementary knowledge forms; when integrated, these knowledge forms can advance the health and well-being of Indigenous people” (Harder et al., 2019, p. 24).
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**List of Abbreviations and Acronyms**

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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AFNQL</td>
<td>Assembly of First Nations Quebec-Labrador</td>
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<tr>
<td>CASN</td>
<td>Canadian Association of Schools of Nursing</td>
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<tr>
<td>CIFI</td>
<td>Centre d’innovation en formation infirmière</td>
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<td>CNA</td>
<td>Canadian Nurses Association</td>
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<td>CPHA</td>
<td>Canadian Public Health Association</td>
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<td>FNQLHSSC</td>
<td>First Nations of Quebec and Labrador Health and Social Services Commission</td>
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<tr>
<td>MSSS</td>
<td>Ministère de la Santé et des Services sociaux</td>
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<tr>
<td>NCCIH</td>
<td>National Collaborating Centre for Indigenous Health</td>
</tr>
<tr>
<td>OIIQ</td>
<td>Ordre des infirmières et infirmiers du Québec</td>
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<tr>
<td>TRC</td>
<td>Truth and Reconciliation Commission of Canada</td>
</tr>
<tr>
<td>Viens Commission</td>
<td>Public Inquiry Commission on Relations Between Indigenous Peoples and Certain Public Services in Québec</td>
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The Quebec professional order of nurses, the Ordre des infirmières et infirmiers du Québec (OIIQ), is the largest professional order in the healthcare field in Quebec. It is governed by the Nurses Act and the Professional Code. Its primary mission is to ensure protection of the public by and with nurses. The OIIQ also has a mandate to ensure the competency and integrity of Quebec nurses and to promote quality nursing practice. The OIIQ is guided by its governance values of trust, benevolence, respect and equity.

Pursuing its primary mission, the OIIQ undertakes, by this position statement and through the actions based on it, and inspired by Joyce’s Principle, to make a contribution so as 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” (Council of the Atikamekw of Manawan & Council of the Atikamekw Nation, 2020, p. 10).

All forms of discrimination and racism, including systemic racism against First Nations people and Inuit, have been denounced and condemned for several years now (National Collaborating Centre for Indigenous Health [NCCIH], 2013). Beyond the development of an ethical nursing practice that emphasizes the importance of treating every individual fairly and equitably regardless of race, skin colour, religion, language or other grounds, many papers published over the last few years attest to the urgent need to implement measures promoting relationships based on trust and culturally safe healthcare for First Nations people and Inuit (Assembly of First Nations Quebec-Labrador [AFNQL], 2020; Council of the Atikamekw of Manawan & Council of the Atikamekw Nation, 2020; Public Inquiry Commission on Relations Between Indigenous Peoples and Certain Public Services in Québec [Viens Commission], 2019; Truth and Reconciliation Commission of Canada, 2012, 2015). These publications show that despite some promising initiatives, access to services, quality of care and interventions available to First Nations people and Inuit give rise to major issues and challenges, on the systemic, institutional, organizational, professional and personal levels (Viens Commission, 2019).

In fact, several instances of discriminatory and racist treatment experienced within the healthcare system by First Nations people and Inuit have been reported over the years. The tragic death of Joyce Echaquan in a Quebec hospital must spur all nurses to be mobilized in order to:

- Promote holistic health, i.e. all aspects of individual and collective wellbeing, and contribute to the improvement of culturally safe care and services available to First Nations people and Inuit;
- Establish, maintain and promote respectful, safe and collaborative partnerships in care by relying on the strengths of individuals, families and communities;
- Recognize and understand their own unconscious biases and prejudices towards First Nations people and Inuit;
• Take all necessary action to counter discrimination and racism in the treatment provided to First Nations people and Inuit (Blanchet Garneau, Browne et al., 2018; Global and Indigenous Health Nursing - McGill, 2021).

In this regard, the OIIQ has undertaken and implemented structural actions aimed at promoting, in the context of nursing practices, optimal collaborative partnerships and cultural safety when treating First Nations people and Inuit.

As a result of the work conducted by the group of experts created in March 2021, the OIIQ recognizes the systemic racism faced by First Nations people and Inuit. Since unconscious biases and prejudices, often unintentional, influence healthcare and become rooted in society, this position statement is intended to be a call to arms to counter systemic racism and promote cultural safety in all spheres of the nursing profession: education, care and treatment, management, research and political action.

This position statement is the result of a co-construction effort and an iterative reflection by the OIIQ and the group of experts. It guides the undertaking of a necessary transformation within the nursing profession and, by extension, the healthcare system.

**Goals of the position statement**

- Foster, within each of the spheres of the profession, practices that promote humility, cultural safety and equity in healthcare, taking into account the history, values, and various specific cultures and perspectives of First Nations people and Inuit;
- Promote a collaborative partnership, trust and respect, as well as culturally safe care, particularly vis-à-vis First Nations people and Inuit;
- Propose courses of action to counter systemic and individual racism and improve the health and wellbeing of First Nations people and Inuit.

This position statement is divided into three main parts:

1. A description of the historical context, including the impacts of colonization on health and access to care and services;
2. A definition of cultural safety and its characteristics;
3. A contextualization of the five spheres of the nursing profession as they relate to the position of the OIIQ and the proposed courses of action.
1 Historical Context

To understand the realities of First Nations people and Inuit in order to foster relationships based on mutual trust and collaboration between nurses and patients, families and communities, it is first necessary to contextualize the historical, political, social and economic conditions, past and present, that have influenced and continue to influence the health and wellbeing of First Nations people and Inuit.

It is important to note that Indigenous nations in Quebec include ten First Nations (Anicinapek/Anishinaabeg [Algonquins], Atikamekw Nehirowisiw, Eeyou/Eenou [Cree], Wendat [Huron-Wendat], Innu/Innu, Kanien’kehà:ka [Mohawks], Mi’kmaq/Mi’gmaq [Micmacs], Naskapi, Wabanaki [Abenakis], Wolastoqiyik [Maliseets]) as well as an Inuit Nation, across 55 communities, constituting a wide variety of perspectives, where each nation has its own language and historical and cultural identity.

As aptly described by, among others, Michel Jean, an Innu from Mashteuiatsh, in his book Kukum published in 2019, colonialism had devastating consequences for the First Nations and Inuit, and contributes to discrimination and systemic racism. Today the effects of the legacy of colonization experienced by Indigenous peoples are still with us. The Truth and Reconciliation Commission of Canada (TRC) created by the federal government in June 2008 following the Indian Residential Schools Settlement Agreement in May 2006 offered individuals affected directly or indirectly by the legacy of residential schools the opportunity to tell their stories and recount their experiences. The TRC (2015, p. 5) acknowledged the following:

“For over a century, the central goals of Canada’s Aboriginal policies were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can best be described as ‘cultural genocide’. . . Cultural genocide is the destruction of those structures and practices that allow the group to continue as a group. States that engage in cultural genocide set out to destroy the political and social institutions of the targeted group. Land is seized, and populations are

*From 1950 to 1960, there were very few members of the OIIQ from First Nations. When I was a nursing student, I loved listening to the stories of, among other people, Bibiane Courtois, a nurse in my family. I remember her telling me one patient’s reaction when he saw she was Indigenous: “A savage working as a nurse!!” he said to her. At the start of my career, in 2014, I found myself in a similar situation. This time it was a doctor whose attitude changed when he saw my name on my identity card, saying he was “astonished” to be dealing with an Indigenous nurse. Can you believe that these two situations occurred nearly 50 years apart? And yet they’re just the tip of the iceberg.” (free translation)

Mikonis Awashish, R.N., Nurse preceptor
Group of experts
forcibly transferred and their movement is restricted. Languages are banned. Spiritual leaders are persecuted, spiritual practices are forbidden, and objects of spiritual value are confiscated and destroyed. And, most significantly to the issue at hand, families are disrupted to prevent the transmission of cultural values and identity from one generation to the next. In its dealing with Aboriginal people, Canada did all these things.“

In order to regain the trust of First Nations people and Inuit, it is important for the nursing profession to acknowledge this historical and socio-political reality, on the basis of oral and written testimonies. The traumas caused by colonization are very real, and the nursing profession is duty bound to implement enabling actions in order to better understand the healthcare needs of First Nations people and Inuit and, together with them, respond to those needs, using an approach to care that is humble and culturally safe.

**Impact of Colonization on Health and Access to Care and Services**

In Quebec, as elsewhere in Canada, First Nations people and Inuit experience difficulties in accessing healthcare and services and obtaining them in a culturally safe manner. This is explained by certain barriers resulting from the colonial ideology underlying, inter alia, the organization of healthcare and services, nursing and the Western concept of health (Browne, 2017; Greenwood et al., 2018).

Colonization and its goals of cultural genocide and assimilation of First Nations people and Inuit greatly contributed to significantly changing social and economic structures (Canadian Public Health Association [CPHA], 2018; NCCIH, 2012; Reading, 2018). These social and economic conditions with repercussions on the overall health and wellbeing of First Nations people and Inuit have become social determinants of the health of Indigenous people, who are distinguished by factors that are distal (e.g. colonialism, racism), intermediary (e.g. health and education systems) and proximal (e.g. physical environment) (CPHA, 2018; Ministère de la Santé et des Services sociaux [MSSS], 2021; NCCIH, 2012; Reading, 2018). These social determinants of Indigenous health and wellbeing have led to health inequalities and perpetuated unconscious biases, stereotypes and prejudices against First Nations people and Inuit (CPHA, 2018; Lepage, 2019; NCCIH, 2013, 2014a, 2014b).

In addition, the history of the nursing profession and its relationship with First Nations people and Inuit is tainted by medical colonization, which rejected traditional medicine and ancestral knowledge, thereby contributing to the creation of an unhealthy dependence on and mistrust of the healthcare system (McGibbon et al., 2014). The colonial biomedical approach, also described as paternalistic due to its relationships of power and control over First Nations people and Inuit, has perpetuated discriminatory and racist experiences.

In the context of the colonization project, “colonial” nurses consciously or unconsciously contributed to such experiences (Rousseau & Daigle, 2013). Nevertheless, nurses at that time made, and today continue to make, a significant contribution to the range of healthcare services provided to meet the varied needs of First Nations people and Inuit in remote regions (Rousseau & Daigle, 2013). In the spirit of accessibility and of taking responsibility for the continuity of care, nurses often play what is called an “expanded role”, developing an advanced level of clinical judgment and performing complex interventions in the absence of doctors (Fournier et al., 2021).
These historical and socio-political foundations are often perceived as obstacles to self-determination and health equity for First Nations people and Inuit (CPHA, 2018; Lepage, 2019). However, Indigenous communities are today taking the necessary measures to organize and dispense healthcare and social services in their communities so as to meet the specific needs of their members. The grounding of their perspective in the Quebec healthcare system has yet to be consolidated.
A concept developed in the 1980s by Irihapeti Ramsden, a Maori nurse and researcher, cultural safety allows trust to be restored in healthcare by de-colonizing care methods and creating a collaborative partnership with patients, families and communities (Ramsden, 1993). Cultural safety helps to more actively counter inequitable relationships of power, racism and stigmatisation, and the ongoing effects of historical injustices on health and healthcare (Ramsden, 2002). It involves the development of emancipatory knowing, which enables healthcare providers to recognize complex socio-political contexts that create and perpetuate injustices, and to act on the basis of this knowledge (Chinn & Kramer, 2018).

Cultural safety helps reduce the day-to-day effects of racism and other forms of discrimination on individuals’ lives.

**Principal characteristics of cultural safety (Browne, 2021)**

- Identify the principal problem as being in health practices and policies, and not in questions related to cultural practices and obstacles;
- Concentrating on strategies to mitigate the harmful effects of the interaction of First Nations people and Inuit with health systems, practices and policies;
- Actively countering racism, stigmatisation and other forms of discrimination by fighting against power imbalances, stereotypes and structural violence;
- Calling attention to the often harmful effects of “cultural sensitivity” training, which emphasizes differences and may reinforce stereotypes, and replacing it with transformative training.

Cultural safety is an approach recognized and promoted by several papers seeking to transcend barriers of all types (e.g. languages, perspectives, values) and to recognize the existence of certain inequities perceived and experienced by First Nations people and Inuit, with a view to nurses offering culturally safe care and services (Blanchet Garneau & Pepin, 2012; Centre d’innovation en formation infirmière [CIFI], 2017; CPHA, 2018; Leclerc et al., 2018; MSSS, 2021).
The nursing profession, healthcare organizations and health systems must commit to developing their emancipatory knowing by questioning their own culture, their own unconscious biases and their own systems in order to ensure the provision of culturally safe care as defined by First Nations people and Inuit, as well as their communities, and to achieve health equity (Curtis et al., 2019).
The nursing profession, inspired by humanist values, a comprehensive or holistic viewpoint, and scientific, reflexive and critical thought, has a professional and ethical obligation to provide care in a respectful and culturally safe manner (Pepin et al., 2017).

Regardless of their origin, nurses are required by their code of ethics to establish a professional relationship of mutual respect, and to use their clinical judgment and emancipatory knowing to understand the life histories of their community, as well as the health experiences of First Nations and Inuit individuals, families and communities, by valuing their strengths, their richness and the full potential of their health, in order to provide, in partnership with them, quality care in an equitable manner (Pepin et al., 2017).

Lack of awareness of the historical, cultural and socio-political foundations of the relationships between Indigenous and non-Indigenous people, and between Indigenous people and Quebec public services, can have a negative effect on healthcare and services (Blanchet Garneau, Browne et al., 2018). This situation, combined with past and current impacts of colonization and colonial ideology, requires casting a critical eye on the practice of nursing and revising personal, organizational, structural and political practices in order to foster health equity and the physical, mental, emotional, spiritual, social and cultural safety of First Nations people and Inuit (Blanchet Garneau, Browne, et al., 2018).

In this regard, it is essential that nurses question their own unconscious prejudices and biases to the end of providing culturally safe care, particularly to First Nations people and Inuit. It is also crucial that nurses develop emancipatory knowing in order to understand the social and political realities underlying various sets of problems. They will thereby be able to play a part in countering systemic racism by fighting against prejudices and biases in their own interactions and in the organizations where they work (Canadian Nurses Association [CNA], 2018).

This position statement is supported by accounts of experiences, reflections on the part of groups of experts, various investigative reports and opinions of stakeholders describing the historical context, the impacts of colonization and the importance of ensuring cultural safety in all spheres of the nursing profession. This statement proposes recommendations and courses of action for (1) continuing education and professional development, (2) nursing care practices, (3) the management of nursing care and services, (4) nursing sciences research, and (5) political action.
Guiding principles for the five spheres of the nursing profession

- Respect for the fundamental values of the nursing profession must be an integral part of the daily vision and practice of nurses in their dealings with the public, regardless of the nature of their position and the care or educational environment;
- Respect for the ethical duties and obligations of the nursing profession must be observed when practicing nursing;
- The cultural safety approach, including countering power imbalances, stereotypes and structural violence, is recommended and must prevail;
- Recognition of systemic racism, particularly towards First Nations people and Inuit, is expressed and all forms of racism are denounced;
- The recommendations and courses of action conceived for and with First Nations people and Inuit are based on the effective co-construction approach and must be achievable.

Sphere 1  Cultural Safety Training and Skills Development

Numerous papers, reports and opinions strongly recommend cultural safety training, developed by Indigenous people or in close collaboration with them, for educational institutions and professional orders (AFNQL, 2020; Blanchem Garneau, Bélisle, et al., 2021; Council of the Atikamekw of Manawan & Council of the Atikamekw Nation, 2020; MSSS, 2021; TRC, 2012; Viens Commission, 2019).

The First Nations Education Council et al. (2020) shares this view and recommends including cultural safety in training, so as to “value and promote Indigenous knowledge, worldviews, cultures and history.” Recently, the opinion of Global and Indigenous Health Nursing – McGill, tabled for the purposes of the Estates General of the OIIQ in April 2021, proposed making cultural safety training mandatory for all nurses, according to requirements established in accordance with specifics on content and application procedures.

In addition, it is important to use teaching methods that incorporate relevant and effective antiracist pedagogical approaches, to ensure that this training and professional development reinforces measures aimed at promoting cultural safety (Browne et al., 2021). The training of nurses must lead to a change in perspective transposable to their practice. It must have an impact on systemic racism and cultural safety (Blanchet Garneau, Bélisle, et al., 2021; Browne et al., 2021). To achieve this, the characteristics of the instructors and the approaches used are essential aspects to consider in developing this particular continuing education and professional development initiative (Blanchet Garneau, Bélisle, et al., 2021; Browne et al., 2021). To ensure that the needs of First Nations people and Inuit are better met, this training must have several dimensions, such as: Indigenous values and health and treatment concepts, as well as the myriad past and current effects of colonization on the care and treatment provided to First Nations people.
and Inuit, on the nursing profession, on the health of Indigenous people, and on the relations between First Nations and Inuit and the health system (Blanchet Garneau, Bélisle, et al., 2021; Browne et al., 2021).

It is also recommended to use antiracist pedagogical approaches that have proven effective in changing clinical practices (Browne et al., 2021). It is thus important for nurses to be able to transpose cultural safety attitudes and skills to their practice, thereby exhibiting an approach to First Nations people and Inuit that is respectful and in the spirit of partnership. To improve the quality of care provided to First Nations people and Inuit in a safe and equitable manner, nurses are encouraged to develop the competency “Provide culturally safe care to the person, family and community” (CIFI, 2017, p. 26) and to develop the emancipatory knowing necessary to counter systemic racism. To achieve this, nurses must develop their reflection-in-action in their professional practice, and create or join a co-development group with their colleagues, in order to use culturally safe care competencies, including emancipatory knowing, in a manner appropriate for First Nations people and Inuit.

Position

Any initial or continuing education aimed at developing cultural safety competencies in care and the other spheres of the nursing profession towards First Nations people and Inuit must use a critical and transformative approach (Browne et al., 2021) conceived and provided primarily by First Nations people and Inuit or in close collaboration with them.

Actions

The OIIQ undertakes to:

- Ask its Professional Examination Committee to consider evaluating cultural safety knowledge in the professional examination;
- Identify training activities, primarily accredited, for developing cultural safety competencies, in close collaboration with First Nations people and Inuit, as well as concerned stakeholders.

The OIIQ encourages nurses to:

- Become familiar with Indigenous literature, resources and artistic works in order to understand Indigenous perspectives and expand their knowledge in this regard.
Sphere 2  |  Direct Practice of Nursing Care

According to several studies, nurses who practice their profession directly with individuals from First Nations and Inuit families and communities must provide care and treatment with cultural humility and create a culturally safe environment (Blanchet Garneau & Pepin, 2012; CIIF, 2017; First Nations Health Authority, 2016; Leclerc et al., 2018). This requires taking an approach based on a relationship of trust with First Nations and Inuit patients, families and communities by listening to their needs and respecting their perspectives and values when communicating with them (CIIF, 2017).

By becoming aware of the existence of racism and acknowledging it, nurses can act to counter it and contribute to the equitable provision of quality care and services (CNA et al., 2021; MSSS, 2021). In this regard, nurses must adopt respectful attitudes and behaviours and build a relationship of trust and partnership with First Nations people and Inuit for their health and wellbeing (CIIF, 2017; Leclerc et al., 2018; MSSS, 2021). To achieve this, nurses must become aware of their own implicit and explicit biases and thereby be able to involve patients, families and communities as partners in care, so as to allow them “to enjoy the best possible physical, mental, emotional and spiritual health” (Council of the Atikamekw of Manawan & Council of the Atikamekw Nation, 2020, p. 10; United Nations, 2007, art. 24).

Working in partnership with First Nations people and Inuit involves “recognition and respect of Indigenous people’s traditional and living knowledge in all aspects of health” (Council of the Atikamekw of Manawan & Council of the Atikamekw Nation, 2020, p. 10) in order to foster a better dialogue. The coexistence of ancestral and Western knowledge must be taken into account when practicing nursing, in order to better meet the needs expressed by First Nations people and Inuit (Leclerc et al., 2018; MSSS, 2021).

According to their area of practice, nurses must demonstrate and integrate into their practice the principle of cultural safety with regards to First Nations people and Inuit. In respecting their ethical duties and obligations, they must use their judgment, expertise and emancipatory knowing to improve the quality and equity of care provided to First Nations people and Inuit in a respectful and culturally safe manner, free of discrimination.
Position

All nursing care provided in Quebec must be free from racism, be part of an equitable collaborative partnership and foster the improvement of health and wellbeing.

To achieve this, each nurse must commit to a sustained approach that takes into account the following considerations:

- **a)** the history, values and perspectives of First Nations people and Inuit in terms of health;
- **b)** the colonial context in which the care is provided in order to reduce its effects;
- **c)** soft skills in a collaborative partnership in care with First Nations and Inuit individuals, families and communities;
- **d)** the coexistence and synergy of traditional Indigenous knowledge and Western science;
- **e)** the development of emancipatory knowing allowing the nurse to detect and denounce racism in all its forms, including systemic racism and health inequities specific to Indigenous peoples.

This approach also involves integrating the foregoing considerations into the nurse’s professional practice.

Actions

**The OIIQ undertakes to:**

- Carry out its work in collaboration with First Nations people and Inuit in order to:
  - identify the support mechanisms for nurses with regards to the coexistence and complementarity of traditional Indigenous knowledge and Western knowledge;
- Promote use of the Competencies Framework of Québec First Nations Communities Nurses, developed in co-construction (CIFI, 2017);
- Institute measures, in partnership with the key actors concerned, so that all nurses who are members of the OIIQ receive cultural safety training and participate in learning activities to bring them up to speed, on terms to be defined, including development of emancipatory knowing allowing them to recognize systemic racism and health inequities specific to First Nations people and Inuit and take steps to counter them.
Not only does establishing a relationship of trust between the nurse and the patient, their family and the community have positive impacts on cultural safety at the individual level, it also has a positive influence on the healthcare system.

Where cultural safety is concerned, nurse managers, whatever their area of practice, have a key role to play. In virtue of the Act Respecting Health Services and Social Services, nursing care managers are responsible for the supervision and control of the quality of care provided and for the rendering of adequate and effective services to users, while ensuring the efficient distribution of nursing care. They play a leadership role in collaboration with their care team to ensure that necessary changes in practice are made to optimize the positive repercussions of the perception of cultural safety experienced by First Nations people and Inuit receiving care, and to improve access to and the quality of nursing care and services (MSSS, 2021; Viens Commission, 2019).

Nurse managers must first become aware that at present there are various measures imbued with a colonialist perspective that are being implemented on the legislative, political and procedural levels and are capable of contributing to discrimination, inequities or racism towards First Nations people and Inuit (AFNQL, 2020; MSSS, 2021; Viens Commission, 2019). One example is the policy on limiting the number of visitors in certain hospitals, whereas the presence of members of the family and the community when decisions on healthcare are being made is of utmost importance for First Nations people and Inuit.

As key players when it comes to creating and sustaining an environment fostering the development of practices predicated on cultural safety competencies, nurse managers must ensure that accessible, equitable and culturally safe care and services are evaluated and made available to First Nations people and Inuit. To achieve this, several courses of action described below have been proposed, notably by the Viens Commission (2019), Joyce’s Principle (Council of the Atikamekw of Manawan & Council of the Atikamekw Nation, 2020) and the Ministère de la Santé et des Services sociaux (2021). A systemic reflection followed by implementation of concrete action is necessary for instituting organizational and management practices that are equitable and characterized by a culturally safe approach, in partnership with representatives of the First Nations and Inuit and in collaboration with various actors (e.g. in the area of education) and the authorities concerned (e.g. Ministère de la Santé et des Services sociaux, those responsible for relations with First Nations and Inuit) in order to improve the cultural safety of the care and services provided to First Nations people and Inuit.

“Ensuring that nurse managers have the necessary means and powers within organizational structures to transform the healthcare system and thereby enhance the cultural safety of healthcare provided to First Nations and Inuit.”

(Sandro Echaquan, IPSPL Group of experts)
Position

The management of care and services provided to First Nations people and Inuit, whatever the care setting, must be free from racism and consistent with best practices, so that the care and services are culturally safe and equitable.

Actions

The OIIQ undertakes to:

- Support nurse managers in taking steps, particularly with the Ministère de la Santé et des Services sociaux, to ensure equitable healthcare services in remote regions and urban areas and to harmonize the quality of care and services provided to First Nations people and Inuit.

The OIIQ encourages nurse managers to:

- Develop and implement, with their organization, their team and First Nations people and Inuit, an action plan for improving cultural safety and health equity in their setting;
- Work in partnership with communities and local managers in a spirit of reciprocity, respect and equity to develop and implement within the organizations an action plan for First Nations people and Inuit to have access to culturally safe and high-quality care and services.

Sphere 4 | Nursing Sciences Research

Research constitutes one way of developing nursing knowhow and scientific knowledge. The results of research in the area of nursing sciences help enrich the practice of nursing and improve the quality, safety and effectiveness of care. Increasing Indigenous research in nursing sciences is an important step for learning more about the realities of First Nations and Inuit and the issues surrounding their experiences of the care and treatment provided to them. However, new sorts of knowledge are necessary to better equip professionals and organizations wishing to take part in the fight against systemic racism and contribute to fostering cultural safety and health equity.

Despite the increase in Indigenous research in nursing sciences, members of First Nations and Inuit communities still need to be encouraged to get involved in research (Canadian Institutes of Health Research [CIHR] et al., 2018; First Nations of Quebec and Labrador Health and Social Services Commission [FNQLHSSC], 2019). Researchers in nursing sciences and their collaborators are invited to apply existing research ethics guidelines (CIHR et al., 2018; FNQLHSSC, 2019) particularly by respecting the principles of ownership of, control of, access to, and possession (OCAP) and working in partnership with First Nations people and Inuit.

“‘Nothing about us without us’. Research must be carried out together with Indigenous persons, in a respectful, equitable and reciprocal partnership.”

Amélie Blanchet Garneau, R.N., Ph. D.
Group of experts
Position

All Indigenous research in nursing sciences must serve to meet the needs and priorities identified by and with First Nations people and Inuit, as well as their communities.

Such research must be conducted in a manner that causes them no harm, through ethical research partnerships that benefit First Nations and Inuit individuals, communities, collectives and organizations and restore their trust in the scientific community.

Actions

The OIIQ undertakes to:

• Promote, on terms to be defined, Indigenous research projects that generate new knowledge on health, health equity and cultural safety in the care provided to First Nations people and Inuit.

The OIIQ encourages nurses conducting Indigenous research to:

• Acknowledge and value Indigenous knowledge, expertise, perspectives and methodologies and respect their diversity;

• Help enhance the research capabilities and the research autonomy of First Nations people and Inuit and their involvement in the overall research process, with a view to fostering self-determination.
A concerted approach to foster cultural safety requires critical thought and self-reflection on the part of every nurse in order to understand the upstream obstacles (e.g. the roots of systemic racism, discriminatory laws, the historical and colonial legacy, health inequities) and their connection with the downstream effects influencing the health and healing of First Nations people and Inuit.

To that end, it is important to acknowledge systemic racism, particularly against First Nations and Inuit. There can be no doubt that members of the nursing profession must, now more than ever, denounce all situations that could contribute to the perpetuation of racism and discrimination, and participate with various influencers in discussions and socio-political actions that will lead to change consistent with the values of their profession which will affirm the right of First Nations people and Inuit to health and quality care (Pepin et al., 2017).

■ Position

All nurses working within the various spheres of the profession and all partners concerned are encouraged to create synergy among them and, in close collaboration with First Nations people and Inuit, to promote and implement practices respecting the values of First Nations people and Inuit that are aimed at cultural safety, health equity, and the health and wellbeing of First Nations people and Inuit.

■ Actions

The OIIQ undertakes to:

- Create a working group, on terms to be defined, composed of Indigenous and non-Indigenous individuals, to monitor the impacts of actions taken ensuing from this position statement;
- Increase diversity in the members of the various OIIQ committees, particularly by including members from Indigenous communities;
- Cultivate and maintain respectful and optimal collaborative partnerships with First Nations people and Inuit, as well as their communities and the stakeholders involved, with the aim of improving their health and wellbeing.

The OIIQ encourages nurses to:

- Act as leaders and agents of change to influence political actions at various levels of the healthcare system, in order to counter systemic racism, promote equity in health and healthcare, and improve the health and wellbeing of First Nations people and Inuit. For example:
  - question the appropriateness of current day-to-day practices and policies;
  - take part in making clinical, organizational and political decisions within their respective organizations and work in partnership to promote shared values: right to health, equity, social justice and diversity of knowledge.
Conclusion

Indigenous and non-Indigenous nurses play a critical and fundamental role in providing healthcare and services to all people in Quebec. They are well positioned to deal with issues involving discrimination and racism in all its forms, including systemic racism, particularly towards First Nations people and Inuit, such that tragic situations no longer occur. Nurses are also in a position to actively contribute to eliminating traumas associated with interactions with the healthcare system that are experienced on a daily basis by First Nations people and Inuit.

In this regard, nurses must use their expertise, judgment and emancipatory knowing, in partnership with First Nations people and Inuit, to ensure that their perspectives on health and wellbeing are respected.

We hope that this position statement will lead to further reflection on the issues canvassed above and to the adoption of measures that contribute to preventing and eliminating racism in the healthcare system and encourage an approach centred on cultural safety and partnership of care. The recommendations and courses of action proposed in this statement based on the perspectives and interventions of nurses on the levels of continuing education and professional development, direct practices, management, research and political action, will help bring about the changes necessary to improve the health and wellbeing of First Nations people and Inuit.
Glossary

- **Anti-racist pedagogy**
  “Anti-racist pedagogy, conceptualized as one approach or application of critical pedagogy, implies the need to teach with a specific social and political intent, and with a transformative impetus, which is to act upon individual and systemic discrimination” (Browne et al., 2021, p. 7).

- **Colonialism**
  Colonialism is “a process that includes geographic incursion, socio-cultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level social services and ultimately, the creation of ideological formulations around race and skin colour that position the colonizer at a higher evolution level than the colonized” (Kelm, 1998, as cited in NCCIH, 2012, p. 4).

- **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 it comes to understanding another’s experience” (First Nations Health Authority, 2016).

- **Cultural safety**
  “Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care” (First Nations Health Authority, 2016). Building cultural safety is a process.

- **Emancipatory knowing**
  Emancipatory knowing is “a more critical understanding of the social and political realities of the environments that concern us” (Dallaire, 2012, p. 10, free translation). Developing emancipatory knowing leads to “seeing what lies beneath issues and problems and redefining those issues and problems to reveal linkages among complex social and political contexts that create injustices” (Chinn & Kramer, 2018, p. 69).

- **Equity in health**
  “Equity in health implies that ideally everyone could attain their full health potential and that no one should be disadvantaged from achieving this potential because of their social position or other socially determined circumstance” (Whitehead & Dahlgren, 2006, as cited in CIHI, 2017, p. 25).
- **Prejudice**
  A prejudice is “an attitude or preconceived notion based on stereotypes. A prejudice can be negative or positive in nature. A prejudice can be racist when based on power inequalities tied to historical economic and social differences between individuals and groups. A prejudice can also be racist when it seeks to justify such inequalities” (MSSS, 2021, p. xii, free translation).

- **Social determinants of health**
  “The term ‘social determinants of health’ describes the many social conditions that interact to influence risks to our health and well-being and affect how vulnerable we are to disease and injury . . . Social Determinants of Health: The Canadian Facts [Mikkonen & Raphael, 2010] highlights 14 interrelated factors that influence people’s health: First Nations, Inuit, or Métis status, disability, early life, education, employment and working conditions, food insecurity, health services, gender, housing, income and income distribution, race, social exclusion, social safety network, unemployment and job security. These determinants are shaped by other broad forces in society such as economics and politics. Determinants of health do not exist in isolation from each other; instead, they interact, creating compound effects” (National Collaborating Centre for Determinants of Health, 2012, p. 1).

- **Stereotype**
  A stereotype is “a belief or judgment that reduces a person’s identity to a few caricatural traits that are supposedly representative of a group” (MSSS, 2021, p. 12, free translation).

- **Systemic racism**
  To date, the Commission des droits de la personne et des droits de la jeunesse (2019, p. 7) espouses the following definition: “a social construct of inequality based on race in decisions affecting individuals and the way they are treated. Racial inequality is the result of how the economic, cultural and political life of a society is organized. It results from the combination of the following: the social construct of races being real, different and unequal (racialization); the norms and processes used by a social system for the provision of services (structure); the actions and decisions of those who work for social systems (personnel)” (free translation).

- **Unconscious bias**
  “Unconscious bias is an implicit attitude, stereotype, motivation or hypothesis that can arise without the knowledge of the person harbouring the prejudice or independently of their control or intent . . . Such biases arise from systems of oppression that influence individual behaviours, and can lead to discriminatory acts” (Université du Québec à Montréal, s.d., free translation).
References


Improving Care for First Nations and Inuit by Countering Systemic Racism


