



2021

**CULTURAL COMPETENCE STANDARDS
REGARDING PRACTICAL NURSING
WITH INDIGENOUS PEOPLES**

Association of New Brunswick Licensed Practical Nurses



ANBLPN

Association of New Brunswick Licensed
Practical Nurses

AIAANB

L'Association des Infirmier(ère)s Auxiliaires
Autorisé(e)s du Nouveau-Brunswick

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Acknowledgments

Land Acknowledgment

The Association of New Brunswick Licensed Practical Nurses (ANBLPN) affirms that New Brunswick is unceded and unsurrendered territory of the Mi'gmaq,¹ Wolastoqiyik, and Passamaquoddy peoples. The ANBLPN respects the language, history, and cultures of Indigenous peoples whose presence continues to enrich our communities and province.

Image Acknowledgment

The ANBLPN wishes to thank Mircea Francis and Chandler Balciunas for granting permission to use their image as the cover photo of these Standards. Chandler Balciunas is the photographer and Mircea Francis is the photo subject. Mircea is from Kingsclear First Nation, New Brunswick. ANBLPN also wishes to thank Amanda Drummond, LPN and her daughter, Abigail Brooks (photo subject) for granting permission to use their images within this document.

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The ANBLPN also recognizes the contributions of Barb Martin, who sits as the Elder on the Indigenous Guidance Committee.

¹ We recognize there are different spellings of *Mi'gmaq* or *Mi'kmaq* and that individuals, communities, and agencies may prefer one spelling over another. For the purposes of this document, the spelling *Mi'gmaq* will be used.

² Newfoundland and Labrador College of Social Workers (2016). Standards for cultural competence in social work practice. St. John's, NL: Author.

³ British Columbia Association of Social Workers (2016). Towards a new relationship. British Columbia: Indigenous Working Group of the British Columbia Association of Social Workers.

⁴ Social Workers Registration Board (Kāhui Whakamana Tauwhiro) (2015-2016). The SWRB ten core competence standards. New Zealand: Social Workers Registration Board.

Indigenous Peoples in New Brunswick

In New Brunswick there are 15 First Nations communities, as represented on the provincial map below.⁵ The nine Mi'gmaq First Nations communities are: Buctouche, Natoaganeg (Eel Ground), Ugpi'ganjig (Eel River Bar), Esgenoôpetitj, Elsipogtog, Fort Folly, Indian Island, Metepenagiag, and Pabineau. The six Wolastoqiyik First Nations communities are: Kingsclear, Madawaska, Welamukotuk (Oromocto), Saint Mary's, Tobique, and Woodstock.⁶ In New Brunswick there are three Indigenous Nations, the Mi'gmaq, Wolastoqiyik (Maliseet), and Peskotomuhkapi (Passamaquoddy).

According to the Indigenous and Northern Affairs Canada registry, there are approximately 16,509 Indigenous peoples in New Brunswick, with 9,889 living on reserve and 6,620 living off reserve.⁷ However, "...the majority of Aboriginal people reside off reserve and only a minority have status as registered Indians".⁸

Statistics Canada census data identifies that in New Brunswick there are approximately 29,380 Indigenous peoples, making up 4% of the population. Of that, 41.2% of the Indigenous population in New Brunswick live off-reserve in urban areas. With Fredericton (4,415), Moncton (3,520), and Saint John (2,305) respectively having the highest population of Indigenous peoples.⁹ Regardless of a LPNs role and location of practice, it is likely they will have clients¹⁰ that are Indigenous and must therefore be competent to provide quality, culturally safe services, as required by federal legislation titled *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families*¹¹ and these standards.

⁵ Government of New Brunswick (2020). First Nations in New Brunswick. Retrieved from <https://www2.gnb.ca/content/dam/gnb/Departments/aas-saa/images/maps/First-nations-new-brunswick.pdf>

⁶ While many communities go by their traditional names, others often use and are referred to by their English names. For this reason, the list of communities includes the English names of some communities in brackets.

⁷ Government of New Brunswick (n.d.). Aboriginal Affairs, First Nations Communities. Retrieved from https://www2.gnb.ca/content/gnb/en/departments/aboriginal_affairs/fnc.html

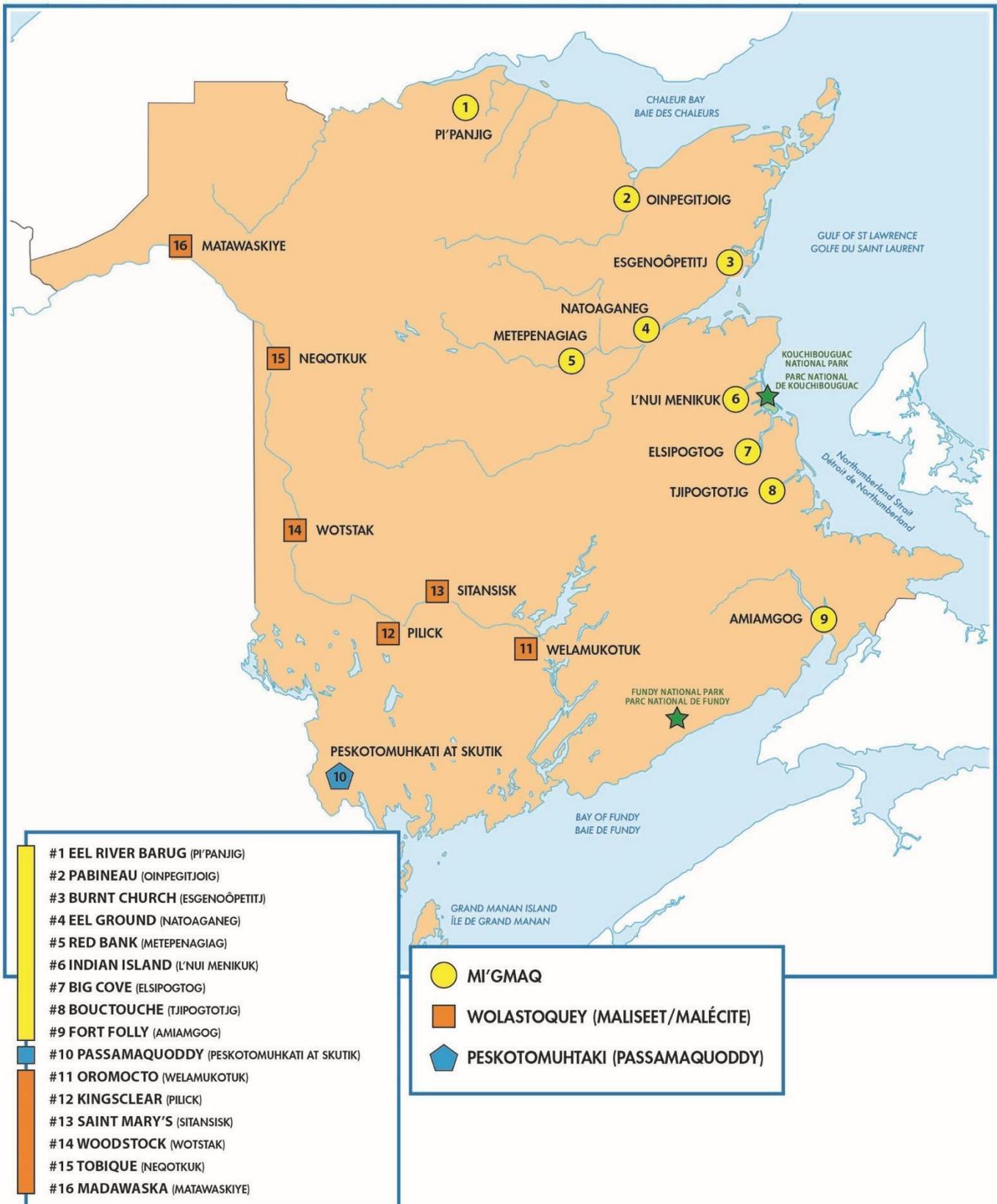
⁸ Huges, J., Stewart, R. & Plummer, A. (2015). Non-status and off-reserve Aboriginal representation in New Brunswick speaking for treaty and claims beneficiaries. *Social Sciences and Humanities Research Council of Canada*. 1-62, p. 6.

⁹ Statistics Canada (2016). Focus of Geography Series, 2016 Census. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=9&LANG=Eng&GK=PR&GC=13>

¹⁰ The term *clients* will be used throughout this document and is interchangeable with other terms, such as *service users* and *patients*.

¹¹ Government of Canada (2019). An act respecting First Nations, Inuit and Métis children, youth and families. Retrieved from <https://laws.justice.gc.ca/PDF/F-11.73.pdf>

Map of First Nations Communities in New Brunswick



Summary

The Association of New Brunswick Licensed Practical Nurses (ANBLPN) regulates the profession of practical nursing in New Brunswick, as per the LPN Act (2014) which identifies the profession of practical nursing to be a health profession. By adopting the *Cultural Competence Standards Regarding Practical Nursing with Indigenous Peoples*, the ANBLPN is implementing the Truth and Reconciliation Commission of Canada (TRC) Call to Action number 23, which calls upon health regulators to “provide cultural competency training for all health-care professionals”.¹²

Licensed Practical Nurses (LPN) have the duty to adhere to the values and principles outlined in their professional Code of Ethics¹³ and use it to inform their nursing practice. The following standards outline the importance of providing services that are culturally competent and culturally safe to clients. In following the ANBLPN Code of Ethics, LPNS must ensure they are culturally aware, self-reflective, and committed to learning how to better assist their clients.

These standards outline the minimum standard of cultural competence that LPNs must have when working with Indigenous peoples. The ability in working with people of other cultures exists on a spectrum:

Cultural Awareness → Cultural Sensitivity → Cultural Competence → Cultural Safety

Cultural awareness is an acknowledgement of cultural differences, while cultural sensitivity defines respect for cultural differences. Both cultural awareness and cultural sensitivity focus on the "other" and "other culture". Cultural competence does not mean someone knows everything about Indigenous cultures. Cultural competence defines the skills, knowledge, and attitudes necessary to work effectively with people of other cultures and provide quality care. Lastly, cultural safety defines an

Cultural competence does not mean someone knows everything about Indigenous cultures. Cultural competence defines the skills, knowledge, and attitudes necessary to work effectively with people of other cultures and provide quality care.

¹² Truth and Reconciliation Commission of Canada (2015). Calls to action. Retrieved from http://www.trc.ca/assets/pdf/Calls_to_Action_English2.pdf

¹³Code of Ethics for LPNs (2013). https://www.anblpn.ca/wp-content/uploads/2021/04/Code_of_Ethics_2013.pdf

environment in which people feel safe, whatever that means to them, and an environment that supports all paths of wellbeing.¹⁴

It is not enough for LPNs to have awareness and respect for other cultures. At a minimum, they must also have the skills, knowledge, and attitudes necessary to competently work with people of other cultures. By requiring LPNs to be culturally competent when working with Indigenous peoples, the aim is to foster a culturally safe environment in which clients feel respected, as well as spiritually, socially, and emotionally safe.¹⁵

While these standards are specific to Indigenous peoples in New Brunswick, they can be applied to practice with people of diverse cultural backgrounds.

Introduction

The ANBLPN is an organization representing more than 3700 LPNs provincially. The ANBLPN envisions a professional organization that reflects the values of practical nursing, provides ethical leadership, and instills public confidence. The ANBLPN has a mission to protect the public and promote excellence in nursing practice. The ANBLPN Code of Ethics identifies five core ethical principles: responsibility to the public, responsibility to clients, responsibility to the profession, responsibility to colleagues and responsibility to oneself.

Respect for diversity is a fundamental value of the nursing profession. As stated in the LPN Code of Ethics, LPNs “respect the rights of all individuals regardless of their diverse values, beliefs and cultures”¹⁶. The LPN Code of Ethics also states that LPNs “provide care to each client recognizing their individuality and their right to choice”.

¹⁴ Baba, L. (2013). *Cultural safety in First Nations, Inuit and Métis public health: Environmental scan of cultural competency and safety in education, training and health services*. Prince George, BC: National Collaborating Centre for Aboriginal Health.

¹⁵ Rego, C. (2014). Cultural safety: The importance of in practice when providing care Aboriginal people. Retrieved from <https://www.ocswssw.org/wp-content/uploads/2014/12/a3 - cristine rego - a3.pdf>

¹⁶ LPN Code of Ethics (2013). Retrieved from https://www.anblpn.ca/wp-content/uploads/2021/04/Code_of_Ethics_2013.pdf

In 2015, *Honouring the Truth, Reconciling for the Future*, the Summary of the Truth and Reconciliation Commission of Canada's (TRC) final report, was released.¹⁷ Of the 94 Calls to Action, actions 18-24 are specific to Health. The 94 TRC Calls to Action are critical to know and act upon within the various areas of nursing practice.

The TRC Calls to Action emphasize the importance of health care professionals being properly educated on Indigenous history and of the lasting impacts of residential schools and calls upon all levels of government to "provide cultural competence training for health-care professionals".¹⁹ In New Brunswick, LPNs are health professionals that are regulated by the ANBLPN.

The foundation of this document is based on the Two-Eyed Seeing approach and the importance of drawing on this approach in nursing practice. Two-Eyed Seeing, or *Etuaptmumk*, is a guiding principle first defined by Mi'gmaq Elder Albert Marshall, who lives in the community of Eskasoni in Unama'ki (Cape Breton). In the words of Elder Albert Marshall, Two-Eyed Seeing is "to see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together".²⁰ An LPN using the Two-Eyed Seeing approach would consider the strengths of both the Western approach and the Indigenous approach when working with clients. The Two-Eyed Seeing approach is critical in providing culturally competent nursing services, in increasing the likelihood of Indigenous clients feeling culturally safe, and in the process of reconciliation.

¹⁷ Truth and Reconciliation Commission of Canada (2015). *Honouring the truth, reconciling for the future*. Retrieved from

http://www.trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf

¹⁸ Truth and Reconciliation Commission of Canada (2015). *Honouring the truth, reconciling for the future*. 164.

Retrieved from

http://www.trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf

¹⁹ Association of New Brunswick LPNs (2014). LPN Act. Retrieved from https://www.anblpn.ca/wp-content/uploads/2021/04/LPN_Act-2014.pdf

²⁰ Peltier, C. (2018). An application of two-eyed seeing: Indigenous research methods with participatory actionresearch. *International Journal of Qualitative Methods*. 17, 1-12. doi: 10.1177/1609406918812346

The ANBLPN believes we have a responsibility to be part of the reconciliation process. This will not be easy, nor will it happen overnight. It will require commitment and active participation over the coming years to move toward a respectful and collaborative relationship with Indigenous peoples. The ANBLPN is committed to supporting members through this process and providing tools and resources to help non-Indigenous LPNs in our province take concrete steps towards reconciliation. The following standards provide LPNs with basic knowledge while working with Indigenous clients. It encourages LPNs to research and learn more about Indigenous culture and to take advantage of the resources provided within this document.

Objectives of the Cultural Competence Standards

The following are objectives of the ANBLPN *Cultural Competence Standards Regarding Practical Nursing with Indigenous Peoples*.

- Raise individual, professional, and community awareness regarding the history and the future of Indigenous peoples in Canada by connecting to individual history, social location, and relationship through reflexivity.
- Draw attention to the effects of globalization and the universalization of nursing theories and practices, which often fail to embrace and recognize Indigenous and non-Western worldviews, knowledge, and practice.
- Work towards respectful and meaningful relationships with both non-Indigenous and Indigenous peoples.
- Inform LPNs, employers, and the public on best practice standards for LPNs working with diverse cultures.
- Promote cultural competence and safety as an integral component of nursing practice.
- Provide a framework from which LPNs can reflect on and enhance skills, knowledge and abilities to work with Indigenous individuals, families, groups, and communities.

The ANBLPN believes all LPNs have an ethical responsibility to ensure they integrate cultural awareness and sensitivity in their practice while enhancing competence to work with people from diverse cultures. LPNs should incorporate cultural competence and safety in their direct practice as well as the larger, policy-making process. Adopting these cultural competence standards for ANBLPN members is the first step in creating new relationships and ways of working together with Indigenous peoples and communities.

Defining Cultural Competence

Unfortunately, there is no consistent definition of cultural competence, as literature defines it in several different ways. Cultural competence in nursing practice is multi-faceted, having many features and perspectives to consider.

Cultural competence has also been defined as a “set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professions to work effectively in cross cultural situations”.²¹

Although definitions of cultural competence differ, scholars largely agree on common components such as knowledge, skills/practice, and self-awareness. Literature often defines cultural competence as a “continual process of building awareness, knowledge, and skills”.²²

Cultural competence, in these standards, is an umbrella term for attitudes, knowledge, and skills LPNs require in working within the cultural context of clients. It is an on-going reflection, and professional growth. By being culturally competent, the aim is to create a culturally safe environment that supports all paths of wellbeing and where people feel spiritually, socially, and emotionally safe. Cultural competence does not mean someone knows everything about Indigenous cultures. Some level of knowledge is important and is a component of cultural competence. However, more important are the skills and attitudes needed to foster trust, a space where clients are willing and able to share, and the practice of cultural humility. Cultural humility involves becoming a learner when it comes to understanding another persons' experiences and cultures.

²¹ Cross, T., Bazron, B., Dennis, K. & Isaacs, M. (1989). Towards a culturally competent system of care: a monograph on effective services for minority children who are severely emotionally disturbed. 13. Washington DC: Child and Adolescent Service System Program Technical Assistance Center, Georgetown University ChildDevelopment Center. Retrieved from <https://files.eric.ed.gov/fulltext/ED330171.pdf>

²² Herring, S., Spangaro, J., Lauw, M., McNamara, L. (2013). The intersection of trauma, racism, and cultural competence in effective work with aboriginal people: waiting for trust. *Australian Social Work*, 66(1). 104-117.

Standards for Cultural Competence in Nursing Practice

The ANBLPN has adopted five standards for cultural competence. These standards were adopted for LPNs to reflect on and use in their daily practice.

Standard One

Culturally competent nursing practice shall be grounded in the ethics and values of the nursing profession.

Standard Two

LPNs shall recognize and appreciate the importance of being aware of one's own cultural identity and experiences in cross cultural practice.

Standard Three

LPNs shall seek to understand the values, beliefs, traditions, and historical context of Indigenous clients and incorporate this knowledge into nursing assessments and interventions.

Standard Four

LPNs shall integrate effective intervention skills when working with Indigenous clients from diverse cultural backgrounds.

Standard Five

LPNs shall engage in continuing professional development to foster knowledge, skills, and abilities in working with clients from diverse cultural backgrounds.

Standard One

Culturally competent nursing practice shall be grounded in the ethics and values of the practical nursing profession.

Interpretation

The ANBLPN Code of Ethics outlines the ethical values and responsibilities that guide professional nursing practice. These ethical responsibilities include:

1. Demonstrate an understanding that community, society, and the environment are important factors in the health of individual clients;
2. Respect the rights of all individuals regardless of their diverse values, beliefs, and cultures;
3. Provide care to each client recognizing their individuality and their right to choice;
4. Integrity in Professional Practice;
5. Confidentiality in Professional Practice; and
6. Competence in Professional Practice.

LPNs are ethically responsible to ensure their practice is culturally competent. Implementing this requires a commitment to life-long learning. LPNs must make an effort to devote their time to increasing their knowledge and appreciation for Indigenous peoples. This will help LPNs demonstrate sufficient self-awareness and give them the ability to critically reflect on the personal values, cultures, knowledge, and beliefs that influence them while practicing.

Reflexivity is key in continuously growing, learning, and improving as a LPN. Reflecting on the day-to-day impact of services, listening to clients, setting aside ego, and acknowledging that mistakes will be made and must be learnt from are key aspects of reflective nursing practice.

In working with clients from diverse cultural backgrounds, LPNs may face and navigate ethical issues pertaining to boundaries, dual and multiple relationships, conflicts in values and expectations, privacy and confidentiality, and decision-making within a cultural context. If navigating an ethical dilemma, LPNs shall seek guidance from their colleagues, supervisors and managers and reflect on the Code of Ethics.

If a LPN finds that a colleague, supervisor, or manager is not acting ethically or in a culturally competent manner, the LPN shall take the required steps, as outlined in Principle 2 and 4 of the ANLBPN Code of Ethics, including:

Principle 2.5	Report to appropriate authorities and take other action in a timely manner to ensure a client’s safety and quality of care when unethical or incompetent care is suspected.
Principle 4.1	Take appropriate action to address the unprofessional conduct of other members of the inter-professional team.

LPNs may consult with other individuals when required, providing client confidentiality is upheld. Regarding consultation, the Code of Ethics (2013) states:

Principle 1.6	LPNs collaborate with clients, their families (to the extent appropriate to the client’s right to confidentiality) and health care colleagues to promote the health and well-being of individuals, families and the public.
Principle 4.2	LPNs collaborate with colleagues in a cooperative, constructive, and respectful manner with the primary goal of providing safe, competent, ethical, and appropriate care to individuals, families and communities
Principle 4.5	LPNs respect the expertise of colleagues and share own experiences and knowledge. ²³



²³ The ANBLPN Code of Ethics (2013)

Retrieved from https://www.anblpn.ca/wp-content/uploads/2021/04/Code_of_Ethics_2013.pdf

Standard Two

LPNs shall recognize and appreciate the importance of being aware of one's own cultural identity and experiences in cross cultural practice.

Interpretation

Self-awareness is one of the most important aspects of cultural competence. Cultural competence is often described as a “continual process of building awareness, knowledge, and skills”.²⁴ It is critical for LPNs to be aware of their own cultural backgrounds and ideas. Without this awareness, LPNs may “inadvertently engage in destructive and oppressive activities”.²⁵

Privilege is linked to oppression, as they relate to power dynamics and social systems that advantage some and disadvantage others. There are many different types of privilege and it must be recognized that a person can be marginalized by one form of discrimination while still experiencing privilege in another aspect of their identity. For this reason, it is critical for people to have an intersectional understanding of privilege and to critically self-reflect on the varying degrees of privilege they hold and how privilege shapes their understanding of the world and their day to day lives.

White privilege is often defined using the ground-breaking work of Peggy McIntosh, who defined white privilege as “unearned race advantage and conferred dominance”.²⁶ Throughout the years her work has been expanded to include all minority groups, with more recent authors stating “white privilege is *not* the assumption that everything a white person has accomplished is unearned; instead it is a built-in advantage, separate from one's level of income or effort.”²⁷

²⁴ Sakomoto, I. (2007). An anti-oppressive approach to cultural competence. *Canadian Social Work Review*, 24(1), 107.

²⁵ Este, D. (2007). Cultural competency and social work practice in Canada: a retrospective examination. *Canadian Social Work Review*, 24(1), 96.

²⁶ Mascarenhas, M. (2018). Where the waters divide: neoliberal racism, white privilege and environmental injustice. *Race, Gender & Class*, 23(3-4). 10. doi: 10.2307/26529206

²⁷ Collins, C. (2016). What is white privilege, really? Retrieved from <https://www.tolerance.org/magazine/fall-2018/what-is-white-privilege-really>

White privilege is “preserved not only through intentional or hostile acts or by government regulation or coercion, but rather by consenting to everyday policies and practices that work to the benefit of white people at the expense of minority populations”.²⁸ These are simple, everyday conveniences that white people have while others, such as Indigenous peoples, do not. This can include but is not limited to:

- Access to traditional medicine at local grocery stores.
- The ability to shop alone without the fear or chance of being followed and/or harassed.
- Never being asked to speak for all the people of one’s race.
- Easily finding posters, books, dolls, toys, and other items featuring people of your race.
- Not having the police called when you are walking alone at night.

White privilege is woven into systems and can take many forms. We see evidence of white privilege within the Canadian child welfare system, health care system, housing system, educational attainment levels and drinking water quality.²⁹

There are a number of factors that shape an individual’s cultural experience including genetics, personality, professional ethics, social class, ethnic identity, gender, sexual orientation, ability, historical context, and social norms.³⁰ In fostering culturally competent practice, LPNs critically examine their own cultural awareness, heritage, biases and beliefs. Specifically, LPNs reflect on what informs their values, beliefs and worldview, including an acknowledgment of any ism’s (ageism, racism, heterosexism, ethnocentrism, ableism, classism, colonialism, homophobia, etc.) and the impact these may have when working with Indigenous clients. Similarly, LPNs must explore the assumptions they have in relation to Indigenous communities and worldviews. To help LPNs throughout this process, the ANBLPN has adopted the following list of self- reflection questions.

²⁸ Mascarenhas, *Where the waters divide*, 10.

²⁹ Mascarenhas, *Where the waters divide*, 10.

³⁰ Bassey, S. & Melliush, S. (2013). Cultural competency for mental health practitioners: a selective narrative review. *Counselling Psychology Quarterly*, 26(2). 151-173.

What guides your own practice framework?

Have you had the opportunity to learn Indigenous teachings? Do you respect and incorporate these into your practice? Why or why not?

What is the relationship between Indigenous and non-Indigenous members of your personal and professional community?

What is your understanding of the inherent rights and treaty rights of Indigenous peoples? Do you recognize and respect that these rights are inherent to Indigenous peoples?

Do you understand and draw upon the two-eyed seeing approach? What are some things you are doing, or can do in the future, to decolonize & Indigenize your personal practice?

Are you aware of the history of the land you live and work on? What sources have you drawn on for this information?

What is your understanding of the role nurses had in colonization, including the residential schools, Sixties Scoop and Indian Day Schools?

What is your understanding of the Missing and Murdered Indigenous Women and Girls (MMIWG) findings, the Canadian Human Rights Tribunal (CHRT) rulings, Jordan's Principle, and the Truth and Reconciliation Commission of Canada (TRC) reports?

What is your understanding of the TRC Calls to Action? How can you incorporate the Calls to Action within your professional practice?

On a daily basis, what do I have that I did not earn? Who built that system? Who keeps it going?

What types of privilege do I have? How does my privilege affect my day to day experiences and understanding of the world?

LPNs must demonstrate sufficient self-awareness and the ability to critically reflect on their own personal values, cultures, knowledge, and beliefs to manage the influences of personal biases when practicing. LPNs also reflect on the privileges they hold by nature of their cultural experiences and professional status and examine power dynamics in the professional relationship that may have an impact on the practical nursing relationship.

Standard Three

LPNs shall seek to understand the values, beliefs, traditions, and historical context of Indigenous clients and incorporate this knowledge into nursing assessments and interventions.

Interpretation

It is vital for LPNs to recognize the importance of cross-cultural competence.

At minimum, LPNs must have a foundational knowledge of a client's culture (historical context, traditions, values, and experience of oppression), recognizing the intersectionality of cultural identities, and an awareness of any cultural stereotypes or perceptions. This will allow them to interact and work with individuals, families, and communities in a way that respects language, cultural, spiritual, and relational markers. LPNs should ask clients directly, making them the primary source of this information.

While there are some similarities across Indigenous cultures, each culture has unique belief systems, languages, cultural practices, and protocols. LPNs must avoid cultural generalizations and recognize that some Indigenous peoples do not practice in traditional ways. Therefore, to understand their needs, background, and culture, non-Indigenous LPNs should make it a priority to communicate with Indigenous clients.

LPNs can explore sociocultural influences on health and well-being with the client, along with their personal health beliefs, customs, rituals, cultural expressions, and conceptualization of the issue/concern.

Understanding Indigenous Perspectives

Most Indigenous communities take a holistic perspective on health and wellness. There is a strong emphasis on the interconnectedness between Mother Earth and Indigenous peoples.

Indigenous peoples take the lead in healing the grief and loss in their communities. Therefore, it is important for LPNs to listen to their vision, priorities, needs, and above all respect their self-determination. In health care settings, it is important to respect and incorporate traditional healing practices³¹ to ensure it is readily available to all community members. Some of the following are ideas you could implement within your client's community:

- Ensure you understand the purpose of a space for sacred gathering or prayer space, as well as sweat lodges. Create spaces for this and hold opening and closing prayers in these areas.
- Take measures to ensure smudging is allowed at events.
- Link clients with appropriate Traditional Knowledge Keepers and/or Elders.
- Make an effort to understand your client and provide them with services that are meaningful and culturally relevant to them. It is important to note that not all Indigenous peoples are traditional, some may connect with Christianity or other faiths that support their beliefs.
- When appropriate, make traditional medicine available to clients by establishing good working relationships with Indigenous community members or Elders. These can include the medicine wheel, tobacco, sweet grass, cedar, or sage etc.
- Make every effort to use the Two-Eyed Seeing approach in your nursing practice.
- Discuss with clients the ways that culturally appropriate activities can be incorporated into electronic nursing practice. This may include, but is not limited to, doing a land acknowledgement for the land each participant is on before starting and doing opening and closing prayers. The aim is to create a sacred space within session where individuals can be vulnerable and authentic.
- Understanding the Seven Sacred Teachings of humility, honesty, respect, courage, truth, wisdom, and love, and incorporate them into nursing practice and interventions (see Glossary for more information).

³¹ It is important to never make assumptions about clients. Not all clients who are Indigenous connect with traditional practices and/or wish to have them incorporated into the services they receive.

Standard Four

LPNs demonstrate the use of effective intervention skills when working with clients from diverse cultural backgrounds.

Interpretation

Most nursing theories and assessments across North America are based on Western paradigms. It is important to recognize this while practicing, as these interventions are not always the best approach to draw upon when working with Indigenous clients. However, certain Western paradigms are helpful when working with Indigenous clients, these include anti-oppressive, person-in-environment, and strengths perspective, as further discussed below. It is imperative that LPNs get to understand their clients and tailor their practice to provide them with culturally safe and effective nursing services. The ANBLPN requires that LPNs follow these standards along with the following statements when they are unsure or questioning how to provide the best support to their Indigenous clients.

There are western models of intervention that are beneficial while working with Indigenous clients. Anti-oppressive, structural nursing, person-in-environment and strengths perspective provides a helpful framework for working with clients from diverse cultural backgrounds. The person-in-environment perspective views the individual within the context of their physical and social environment, while the strengths perspective places an emphasis on the client's strengths, capacities, assets, and resiliency. Each of these perspectives are important when practicing with clients from different cultures. These perspectives give LPNs the opportunity to learn more about their clients, which in-turn allows them to better meet their clients' needs.

Language

LPNs strive to enhance cultural competence and safety by recognizing the important role of language and communication when working with clients from diverse cultural backgrounds.

Where interpreter services are not available, LPNs should advocate for their implementation and explore alternative options for interpretation that are in keeping with the best interests of the client.

It is also important for LPNs to pay attention to non-verbal communication and behaviours as well. The LPN is responsible for researching and finding out what

the normal behaviour is in each community they are working in. They need to ask clients to explain what those behaviours mean to them. For example, emotional display, eye contact, nodding, and touch may hold different meanings for individuals and members of diverse cultures.

Community Resources

It is important for LPNs to become familiar with community resources that are available to their clients. For a cultural competence model to be anti-oppressive, Indigenous knowledge should be integrated into nursing practice. This process should include individuals with expertise “stepping aside and acting as allies to make space for different ways of knowledge”.³²

Community members have first-hand knowledge and insight into local issues and needs, making their participation and feedback invaluable to the development of effective and relevant programs and

Anti-oppressive nursing practice should involve individuals with expertise stepping aside and making space for different ways of knowledge.

services. LPNs should be committed to building collaborative relationships,³³ including relationships with community leaders, Elders, and older adults, to promote awareness and understanding of the resources that exist within communities. This process will help to build community capacity and a collective voice.

³² Sakamoto, I. (2007). An anti-oppressive approach to cultural competence. *Canadian Social Work Review*, 24(1). 111.

³³ Collaborative relationships occur when two or more people work together to accomplish common goals. Collaboration is key when working with people with different understandings and worldviews.

It is important for LPNs to demonstrate to clients that they are inclusive. One way to do this with Indigenous clients is by decolonizing our workplace. Decolonizing our workplace means going beyond tokenism or the mantra of “treating everyone the same,” to one where we actively acknowledge and support the self-determination of Indigenous peoples, including cultural, spiritual, and land connections. The following questions can help to decolonize your workplace and assist you in dialogue with coworkers and management.

Can you identify service gaps (specific to your organization) that still exist for Indigenous clients? What can be done to address these gaps?

What are some examples of specific measures taken by your organization to address these inequalities? Are the measures enough, do they meet the needs of clients? What more can be done?

Do your employees demonstrate respect for Indigenous cultures and communities?

Does your organization currently have a relationship with Indigenous organizations or communities in your local area? Are they formal or informal relationships? How do both parties benefit from this relationship?

Does your organization have an over or under representation of Indigenous people in terms of clients and staff? If there is under-representation, what is being done to address it?

Is the physical space welcoming for Indigenous clients and community partners? If not, what can be done to make the space more welcoming/inviting?

Does your organization engage in conversations on the historical lived realities of Indigenous peoples? Has your workplace taken part in exercises to further these discussions, such as the Blanket exercise?

Does your organization reflect and ensure their practices are actively anti-racist? Who is responsible for evaluating workplace processes? What mechanism is in place to address racism in the workplace?

LPNs must ask themselves these questions to help them demonstrate knowledge of culturally relevant assessments, intervention strategies and techniques. It is critical for LPNs to engage in ongoing reflection into the reason they are taking the measures that they are and to constantly ask themselves what more can be done to provide a culturally safe space for Indigenous peoples.



Standard Five

LPNs engage in continuing professional development to foster knowledge, skills, and abilities in working with clients from diverse cultural backgrounds.

Interpretation

LPNs need to recognize and appreciate that cultural competence is a fluid concept; acknowledging that culture is not static it is fluid and changes over time.³⁴ When striving for cultural competence in practice it is important for LPNs to commit to the process of learning, inquiry, consultation, and critical reflection. As noted by Williams (2006), “it is important to understand that cultural competence is not developed by choosing more correct than incorrect responses but instead by making thoughtful practice decisions with the best information available and learning through a process of reflection and evaluation how to do better in the future”.³⁵

The ANBLPN Code of Ethics highlights the ethical responsibility of LPNs “to engage in opportunities for career-long learning to continuously develop the competencies required to meet the ethical and regulatory requirements of the profession”.³⁶ To develop cultural

³⁴ Este, D. (2007). Cultural competency and social work practice in Canada: a retrospective examination. *Canadian Social Work Review*, 24(1). 93-104.

³⁵ Williams, C. (2006). The epistemology of cultural competence. *Families in Society*, 87(2). 218.

³⁶ LPN Code of Ethics (2013). Retrieved from https://www.anblpn.ca/wp-content/uploads/2021/04/Code_of_Ethics_2013.pdf

competence LPNs must commit to life-long learning, and on-going evaluation of one's knowledge, skills, and abilities in working with clients from diverse cultures. LPNs can increase their knowledge and skills while working with clients from different cultures. Formal and informal opportunities to learn may include:

- Participating in Indigenous learning opportunities, such as Aboriginal Awareness Training and a Blanket Exercise.
- Taking time to educate yourself (through videos, discussions, reading, etc.) on topics such as white privilege and systemic racism/discrimination and then reflecting on it and addressing how it has played a role in your life and experiences.
- Meeting with Elders, Traditional Knowledge Keepers, and other individuals from various cultural backgrounds to learn about their culture, values, beliefs, and traditions.
- Consulting with clients on their experiences of program/service delivery and engaging in additional research to inform best practices.
- Engaging in discussions with colleagues and managers about cultural competence and their experiences.
- Attending courses, workshops, webinars, and seminars that concentrate on cultural knowledge, theoretical models, cultural diversity and sensitivity, ethics, and best practice approaches for cross cultural practices.
- Reading journal articles and relevant research related to cultural competence.

LPNs have the duty to adhere to the values and principles outlined in their professional Code of Ethics, using it to inform their nursing practice and upholding core practical nursing values in their personal and professional lives. This is reflected in all the standards provided in this document. The standards provide concrete examples, tools, and resources that LPNs can use within their practice.

Glossary

Collaborative Relationships

Collaborative relationships occur when two or more people work together to accomplish common goals. Collaboration is key when working with people with different understandings and worldviews. In collaborative relationships, all parties agree to share knowledge and resources to accomplish common goals. Effective collaborative relationships include trust and individuals who are open-minded, able to problem solve, and who have strong communication skills.

Colonization and First Contact

Colonization in Canada is understood as Indigenous peoples' forced disconnection from land, culture and community by another group.³⁷ Before the arrival of European explorers and traders, North America was occupied by Indigenous peoples living and thriving with their own distinct cultures, languages, ways of knowing, and trade and governance structures. In Canada, colonization occurred when a new group of people migrated to North America, took over and began to control Indigenous peoples. Colonizers imposed their own cultural values, religions, and laws, made policies that did not favour the Indigenous peoples. They seized land and controlled the access to resources and trade. As a result, the Indigenous people became dependent on colonizers.³⁸ While colonization has its roots in Canada's history, it is alive and well today through everyday interactions, policies, and structures in place.³⁹

Cultural Competence

Cultural competence defines the skills, knowledge, and attitudes necessary to competently work with people of other cultures and provide quality care. By being culturally competent, the aim is to create a culturally safe environment that supports all paths of wellbeing and where people feel spiritually, socially, and emotionally safe. Cultural competence does not mean someone knows everything about Indigenous cultures. Some level of knowledge is important and is a component of cultural competence. However, more important are the skills and attitudes needed to foster trust, a space where clients are willing

³⁷ Fem North Net (n.d.). Colonialism and its impacts. Retrieved from http://fnn.criaw-icref.ca/images/userfiles/files/LWM3_ColonialismImpacts.pdf

³⁸ Colonization (n.d.). BCcampus open textbooks. Retrieved from <https://opentextbc.ca/indigenizationfoundations/chapter/43/#:~:text=In%20Canada%2C%20colonization%20ocurred%20when,not%20favour%20the%20Indigenous%20Peoples.>

³⁹ Fem North Net (n.d.) Colonialism and its impacts.

and able to share, and the practice of cultural humility. Cultural humility involves becoming a learner when it comes to understanding another persons' experiences and cultures.

Cultural Humility

Cultural humility is acknowledging that clients are the experts of their story and requires LPNs to be lifelong learners of cultural change. Cultural humility is a practice that is focused on others, not the self. It requires the absence of feelings of superiority towards one's own culture.⁴⁰ It is a lifelong learning process that has many attributes including openness, self- awareness, supportive interactions, and self-reflection.⁴¹

Cultural Safety

Cultural safety defines an environment where people feel safe and that supports all paths of wellbeing. Cultural safety is an outcome that can only be determined by clients. The aim of providing culturally competent services is to foster a culturally safe environment for clients, an environment where service providers acknowledge inherent power imbalances between providers and clients and seek to provide better care through being aware of the difference, decolonising, considering power relationships, implementing reflective practice, and by allowing the client to determine whether a service is culturally safe.⁴²

Elders

There is a significant difference between the term "elders" and "Elders". Elders with a lower case "e" refers to individuals who are a more advanced age, while Elders with a capital "E" refers to Indigenous Elders who are recognized because they have earned the respect of their community through wisdom, harmony, and balance of their actions in their teachings. Being an Elder is not defined by age, but by the above attributes being recognized by the community. Elders are not always traditional in their teachings (traditional Indigenous knowledge) and are different than Traditional Knowledge Keepers. It is an individual's wisdom, knowledge, attributes, and community respect and recognition that makes someone and Elder.

⁴⁰ Sloane, H. David, K., Davies, J., Stamper, D., & Woodward, S. (2018). Cultural history analysis and professional humility: historical context and social work practice. *Social Work Education*. 37(8), 1015-1027. doi: 10.1080/02615479.2018.1490710

⁴¹ Foronda, C., Baptiste, D.-L., Reinholdt, M., & Ousman, K. (2016). Cultural humility: a concept analysis. *Journal of Transcultural Nursing*, 27(3). 210-217. doi: 10.1177/1043659615592677

⁴² Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J. & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. 18(174), 1-17.

Indian

While the term Indian is an outdated term when referring to Indigenous peoples, it is important to understand that it is a legalistic term and is still used within legislation. The Indian Act defines the term Indian as “a person who pursuant to this Act is registered as an Indian or is entitled to be registered as an Indian”.⁴³ The term Indian does not include Métis or Inuit peoples.

Indian Day Schools

The Government of Canada and Christian churches ran Indian Day Schools, along with residential schools, between the years 1860-2000. Indigenous children lived with their parents and remained in their communities but were forced to attend these schools during the day, which were used as a method of assimilation. These schools were harmful, with many children experiencing physical, verbal, and sexual abuse. A Federal Indian Day School Class Action Lawsuit began in 2009 to seek compensation for the damages and abuses suffered by all Indian Day School students who were forced to attend Indian Day Schools and who were previously excluded from the Indian Residential Schools Settlement Agreement. The claims process began in January 2020 and remains open until July 2022. While there were no residential schools in New Brunswick, there were 12 Indian Day Schools located in the province.⁴⁴

Indian Residential Schools

Between 1870 and 1996 the Canadian government predominately operated Indian residential schools in partnership with Christian churches (Anglican, Catholic, Methodist, Presbyterian, etc.). The Canadian government funded residential schools and had schools in all provinces and territories except Prince Edward Island, New Brunswick, and Newfoundland. It is estimated that over 150,000 First Nations, Inuit, and Métis children ages 4-16 attended residential schools.

Indigenous children were forced to attend residential schools and were taken away from their families and communities to remove and isolate children from the influence of their homes, families, traditions, and cultures and to assimilate them into dominant culture. These actions were based on the beliefs that Indigenous cultures and spirituality were inferior.

At residential schools, children were forced to abandon their languages, cultural beliefs, and ways of life. They experienced unimaginable traumas including physical abuse, emotional

⁴³ Government of Canada (1985). Indian act. Retrieved from <https://laws-lois.justice.gc.ca/PDF/I-5.pdf>

⁴⁴ Federal Indian Day School Class Action (n.d.). About. Retrieved from <https://indiandayschools.com/en/about/>

abuse, sexual abuse, and death. In 2006 the Indian Residential Schools Settlement Agreement was issued, the largest class action lawsuit in Canadian history. The Government of Canada issued a public apology in 2008 acknowledging Canada's role in the Indian residential school system.⁴⁵

Indigenous

In this document, Indigenous refers to the Indigenous peoples of Canada, also known as the First Nations, Métis, and Inuit peoples of Canada. Indigenous peoples resided on what is now known as Canada for time immemorial, prior to European settler contact (colonization).

Intergenerational Trauma

Trauma takes an enormous physical and psychological toll on survivors; often the harmful effects of trauma can be felt for generations to come. The longstanding effect of trauma is referred to as intergenerational trauma. In the case of the Indigenous peoples of Canada, there are numerous historical and ongoing, individual and collective traumas that have been experienced for hundreds of years, since colonization. The effects of trauma can be transmitted from parents to their kids, just as knowledge and culture is passed down intergenerationally.⁴⁶

Jordan's Principle

Jordan's Principle is based on Jordan River Anderson, an Indigenous child from Norway House Cree Nation in Manitoba. Jordan was born in 1999 with multiple disabilities and stayed in the hospital from birth. At two years of age doctors said he could move to a special care home for his medical needs, however, the federal and provincial governments could not agree on who

⁴⁵ Union of Ontario Indians (2013). An overview of the Indian residential school system. Retrieved from <http://www.anishinabek.ca/wp-content/uploads/2016/07/An-Overview-of-the-IRS-System-Booklet.pdf>

⁴⁶ Bombay, A., Matheson, K. & Anisman, H. (2009). Intergenerational trauma: convergence of multiple processes among First Nations peoples in Canada. *Journal de la santé autochtone*. 6-47.

should pay for his home-based care, resulting in Jordan staying in the hospital until he passed away at age five.⁴⁷

Indigenous children have not always had the same access to services as other Canadian children. This inequality is, in part, due to the different levels of government that fund different services for Indigenous children, which has led to payment disputes between governments about who should pay for which services. Through Jordan's Principle, the government first contacted shall pay for services and may seek reimbursement from another level of government later. This child-first policy ensures that Indigenous children can access the services they need, when they need them.⁴⁸

Jordan's Principle was passed by the Canadian House of Commons in 2007 as a commitment that First Nations children would get the products, services and supports they need when they need them.⁴⁹ In 2016, the Canadian Human Rights Tribunal (CHRT) determined the Government of Canada's approach to services for First Nations children was discriminatory and that Jordan's Principle was not being fully implemented. In May of 2017, the CHRT ordered that the needs of each individual child must be considered to ensure substantive equality, providing culturally appropriate services, and safeguarding the best interest of the child. This means giving extra help when it is needed so that First Nations children have an equal chance to thrive.⁵⁰

Missing and Murdered Indigenous Women and Girls (MMIWG)

For years, there were calls for a federal inquiry into the disproportionately high rates of violence and the disturbingly high numbers of missing and murdered Indigenous women, girls, and 2SLGBTQIA people in Canada. These calls were largely ignored by the Canadian federal government until the Truth and Reconciliation Commission of Canada supported the call, resulting in the launch of a National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG), which began its work in 2016. The MMIWG inquiry resulted in a series of reports and 231 individual Calls for Justice directed at governments, institutions, social service

⁴⁷ Government of Canada (n.d.). Honouring Jordan River Anderson. Retrieved from <https://www.sac-isc.gc.ca/eng/1583703111205/1583703134432>

⁴⁸ Government of Canada (n.d.). Jordan's principle. Retrieved from <https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824>

⁴⁹ First Nations Health Authority (n.d.). Jordan's principle frequently asked questions. Retrieved from <https://www.fnha.ca/what-we-do/maternal-child-and-family-health/jordans-principle/faqs>

⁵⁰ Government of Canada (n.d.). Jordan's principle. Retrieved from <https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824>

providers, industries and all Canadians. The MMIWG inquiry argues that Canada is guilty of genocide, stating that:

No one knows an exact number of missing and murdered Indigenous women, girls and 2SLGBTQQIA people in Canada. Thousands of women's deaths or disappearances have likely gone unrecorded over the decades, and many families likely did not feel ready or safe to share with the National Inquiry before our timelines required us to close registration... Colonial violence, as well as racism, sexism, homophobia, and transphobia against Indigenous women, girls, and 2SLGBTQQIA people, has become embedded in everyday life – whether this is through interpersonal forms of violence, through institutions like the health care system and the justice system, or in the laws, policies and structures of Canadian society. The result has been that many Indigenous people have grown up normalized to violence, while Canadian society shows an appalling apathy to addressing the issue. The National Inquiry into Missing and Murdered Indigenous Women and Girls finds that this amounts to genocide."⁵¹

Racism

While race refers to the categories society places individuals in on the basis of physical characteristics, racism is defined as prejudice, discrimination, or hatred against a person or group of people based on their race or ethnicity. Racism is often understood as the marginalization and/or oppression of people of color based on a socially constructed racial hierarchy that privileges white people while disadvantaging others. Racism can be intentional or unintentional and can range in severity from being treated poorly or differently than others to overt acts of violence. Often, when people refer to racism they are referring to interpersonal or relational racism, which is when individuals experience some level of discrimination in their daily lives. However, racism has many levels and is also engrained within systems and structures in place (see Systemic Racism). Interpersonal or relational racism fuels the perpetuation of systemic racism.⁵²

⁵¹ National Inquiry into Missing and Murdered Indigenous Women and Girls (2019). Executive summary of the report. Retrieved from https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Executive_Summary.pdf

⁵² The College of Family Physicians of Canada (2016). Health and health care implications of systemic racism on Indigenous peoples in Canada. 1-10.

Sixties Scoop

The Sixties Scoop refers to the widespread removal of Indigenous children from their families and communities between 1951 and 1991.⁵³ “The Sixties Scoop was predicated on child welfare that presented a positive façade. The forced removal and assimilation of Indigenous children occurred under auspices of a child saving rhetoric... The child welfare system emerged with the demise of the residential school system, staffed by new members of a new profession – social workers”.⁵⁴ Once removed from their homes, the children were adopted to largely middle class, non-Indigenous families across Canada and abroad, without parental consent. During this time, it is estimated that upwards of 20,000 Indigenous children were taken from their families.⁵⁵ ⁵⁶ The legacy of the Sixties Scoop continues to this day, with Indigenous children being grossly overrepresented in the Canadian child welfare system. According to data from 2016, while Indigenous children account for 7.7% of the Canadian population, 52.2% of children in foster care in Canada are Indigenous.⁵⁷

Systemic Racism

Also referred to as institutional racism, systemic racism refers to racism that is built into the very structure of society. It is covert and difficult to detect as it is built into systems that benefit some while disadvantaging others. Racism is not only individual acts of discrimination, but invisible systems conferring unsought racial dominance on groups by birth.⁵⁸ Racism is complex and deeply embedded in diverse systems, including economic, political, and psychosocial. Systemic racism toward Indigenous peoples in Canada can be seen within colonial policies, limited access to healthy food, inadequate living conditions, and substandard health care. Racism within these systems leads to health inequities that are reflective of the broad disadvantage faced by Indigenous individuals and communities living in Canada.⁵⁹

⁵³ Class Action Sixties Scoop Settlement (n.d.). Retrieved from https://sixtiesscoopsettlement.info/faq/#About_the_Sixties_Scoop_Class_Action

⁵⁴ Bendo, D., Hepburn, T., Spencer, D. & Sinclair, R. (2019). Advertising ‘happy’ children: the settler family, happiness and the Indigenous child removal system. *Children & Society*. 33, 400. doi: 10.1111/chso.12335

⁵⁵ Niigaanwewidam, J. & Sinclair, S. (2016). Sixties scoop. *The Canadian Encyclopedia*. Retrieved from <https://www.thecanadianencyclopedia.ca/en/article/sixties-scoop>

⁵⁶ Bendo, D., Hepburn, T., Spencer, D. & Sinclair, R. (2019). Advertising ‘happy’ children: the settler family, happiness and the Indigenous child removal system. *Children & Society*. 33, 399-413. doi: 10.1111/chso.12335

⁵⁷ Government of Canada (n.d.). Reducing the number of Indigenous children in care. Retrieved from <https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851>

⁵⁸ McIntosh, P. (1989). White privilege: unpacking the invisible knapsack. Retrieved from https://psychology.umbc.edu/files/2016/10/White-Privilege_McIntosh-1989.pdf

⁵⁹ The College of Family Physicians of Canada (2016). Health and health care implications of systemic racism on Indigenous peoples in Canada. 1-10.

Seven Sacred Teachings

The Seven Sacred Teachings are guiding life principles that have always been a part of most Indigenous cultures. These teachings impact our surroundings and provide guidance on how to interact with one another.

- **Humility:** To know that we are just one small part of the great web of life and our communities.
- **Honesty:** To see and accept ourselves for who we are; to accept others and their truths.
- **Respect:** To listen and hear, to treat others the way we wish to be treated, to take no more than we need.
- **Courage:** To confront our fears and to make changes for the good of all so that things get better. This includes developing new ways of working together and new approaches for supporting youth and their families.
- **Truth:** To know and accept the truth of Indigenous people's history.
- **Wisdom:** To learn from the histories of Indigenous peoples to create equitable and collaborative relationships and services.
- **Love:** We remember that love is the energy that comes from the Creator and is central. It keeps everything together. Our decisions and actions should be guided by love.

Traditional Knowledge Keepers

Traditional Knowledge Keepers have been taught by an Elder or senior Knowledge Keeper within their community; they are not necessarily Elders themselves. Traditional Knowledge Keepers hold traditional knowledge and have been taught how to care for these teachings and when it is appropriate to share this knowledge with others.⁶⁰ Traditional Knowledge Keepers are the foundation from which Indigenous traditions, customs, laws, and spirituality are taught. They are the keepers of Indigenous knowledge that has been passed down from generation to generation since time immemorial. A traditional Knowledge Keeper's duty is to preserve this knowledge for their communities and their nation.⁶¹ Elders and Traditional Knowledge Keepers have codes of conduct that they are expected to follow. At times, these codes may conflict with colonial systems that are in place. Adopting a Two-Eyed Seeing

⁶⁰ Queen's University (n.d.). Elders, knowledge keepers, and cultural advisors. Retrieved from <https://www.queensu.ca/indigenous/ways-knowing/elders-knowledge-keepers-and-cultural-ad>

⁶¹ The Wicahitowin Conference Committee (2017). Authentic engagement of First Nations and Métis traditional knowledge keepers. 8. Retrieved from uakn.org/wp-content/uploads/2018/12/Wicahitowin_AuthenticEngagementBooklet_V8.pdf

approach is critical, to navigate worldviews and come to a resolution that is culturally sensitive.

Truth and Reconciliation Commission of Canada (TRC)

The Truth and Reconciliation Commission of Canada (TRC) was constituted and created by the Indian Residential Schools Settlement Agreement. The Commission spent six years travelling around Canada to hear from Indigenous peoples who had been taken from their families as children and placed in residential schools. The Commission developed a series of reports outlining their work, findings, and conclusions.⁶² Based on the Commission's findings, 94 Calls to Action were identified. Several of the recommendations apply to the field of practical nursing, particularly the area of health. By providing information and establishing a practice standard that all LPNs must adhere to, these standards apply the 23rd call to action, which calls upon all levels of government to "provide cultural competency training for all healthcare professionals".⁶³ In New Brunswick, practical nursing is a health profession regulated by the Association of New Brunswick Licensed Practical Nurses. As such, it is the ANBLPN's responsibility to provide training mechanisms to LPNs and establish a baseline standard of cultural competence that LPNs must possess to practice nursing within New Brunswick.

Two-Eyed Seeing Approach

Two-Eyed Seeing, or *Etuaptmuk*, is a guiding principle first defined by Mi'gmaq Elder Albert Marshall, who lives in the community of Eskasoni in Unama'ki (Cape Breton). In the words of Elder Albert Marshall, Two-Eyed Seeing is "to see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together".⁶⁴

The Two-Eyed Seeing approach is a "theoretical framework that embraces the contributions of both Indigenous and Western 'ways of knowing' (worldviews)".⁶⁵ A LPN using the Two-Eyed Seeing approach would consider the strengths of both the Western approach

⁶² Truth and Reconciliation Commission of Canada (2015). Honouring the truth, reconciling for the future. Retrieved from http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf

⁶³ Truth and Reconciliation Commission of Canada (2015). Calls to action. Retrieved from http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf

⁶⁴ Peltier, C. (2018). An application of two-eyed seeing: Indigenous research methods with participatory action research. *International Journal of Qualitative Methods*, 17, 1-12. doi: 10.1177/1609406918812346

⁶⁵ Martine, D. (2012). Two-eyed seeing: a framework for understanding Indigenous and non-Indigenous approaches to Indigenous health research. *The Canadian Journal of Nursing Research*, 44, 21.

and the Indigenous approach when working with clients. This would help them get a better idea of what their clients need and practice cultural humility.

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) was adopted by the United Nations General Assembly in 2007. At this time, 144 countries voted in favour, 11 abstained from voting, and 4 voted against the UNDRIP, with Canada having voted against. Canada and the other three countries that initially voted against the adoption later reversed their position.⁶⁶ More recently, on December 3, 2020, the Minister of Justice and Attorney General of Canada introduced Bill C-15, the *United Nations Declaration on the Rights of Indigenous Peoples Act*, which aims to advance the full implementation of the UNDRIP and renew the federal governments relationship with Indigenous peoples.⁶⁷ The UNDRIP is the most comprehensive international instrument on the rights of Indigenous peoples. It established a universal framework of minimum standards for the survival, dignity, and well-being of Indigenous peoples and highlights how other human rights standards and fundamental freedoms apply to the inherent rights of Indigenous peoples.⁶⁸

White Privilege

White privilege refers to “inherent advantages possessed by a white person on the basis of their race in a society characterized by racial inequality and injustice”.⁶⁹ It is based on appearance and ethnicity, separate from one’s level of income or effort. Ultimately, white privilege is based on having light skin and looking “white”. Some Indigenous peoples may look white and benefit from a degree of white privilege. White privilege is preserved through everyday policies and practices that work to the benefit of white people at the expense of minority populations.

⁶⁶ United Nations (n.d.). United nations declaration on the rights of Indigenous peoples. Retrieved from <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

⁶⁷ Government of Canada (n.d.).

⁶⁸ United Nations (n.d.). United nations declaration on the rights of Indigenous peoples. Retrieved from <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

⁶⁹ Oxford Dictionary (n.d.). Retrieved from https://www.lexico.com/en/definition/white_privilege

Additional Resources

- [An Act Respecting First Nations, Inuit and Métis Children, Youth and Families](#)
- [Bill C-15 – United Nations Declaration on the Rights of Indigenous Peoples Act](#)
- [Canadian Association of Social Workers Statement of Apology and Commitment to Reconciliation](#)
- [Canadian Human Rights Tribunal](#)
- [Class Action Sixties Scoop Settlement](#)
- [Code of Ethics for Licensed Practical Nurses in Canada](#)
- [Federal Indian Day School Class Action](#)
- [First Nations Child & Family Caring Society](#)
- [Government of Canada Statement of Apology to Former Students of Indian Residential Schools \(2008\)](#)
- [Indian Act \(1985\)](#)
- [Indian Residential Schools Settlement Agreement](#)
- [Jordan’s Principle](#)
- [LPN Act \(2014\)](#)
- [National Inquiry into Missing and Murdered Indigenous Women and Girls](#)
- [Standards of Practice for Licensed Practical Nurses in Canada](#)
- [Truth and Reconciliation Commission of Canada](#)
- [United Nations Declaration on the Rights of Indigenous Peoples](#)