

ETHICS STANDARD

Nurses & Midwives: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism

Introduction

The purpose of this standard is to set expectations for how **nurses** and midwives are to provide culturally safe and anti-racist care for **Indigenous** clients. This ethics standard is organized into six core concepts. Within each concept are the standards to which nurses and midwives are held.

Standards

1. SELF-REFLECTIVE PRACTICE (IT STARTS WITH ME)

Nurses and midwives examine the values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consider how these may impact the therapeutic relationship with Indigenous clients.

Nurses and midwives:

- 1.1 Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
- 1.2 Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.
- 1.3 Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.

2. BUILDING KNOWLEDGE THROUGH EDUCATION

Nurses and midwives continually seek to improve their ability to provide culturally safe care for Indigenous clients.

Nurses and midwives:

- 2.1 Undertake ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.
- 2.2 Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the health-care system, and its disproportionate impact on Indigenous women and girls, and two-spirit, queer, and transgender Indigenous Peoples.¹
- 2.3 Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health-care experiences.
- 2.4 Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.

3. ANTI-RACIST PRACTICE (TAKING ACTION)

Nurses and midwives take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

Nurses and midwives:

- 3.1 Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:
 - 3.1.1 Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.
 - 3.1.2 Supporting clients, colleagues and others who experience and/or report acts of racism.
 - 3.1.3 Reporting acts of racism or discrimination to leadership and/or the relevant health regulatory college.

4. CREATING SAFE HEALTH-CARE EXPERIENCES

Nurses and midwives facilitate safe health-care experiences where Indigenous clients' physical, mental/emotional, spiritual, and cultural needs can be met.

Nurses and midwives:

- 4.1 Treat clients with respect and empathy by:
 - 4.1.1 Acknowledging the client's cultural identity.
 - 4.1.2 Listening to and seeking to understand the client's lived experiences.

¹ Turpel-Lafond, M.E. (2021). pg. 72.

- 4.1.3 Treating clients and their families with compassion.
- 4.1.4 Being open to learning from the client and others.
- 4.2 Care for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
- 4.3 Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.
- 4.4 Facilitate the involvement of the client's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

5. PERSON-LED CARE (RELATIONAL CARE)

Nurses and midwives work collaboratively with Indigenous clients to meet the client's health and wellness goals.

Nurses and midwives:

- 5.1 Respectfully learn about the client and the reasons the client has sought health-care services.
- 5.2 Engage with clients and their identified supports to identify, understand, and address the client's health and wellness goals.
- 5.3 Actively support the client's right to decide on their course of care.
- 5.4 Communicate effectively with clients by:
 - 5.4.1 Providing the client with the necessary time and space to share their needs and goals.
 - 5.4.2 Providing clear information about the health-care options available, including information about what the client may experience during the health-care encounter.
 - 5.4.3 Ensuring information is communicated in a way that the client can understand.

6. STRENGTHS-BASED AND TRAUMA-INFORMED PRACTICE (LOOKING BELOW THE SURFACE)

Nurses and midwives have knowledge about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples during health-care experiences. Nurses and midwives focus on the resilience and strength the client brings to the health-care encounter.

Nurses and midwives:

- 6.1 Work with the client to incorporate their personal strengths that will support the achievement of their health and wellness goals.
- 6.2 Recognize the potential for trauma (personal or intergenerational) in a client's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.
- 6.3 Recognize that colonialism and trauma may affect how clients view, access, and interact with the health-care system.
- 6.4 Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the health-care system and consider the impact gender-specific trauma may have on the client.

Glossary

Indigenous: First Nations, Inuit, and Métis Peoples in Canada.

Nurses: licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this ethics standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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