CNA Webinar Series: Progress in Practice

Understand aboriginal health: What all nurses need to know

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Aboriginal Nurses Association of Canada
Aboriginal Nurses Association of Canada
working to improve the health of Aboriginal people

• Officially established in 1975 when a group of nurses of Aboriginal ancestry from across Canada met to share their knowledge, cultural heritage & experiences.
Continues to engage in activities related to recruitment & retention, member support, consultation, research and education to improve the health of Aboriginal people.

Promotes the development & practice of Aboriginal Health Nursing.
• Since 2008, A.N.A.C. has collaborated on a set of projects - cultural competence and cultural safety in First Nations, Inuit and Métis Nursing Education:
  – Literature review, development of a framework, research on the use of cultural competence and dissemination of research results and publication of an article in a refereed journal.
• A.N.A.C. National Forum, “Honouring the Nursing Spirit at the Heart of Aboriginal Healing”

November 9 & 10, 2013 Marriot Vancouver Airport Hotel in Richmond B.C.
Lisa Perley-Dutcher, RN, MN
Director
Aboriginal Health Human Resources Initiative
University of New Brunswick
Cultural Competency & Safety: Working with Aboriginal Peoples in Canada

Lisa Perley-Dutcher, RN, MN
Objectives:

• Provide participants with a brief introduction and context of the presenter
• Provide an overview of the present health status and challenges faced by Aboriginal peoples accessing the health-care system
• Discuss some of the impacts of colonization on the health status of Aboriginal peoples
• Discuss briefly the concepts of cultural competence and cultural safety
• Provide some alternative approaches for nursing practice
My Context: Tobique First Nation (Wolastoqiyik People)

Seven Sacred Teachings: Respect, Truth, Honesty, Humility, Wisdom, Courage and Love
Some Common Core Aboriginal Values:

- Connection to the land
- Language
- Cultural practices
- Relationships
- Spirituality/ceremony
- Elders’ teachings/stories
- Balance in life (i.e., medicine wheel teachings)
General Health Status of First Nations and Inuit Peoples in Canada

- **Tuberculosis**: 8-10x higher
- **Diabetes estimates**: 2-5x higher
- **Cardiovascular disease**: 3x higher
  
  (Reading, 2009)

- **Suicide/self-inflicted injury**: Inuit rates 6-11x higher
  
  Aboriginal youth aged 10 to 29 are 5-6x higher
  
  (Canadian Mental Health Association, 2013)
Consider Colonization as a Social Determinant of Health

Stella’s Story
Some of the major impacts of Colonization on Aboriginal Peoples:

- Suppression of language, ceremonies, culture and “spiritual way of life”
- Destruction of family systems (residential schools creating multi-generational trauma)
- Loss of land and relationship to the land
- Traditional food - change in diet
- Identity crisis/diminished self-worth (racism & stereotyping)

Health-care Encounters Common Themes Experiences for Aboriginal Peoples

- Don’t feel safe
- Don’t trust
- Feel judged
- Assumptions made
- Miscommunication
- Misunderstood
- Stereotypes and racist behaviors (lead to negative attitudes)

Lisa Perley-Dutcher 2013
Embracing Diversity

• There is a need to unlearn the notion that culture and difference is negative or problematic.

• This involves asking the question: How do we learn that our view is a perspective and not the perspective?

(RNAO, 2007)
Recommendations for Health-care Providers

1) Learn appropriate names of Aboriginal peoples in Canada

2) Understand current socio-demographics of Aboriginal People in Canada

3) Learn traditional geographic territories & language groups

4) Impact of colonization on health status

5) Understand that socio-demographics have an impact on health

6) Recognize need to provide services close to home

7) Understanding of government’s obligations and policies

8) Support the process of self-determination

(Smylie, 2000)
Cultural Competence:

“Cultural competence is a continuous process of effectively developing the ability to work within the cultural context of community, family and individuals from a diverse cultural and ethnic background.”

(RNAO, 2007)

Five Constructs:

• **Awareness** - self and others
• **Skills** - assessment and communication
• **Knowledge** - about cultural similarities and differences
• **Encounter** - exposure to different cultures
• **Desire** - the will to be culturally competent
Cultural Safety:

“a process of reflection on his or her own cultural identity and will recognize the impact that his or her personal culture has on his or her professional practice . . . . Unsafe cultural practice compromises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.”

Te Kaunihera Tapuhi o Aotearoa - Nursing Council of New Zealand (p.7) & Ramesden, 2002
Cultural Safety as a Paradigm Shift Requires:

Challenging existing **power** within the nurse/client relationship:

- Success as defined by the recipient
- Client as powerful player in relationship
- Client defines culturally safe care

(Brascoupe & Waters, 2009; Ramesden, 2002)
Cultural Safety as an Outcome

“How safe did the service recipient experience a service encounter in terms of being respected and assisted in having their cultural location, values, and preferences taken into account in the service encounter?”

(Brascoupe & Waters, 2009)
Alternative Approaches:

• Develop cultural competency

• Practice cultural safety

• Strength-based approach (CANAC, 2013)

• Acknowledging Indigenous knowledge (CANAC, 2013)

• Promote self-determination (Smylie, 2000)
Woliwon, Wela’lieg
Merci
Thank You
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Upcoming Webinar

Upcoming webinars will be announced on August 7, 2013