



Case Study: Providing Culturally Safe Care

Lisa, a graduate nurse (GN), receives her patient assignment for her shift. On report Lisa hears about an Indigenous client on the unit who is one day post-op from a lower leg amputation. The night registered nurse's (RN) report indicated the client is lazy, non-compliant, and deserves this outcome. Lisa immediately wants to advocate for compassionate and culturally safe care for the client, but because she is new to the unit and a GN she feels powerless.

As the day progresses, Lisa cannot get this experience out of her mind and feels it is impacting the nursing care she is able to provide. She is unsure how her colleagues feel about what happened and if they share the same biases. Lisa does not feel safe sharing her feelings about the experience or advocating for culturally safe care for the client.

Question: How can Lisa meet standard 3, indicator 3.9? (3.9 respects diversity and promotes cultural competence and a culturally safe environment for clients and members of the health care team)

Answer: Lisa, as a GN, is responsible to adhere to the [Code of Ethics for Registered Nurses](#) and therefore to advocate for her client and herself. It is important that she addresses this situation. If Lisa isn't comfortable to speak up by herself, she could consult her Nurse Manager/Supervisor for guidance. Lisa could use the following nursing values and ethical responsibilities to speak with the RN in question and other colleagues:

- Providing safe, compassionate, competent and ethical care
 - “Nurses question, intervene, report and address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care; and they support those who do the same” (CNA, 2017, p. 8).
 - Nurses are to reflect on and acknowledge their own implicit biases when working with clients of diverse cultures and cultural backgrounds. Implicit biases are often unintentional but are frequently the cause of insensitive attitudes and behaviors which, negatively affect the nurse-client relationship (Narayana, 2019).
- Honoring Dignity
 - “Nurses intervene, and report when necessary, when others fail to respect the dignity of a person they are caring for or a colleague (including students), recognizing that to be silent and passive is to condone the behavior. They speak up, facilitate conversation and adjudicate disputes, as appropriate/required” (CNA, 2017, p. 12)
- Promoting Justice
 - “Nurses do not discriminate on the basis of a person’s race, ethnicity, culture, political and spiritual beliefs, social or marital status, gender, gender identity, gender expression, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability, socio-economic status, or any other attribute” (CNA, 2017, p. 15)
 - “Nurses respect the special history and interests of Indigenous Peoples as articulated in the Truth and Reconciliation Commission of Canada’s (TRC) *Calls to Action* (2012)” (CNA, 2017, p. 14)



- “Nurses refrain from judging, labelling, stigmatizing and humiliating behaviors toward persons receiving care or toward other health-care providers, students and each other” (CNA, 2017, p. 14)

What other nursing values and ethical responsibilities from the Code of Ethics you think Lisa could use to address this situation?

For more information on **Client-Centered Practice**, continue to explore **Standard 3** within the 2019 [*Standards of Practice for Registered Nurses*](#). If you have any questions in meeting this standard of practice, please contact a Nurse Consultant at practiceconsultation@nanb.nb.ca

NANB gratefully acknowledges the contribution of Bev Gaudet, Shelly Francis and Aaron Hatty in the development and revision of this case study.