



Anti-Racism Guideline for Registered Nurses

Effective: November 6, 2024

The CRNS thanks BCCNM for permission to adapt content from their [Indigenous cultural safety, cultural humility, and anti-racism practice standard](#) and from [Module 3: Anti-racist practice \(Taking action\)](#) in the development of this guide.

Although this guide focuses primarily on Indigenous Peoples, the information provided can be applied to people of color, visible minorities and newly arrived Canadians and co-workers.

Regulatory Authority

The College of Registered Nurses of Saskatchewan (CRNS) is a profession-led regulatory body established in 1917 by the provincial legislature. The CRNS is accountable for public protection through *The Registered Nurses Act, 1988* (the Act), ensuring registrants are safe, competent and ethical practitioners. The Act provides legislative authority for Registered Nurse (RN) and Nurse Practitioner (NP) practice in Saskatchewan. This resource provides information about how registrants practicing nursing comply with the relevant current Registered Nurse Practice Standards, Nurse Practitioner Practice Standards, Registered Nurse Entry-Level Competencies, Nurse Practitioner Entry-Level Competencies and the Canadian Nurses Association (CNA) Code of Ethics for Registered Nurses. Treating people with respect, kindness and compassion is foundational behavior for RNs and NPs. Specific references to practice expectations found in practice standards, entry-level competencies and code of ethics can be found in Appendix A.

Introduction

“The first step to addressing racism is acknowledging it exists and listening, really listening to those who have been subjected to it in its many forms” (Bellegarde, 2021).

–Former AFN National Chief, Perry Bellegarde

RNs and NPs need to provide care to all persons, regardless of a client’s skin color, ethnicity and/or cultural background. Care needs to be provided in an inclusive, culturally safe and timely manner. RNs and NPs need to build relationships with clients and colleagues based on respect, open and effective communication, and anti-racist practice. It is essential that RNs and NPs create a safe health care experience reflecting client-led care, using a strengths-based and trauma informed practice. This guideline applies practice standards, entry-level competencies and code of ethics specific to anti-racist practices and provides a framework for responding to racism when it is witnessed

What is racism?

Individual racism is defined as racial discrimination that comes from one’s conscious and unconscious personal prejudice. The individual holds racist assumptions and beliefs and displays racist behaviours (Alberta Civil Liberties Research Centre, 2021).

Systemic racism results in a system that advantages white people and disadvantages Indigenous Peoples, people of color and other visible minorities. This power dynamic continues today and affects not only Indigenous People but people of color, visible minorities and newly arrived Canadians (University of British Columbia, 2021). Racism is the belief that a group of people are inferior based on the colour of their skin, their ethnicity, their culture or spirituality. Racism leads to discriminatory behaviors or policies that oppress, ignore groups of people or that treat those experiencing racism as “less than” the prevailing culture. Persons or groups experiencing racism do not have equitable outcomes or equitable opportunities in many aspects of their lives, including health care. Racism results in negative health outcomes, harm or even death.

What is anti-racism?

Anti-racism is the practice of identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism. Anti-racism is not a passive activity. It is more than saying, “I’m not racist.” It takes action. RNs and NPs need to become allies in the fight against racism. Action needs to be taken to eliminate racism in the workplace, as well as the rest of society. Institutions, systems and structures should identify, challenge and change the values, structures and behaviors that perpetuate individual and systemic racism so that all have equitable access to health care and ultimately better health outcomes and better lives.

Why is Addressing Racism in Health Care Important?

Racism negatively impacts the health and well-being of Indigenous persons, people of color, diverse ethnicities, gender and religion. It also impacts co-workers and health care teams and the ability of individuals to work together in the interest of clients and families. Addressing racism anytime it is witnessed will create a shift so all people can receive safe and compassionate care.

Racism Specific to Indigenous Peoples

It is important to distinguish racism aimed at Indigenous People because of the trauma caused by colonization and residential schools. Lack of trust in the health care system developed through generations of racism negatively impacts Indigenous persons in Saskatchewan and elsewhere in Canada. Through the [Truth and Reconciliation Commission of Canada: Calls to Action](#), seven Calls to Action were identified in the field of health care. The CRNS is committed to taking action and encourages all registrants to engage in the Calls to Action to improve the health and well-being of Indigenous persons in Saskatchewan.

Cultural Humility and Cultural Safety

Cultural humility is a lifelong 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, 2018). It involves listening to others without judgement, being open to learning from others and learning about one's biases. Cultural humility is foundational to achieving a culturally safe environment. Using this approach, the nurse-client relationship can be built on respect, open and effective dialogue and mutual decision making. This approach also applies to the relationships between colleagues.

Cultural safety requires a positive anti-racism stance, tools and approaches and the continuous practice of cultural humility. 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, 2018).

RNs and NPs who practice cultural humility and create culturally safe spaces for clients, co-workers and the public, employ the following:

Self-Reflective Practice

RNs and NPs:

- reflect on how their privileges, biases, values, belief structures, behaviours and positions of power may impact therapeutic relationships with Indigenous clients, people of color, visible minorities and newly arrived Canadians;
- reflect on any stereotypes or assumptions they may hold about Indigenous Peoples, people of color, visible minorities and newly arrived Canadians;
- reflect on any stereotypes or assumptions they may hold about visible minorities and newly arrived Canadians and work to ensure they do not act on those stereotypes or assumptions; and,
- reflect on feedback regarding their own behaviors towards Indigenous Peoples, people of color, visible minorities and newly arrived Canadians.

Education

RNs and NPs:

- seek continuing education on Indigenous health care, determinants of health, cultural safety, cultural humility and anti-racism;
- seek continuing education on health care beliefs of people of color, visible minorities, and newly arrived Canadians;
- learn about the negative impacts of racism on people of color, visible minorities, and newly arrived Canadians accessing care;
- learn about the unequal impact of racism on Indigenous women and girls; two-spirit, queer and transgender Indigenous Peoples;
- learn the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health care experiences;
- 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; and,
- learn how to constructively address racism in their workplace and communities where they work.

RNs and NPs, take action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples, people of color, visible minorities and newly arrived Canadians by:

- embedding into their professional practice the CPR Racism Guide;
- helping colleagues to identify and eliminate racist attitudes, language or behaviour;
- supporting clients, colleagues and others who experience and/or report acts of racism; and,
- reporting acts of racism to an employer or regulatory body.

Safe Health Care

RNs and NPs treat clients with respect and empathy by:

- acknowledging the client's cultural identity;
- listening to and seeking to understand the client's lived experiences, using trauma informed practices of safety, trustworthiness and transparency, peer support, collaboration, empowerment, humility and responsiveness;
- treating clients with compassion;
- creating a trusting environment for the safe provision of healthcare; and,
- being open to learning from the client and others.

RNs and NPs:

- provide care that takes into consideration the client's physical, mental/emotional, spiritual and cultural needs;
- incorporate cultural rights, values and practices, including ceremonies and protocols related to illness, birth and death into the plan of care and where able, advocate for the policy, environmental and practice changes needed to accommodate these practices and rights; and,
- facilitate the involvement of the client's family and others such as the community and Elders, cultural navigators, interpreters, and pastoral care as needed and requested.

Relational Care

RNs and NPs:

- learn about the client and the reasons the client has sought health care services in a respectful manner;
- engage with clients and their identified supports to identify, understand and address the client's health and wellness goals; and,
- actively support the client's right to decide on their course of care.

RNs and NPs communicate effectively with clients by:

- providing the necessary time and space to share their needs and goals;
- providing clear information about the health care options available, including information about what the client may experience during the health care encounter; and,
- ensuring information is communicated in a way that the client can understand.

Strengths-Based and Trauma-Informed Practice

RNs and NPs:

- have knowledge about different types of traumas and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples during health care experiences;
- focus on the resilience and strength the client brings to the health care encounter;
- work with the client to incorporate personal strengths that will support the achievement of their health and wellness goals;
- recognize the potential for trauma in a client's life and adapt their approach to be thoughtful and respectful, including seeking permission before engaging in assessments or treatments;
- recognize that colonialism and trauma may affect how clients view, access, and interact with the health care system; and,
- recognize that Indigenous women and girls; two-spirit, and transgender 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.

How Do RNs and NPs Take Action Against Racism?

RNs and NPs need to create safe spaces for all clients, co-workers and the public. It can be uncomfortable to step up and take action when witnessing racism. The fear of the unknown, how they are going to react, and what they are going to say, can prevent people from taking action. Here are some ways to take action and address others:

CPR RACISM Guide

The CPR RACISM Guide will encourage and support a speak-up culture and will reinforce the delivery of safe, competent, ethical and trauma-informed nursing care for all Canadians (Graham, 2024).

The CPR RACISM Guide provides direction for actions to be taken when one witnesses racist behavior happening. The visual representation of CPR RACISM illustrates that taking action to address racism is not a linear process.

Please [click here](#) or scan the QR Code for an article written by Dr. Holly Graham that explains more about each action.

C Call out
P Plan and practice
R Review chart
M Model caring
S Speak up
I Intervene
C Check with client
A Allyship
R Review treatment
R Review chart
P Plan and practice
C Call out

C	Call out , How can I help? Target behavior not the healthcare provider.
P	Plan and practice your intervention strategy in advance.
R	Review chart , speak to client, and assess the client.
R	Review treatment plan and respectfully request rationale for current treatment approach.
A	Allyship , advocate, educate yourself and colleagues about becoming anti-racist.
C	Check with the client and verbalize your position, are you okay? Become the safe person.
I	Intervene , always be an active bystander.
S	Speak up to leadership about your concerns and seek support for yourself.
M	Model safe, competent, compassionate, ethical, and trauma informed care in all interactions.

Scan this QR code or visit <https://doi.org/10.32799/ijlh.v19i1.42574> to learn more about CPR RACISM.

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A GUIDE TO ADDRESS RACISM IN HEALTH CARE

4Ds Model of Intervention

The 4Ds model of active intervention strategies (Hollaback, 2012) can be used to address racism. The 4Ds are: Distract, Delegate, Delay and Direct. This model works well when obvious acts of racism are observed and can also be adapted to address subtle unconscious racism.

Distract

Distract is a way to change the focus of an interaction and end it. This is a method better suited when de-escalation is needed before addressing the racist or discriminatory behaviour. Distract either person in the situation by changing the subject, causing a distraction, or doing something else. Avoid discussing or mentioning the racism taking place. Once the incident has ended, you can then privately follow up with those involved.

Examples of actions to take:

- Chat about something unrelated.
- Interrupt and start a conversation with the person causing harm to allow the person harmed to move away. “Hey Josie, I need to talk to you about one of my clients.”
- Cause a distraction. ‘Accidentally’ drop or spill something to distract away from the situation.
- Get in between the person causing harm and the person harmed.
- Get the person causing harm out of the situation – tell them they need to take a call, or you need to speak to them, etc. For example, “Hey, aren’t you supposed to be on your break?” or “Who wants to go on a coffee run with me?”

Delegate

This strategy includes getting others involved and as a group to figure out the situation together. Ask a friend, co-worker, someone who knows the people involved or someone with the power to do something about it (manager, supervisor). When asking someone to help, be clear about what’s going on and what their role is. Choose someone who is willing and ready to help. Be mindful of who is asked to delegate. Some people may not be comfortable or feel safe with the involvement of authority figures. For many Indigenous Peoples and communities, a history of mistreatment and violent escalation has led to fear and mistrust of people in positions of power or authority.

Examples of what you can do:

- Say to the person chosen delegate: “I think Petra is making Lina uncomfortable. Can you help me? Can you distract Petra by asking them to check a medication calculation while I ask Lina if they need help and are okay?”
- Speak to someone near who also notices what’s happening and might be in a better position to act (for example, a manager or supervisor). Work together to come up with a plan. “We need to do something. As a supervisor, I think it would be best if you stepped in as you have more authority.”

Delay

Sometimes the opportunity to act may not be able to happen in the moment. This strategy refers to following up with the person who was harmed, but also the person who caused harm, after the incident. Follow up with the person causing harm. Regardless of which strategy is decided on, following up with the person who has caused harm is required. Where possible, follow up with the person in private. However, if you don’t feel comfortable or safe doing this, discuss the situation with your manager or someone in a position of authority and use a solutions-based approach to decide the best way to follow up with the person causing harm and ensure the physical safety for all involved. Your response will depend on the specific situation and your relationship with the person.

Also consider:

- If it were me, how would I want the situation addressed?
- What is my relationship with the person – is the person someone I report to, a co-worker, a friend?
- Can I create an opportunity to discuss my concerns privately?
- Can I discuss my concerns objectively?
- What is the likelihood of the person being receptive to my concerns?
- How will I know if my conversation will have the desired effect?
- Be curious and ask open-ended questions.

Direct

Assess the situation before deciding to act and only act if safe to do so. The RN or NP should not put themselves in a situation where they may come to harm. Some people may react poorly to being called out (swearing, physical assault). When acting directly, keep it short and avoid discussing, debating or arguing with the person causing harm. It's not a debate about who is right and who is wrong. It is about effectively addressing the behavior you witnessed.

Identify the behaviour that is racist. Clearly state what is offensive and inappropriate about their behaviour. Objectively describe what was observed or heard. Avoid speaking on behalf of the person who has suffered harm. Speaking on behalf of someone can be unintentionally dehumanizing and take away a person's control and independence. Instead of saying, "You hurt their feelings," try saying, "I'm offended, upset or hurt because...." Help clients who have suffered harm to report the racism according to the facility's policy. Become familiar with agency policies related to racism and culturally safe care.

Examples of what can be said to someone displaying unconscious racist behaviour:

- "Have you got a minute? I want to talk about something I heard you say earlier."
- "Words matter and comments like that are stereotyping and are racist towards Indigenous Peoples."
- "That comment you made is racist because it perpetuates an untrue stereotype about Indigenous Peoples."

Examples of what can be said to someone displaying blatantly racist behaviour:

- "I feel uncomfortable when you... and you need to stop."
- "That's not the way we do things here."
- "That's inappropriate." "That's disrespectful." "That's racist." "That's not okay." "That's unprofessional." etc.
- "Leave them alone."
- "Please stop right now."

Following up with the Person Harmed

It is important to offer support to people, clients and co-workers harmed by racist or discriminatory attitudes, language and behaviours. Support clients, colleagues and others harmed by racism or discrimination by being available to listen to, empathize with, and validate their experiences. Giving someone time and space to talk about their experience allows you to check on their well-being and provide them with emotional support and resources that could help. Always talk with the person about how they would like to address the behaviour. Provide support and guidance to the person harmed if they choose to report the incident. Let them know the actions you will be taking and, if appropriate, their outcome.

Regardless of whether the person harmed wishes to take action, you have a professional responsibility to address Indigenous-specific racism or racism directed at others, through one or more of the following:

- A conversation with the person causing harm. This can include yourself as well as a support person.

- Reporting to a manager or supervisor for follow-up – follow your practice setting’s policies.
- Reporting to the appropriate regulatory college if no action is taken at the practice setting level following your report.

Conclusion

RNs and NPs have a role to play in addressing racism and discrimination. RNs and NPs must work towards building a practice where they can constructively challenge themselves, others and systems about racist attitudes and behaviour without fear. All persons, regardless of race, color or cultural ethnicity should be treated equally and have access to safe and ethical care.

Appendix A

Applicable practice standards and entry-level competencies include:

RN Practice Standards:

1. Being accountable and accepting responsibility for their own actions and decisions.
7. Advocating and intervening in the client's best interest, and acting to protect client, self and others from actual or perceived harm.
16. Incorporating knowledge that reflects a deep understanding and respect for different ways of knowing which exhibits cultural competence/cultural humility.
26. Practicing in accordance with the current CNA Code of Ethics for Registered Nurses.
27. Identifying the effect of own values, beliefs and experiences in relationships with clients, recognizing and addressing potential conflicts.
28. Practicing a holistic client/family-centred approach ensuring culturally safe client care.
29. Communicating respectfully and effectively in collaboration with client, family, colleagues and others, and resolving conflict should it occur.
33. Promoting and protecting a client's right to autonomy, respect, privacy, dignity and access to information.
36. Listening respectfully to the expressed needs of clients, families and others.
46. Advocating for and promoting healthy public policy and social justice.

RN Entry-level Competencies:

- 1.1 Provides safe, ethical, competent, compassionate, client-centred and evidence-informed nursing care across the lifespan in response to client needs.
- 1.2 Uses principles of trauma-informed care which places priority on trauma survivors' safety, choice and control.
- 1.26 Adapts practice in response to the spiritual beliefs and cultural practices of clients.
- 2.2 Demonstrates a professional presence, and confidence, honesty, integrity and respect in all interactions.
- 2.5 Identifies the influence of personal values, beliefs and positional power on clients and the health care team and acts to reduce bias and influences.
- 2.6 Establishes and maintains professional boundaries with clients and the health care team.
- 3.5 Incorporates the process of relational practice to adapt communication skills.
- 6.1 Acquires knowledge and responds to the Calls to Action of the Truth and Reconciliation Commission of Canada.
- 6.7 Takes action to support culturally safe practice environments.
- 7.1 Recognizes and takes action in situations where client safety is actually or potentially compromised.
- 7.3 Advocates for the use of Indigenous health knowledge and healing practices in collaboration with Indigenous healers and Elders consistent with the Calls to Action of the Truth and Reconciliation Commission of Canada.
- 7.4 Advocates for health equity for all, particularly for vulnerable and/or diverse clients and populations.
- 7.14 Uses knowledge of health disparities and inequities to optimize health outcomes for all clients.

8.3 Selects, develops and uses relevant teaching and learning theories and strategies to address diverse clients and contexts, including lifespan, family and cultural considerations.

9.3 Engages in self-reflection to interact from a place of cultural humility and create culturally safe environments where clients perceive respect for their unique health care practices, preferences and decisions.

NP Practice Standards

2.5 Evaluates the historical, political, economic, and social systems impacting health and participates in improving global health, health equity, and health outcomes

4.12 Contributes to developing initiatives and policies that promote antiracism, health equity, and social justice in health care.

4.13 Develops services in response to client needs, considering epidemiological, cultural, demographical, social, legal, ethical, political, and professional trends and developments.

NP Entry-level Competencies

1.3 a. Establish a shared understanding of the client's culture, strengths, and limitations.

b. Integrate information specific to the client's biopsychosocial, behavioral, cultural, ethnic, and spiritual circumstances; current developmental life stage; gender expression; and social determinants of health, considering epidemiology and population-level characteristics.

1.4 c. Conduct an assessment with sensitivity to the client's culture, lived experiences, gender identity, sexuality, and personal expression.

1.10 c. Utilize developmentally, socio-demographically, and culturally relevant communication techniques and tools.

1.11 b. Identify the impact of potential and real biases on creating safe spaces.

e. Consider the impact of the client's personal and contextual factors.

f. Provide trauma- and violence-informed care.

g. Identify root causes of trauma, including intergenerational trauma, with the client and refer to appropriate professionals.

3.1 a. Demonstrate cultural humility, examine assumptions, beliefs, and privileges, and challenge biases, stereotypes, and prejudice.

3.2 a. Recognize that everyone has their own unique experiences of discrimination and oppression.

b. Demonstrate awareness of, and sensitivity to, the client's culture, lived experiences, gender identity, sexuality, and personal expression.

c. Address situations when observing others behaving in a racist or discriminatory manner.

f. Collaborate with local partners and communities, including interpreters and leaders.

3.3 a. Identify the historical and ongoing effects of colonialism and settlement on the health care experiences of Indigenous Peoples.

b. Acknowledge, analyze, and understand systemic and historical oppression's ongoing adverse and disproportionate effects on Indigenous Peoples.

c. Recognize that Indigenous languages, histories, heritage, cultural and healing practices, and ways of knowing may differ between Indigenous communities.

d. Demonstrate cultural humility and examine your values, assumptions, beliefs, and privileges that may impact the therapeutic relationship with Indigenous Peoples. Utilize the principles of self-determination and support the Indigenous client in making decisions that affect how they want to live their life.

f. Acknowledge the Indigenous person's cultural identity, seek to understand their lived experience, and provide the time and space needed for discussing needs and goals.

g. Identify, integrate, and facilitate the involvement of cultural resources, families, and others such as, community elders, traditional knowledge keepers, cultural navigators, and interpreters, when needed and/or requested. Evaluate and seek feedback on own behaviour towards Indigenous Peoples.^{3.5 a.} Support the development of resources and education that address anti-racism and oppression.

5.0 d. Adhere to ethical principles, including the First Nations principles of ownership, control, access, and possession.

Code of Ethics

A.2 Nurses engage in compassionate care through their speech and body language and through their efforts to understand and care about others' health-care needs.

B.1 Nurses provide care directed first and foremost toward the health and wellbeing of persons receiving care, recognizing and using the values and principles of primary health care.

C.4 Nurses are sensitive to the inherent power differentials between care providers and persons receiving care. They do not misuse that power to influence decision making.

D.1 Nurses, in their professional capacity, relate to all persons receiving care with respect.

D.3 In health-care decision-making, in treatment and in care, nurses work with persons receiving care to take into account their values, customs and spiritual beliefs, as well as their social and economic circumstances without judgment or bias.

D.4 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 behaviour. They speak up, facilitate conversation and adjudicate disputes, as appropriate/required.

F.1 Nurses do not discriminate based on 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.

F.2 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).

F.3 Nurses refrain from judging, labelling, stigmatizing and humiliating behaviours toward persons receiving care or toward other health-care providers, students and each other.

F.4 Nurses do not engage in any form of lying, punishment or torture or any form of unusual treatment or action that is inhumane or degrading. They refuse to be complicit in such behaviours. They intervene, and they report such behaviours if observed or if reasonable grounds exist to suspect their occurrence.

Appendix B

Below are some scenarios. Read through them, consider how you would have handled the situation. Try to apply each strategy.

Scenario 1

You are caring for an elderly woman who is a person of color. She has pneumonia and has been in hospital for a week. She has had many visitors while in hospital. You are walking down the hall with a colleague, and you see a large group of individuals with dark skin in the waiting room. As you and your colleague walk by the waiting room, your colleague says, “The whole tribe is here” and rolls her eyes.

What would you do?

Scenario 2

You are working the night shift in the emergency department (ED) and an unkempt, semi-conscious Indigenous male is brought in by ambulance. The paramedic gives report to the team, reporting that the client was found lying on a lawn, unconscious and appears to have been beaten. The ED physician assesses the client, sutures some lacerations and tells the staff, “We need the room, put him in the waiting room and let him sleep it off.”

What would you do?

Scenario 3

You work on a unit that has hired RNs who have recently immigrated to Canada. They received their nursing education in another country and English is not their first language. Two of these co-workers are working a shift with you and are talking with each other in their native language. Another co-worker comes up to you and imitates them by talking gibberish and complains that their talking is annoying.

What would you do?

Scenario 4

You are an NP working in a primary health care setting and a young Indigenous female comes in for a prenatal check. She appears to be in her teens. She is there with the father of her baby who also appears to be a teenager. People in the waiting room are looking at the couple, some with a look of disdain. The couple are called into the clinic room for their appointment. As they get up to see the NP, an older female in the waiting room comments, “Why are you young Indian girls always pregnant?” The young female drops her head, and the couple starts to walk faster to get away from the woman and the rest of the people in the waiting room.

What would you do?

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