CPR RACISM: A Guide for Health Care Providers to Address Racism in Health Care

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Abstract

Racism is a form of violence that results in poorer health outcomes for First Nation, Métis, and Inuit (FNMI) Peoples and is a barrier toward achieving equitable healthcare. There is growing recognition that FNMI Peoples experience racism in health care and with the highly publicized deaths of Brian Sinclair and more recently the death of Joyce Echaquan in Canada, there has been an outcry to end racism in health care. With the growing numbers of nurses and nursing students learning about the impact of racism on health outcomes there is a need for a concrete, practical, and visual guide to assist with teaching an intervention for when racism is witnessed. As part of creating and supporting a *speak-up culture* to address unsafe care related to racism in health care, the writer offers the following guide - CPR RACISM. Health care providers are all familiar with cardiopulmonary resuscitation (CPR), capable of saving a life during cardiac arrest — when the heart stops beating or is unable to effectively circulate blood to the brain and other vital organs. CPR instructors advocate for everyone to be prepared for moments that matter by taking a CPR class to help save a life. Similarly, there needs to be a plan to save lives lost related to racism. The writer selected the name of this guide, CPR RACISM, as a way to underscore the urgency to address racism in health care as FNMI Peoples' lives are at risk. Just as CPR is meant to be a set of actions to save lives when the heart stops beating, CPR RACISM is a guide to prepare healthcare providers to save lives when they witness racism in healthcare. The CPR RACISM guide was created in response to the common questions the writer has heard from nursing students and colleagues: *Where do I begin? How can I address racism in healthcare? How do I teach my nursing students to effectively intervene when they witness racism?* To address this gap in praxis, the writer suggests CPR RACISM as an additional resource to disrupt and dismantle racism in health care.

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Context

Racism is a structural system that exists in health care and is used to assign human value, privileges, and opportunities to certain groups while oppressing and marginalizing others. In this way, racism in health care creates barriers to health (Ramsoondar et al., 2023; Williams & Rucker, 2000). Racism is a form of violence that results in poorer health outcomes for First Nation, Métis, and Inuit (FNMI) Peoples (Allan & Smylie, 2015; Braveman et al., 2022; Gunn, 2015; Loppie et al., 2014; San'yas Indigenous Cultural Safety Training Program, 2019) and is a barrier toward achieving equitable healthcare (Allan & Smylie, 2015; Hamed et al., 2022; Williams & Rucker, 2000). Racism is also being examined as a determinant of health (Kairuz et al., 2021; Paradies et al., 2015; Ramsoondar et al., 2023).

Introduction

Race itself is not the barrier, it is racism. The Australian Human Rights Commission defines racism as:

> The process by which systems and policies, actions and attitudes create inequitable opportunities and outcomes for people based on race. Racism is more than just prejudice in thought or action. It occurs when this prejudice-whether individual or institutional- is accompanied by the power to discriminate against, oppress or limit the rights of others. (para.1)

Racism and discrimination toward FNMI Peoples have been interconnected and intertwined with colonization, beginning with the Doctrine of Discovery (Tomchuk, 2023). The Doctrine of Discovery originates from a series of Papal bulls (formal statements from the Pope) in the 1400s. This *Doctrine* allowed European Christians to claim land that was not occupied by Christians, as non-Christians were not considered human — effectively permitting European colonizers to exploit and colonize Indigenous Peoples (Assembly of First Nations, 2018). This racist Doctrine still affects Canada's treatment of FNMI Peoples (Miller, 2019; Tomchuk, 2023) as it is the foundation for Canadian Law.

There is growing recognition that FNMI Peoples experience racism in health care. Allan and Smylie (2015) prepared an Executive Summary titled, *First Peoples, Second Class Treatment*, which describes the role of racism in the health and well-being of FNMI Peoples in Canada. With the growing public awareness of Indigenous-specific racism (Government of British Columbia, 2020) and with the highly publicized deaths of Brian Sinclair (Gunn, 2017) and more recently the death of Joyce Echaquan (Lowrie & Malone, 2020) in Canada, there has been an outcry to end racism in health care (Canadian Association of Schools of Nursing [CASN], 2023; Canadian Nurses Association [CNA], 2021; Government of British Columbia, 2020). Brian Sinclair, a First Nation person from Manitoba in central Canada, died in an emergency department of Winnipeg's Health Sciences Centre (HSC) in September 2008. Brian was 45 years old and had been referred by a family physician to the emergency department of HSC. After waiting in the emergency department in a wheelchair for 34 hours without any medical attention, Brian died of complications of a treatable bladder infection.

Joyce Echaquan, was a 37-year-old First Nation person, mother of seven from the Manawan reserve in Quebec, who sought medical attention for abdominal pain and died September 2020 (Kamel, 2020). In Kamel's Investigation Report civilian witnesses said they heard the nursing staff express the following, "*Indian women like to complain about nothing, to get stuffed and have children. And it's us who pay for it. At last she is dead*" (p. 13). The "racism and prejudice that Mrs. Echaquan faced was certainly a contributing factor to her death" (Kamel, 2020, p. 20).

The San'yas Cultural Safety Training Program (2019) has documented thousands of examples of harm related to racism since 2009, experienced by FNMI Peoples in British Columbia. This Cultural Safety Training Program has identified eight categories of harm related to racism: death; prolonged pain and suffering; medical complications; family and/or community disruption; reluctance to, delay in, or refusal to access care; loss of autonomy; emotional, psychological, and spiritual; and wide-reaching or undefined (San'yas Indigenous Cultural Safety Training Program, 2019). These categories capture the wide range of harms experienced by FNMI Peoples when engaging in health care.

Responses to Racism in Healthcare

Growing numbers of nurses and regulatory bodies are joining in the movement to end racism in health care. The Canadian Nurses Association (CNA) prepared and released a *Nursing Declaration Against Anti-Indigenous Racism in Nursing and Health Care* in June, 2021 (CNA, 2021). In the same month, June 29, 2021, the Canadian Association of Schools of Nursing (CASN) — the national accrediting body for education programs in nursing, announced that standards for nursing accreditation will now include the *Truth and Reconciliation Commission of Canada: Call to Action #24* (Truth and Reconciliation Commission of Canada, 2015). This new standard applies to all practical nurse programs, baccalaureate nursing programs, and nurse practitioner programs in Canada (CASN, 2021). Call to Action #24 states:

> We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism. (Truth and Reconciliation Commission of Canada, 2015, p. 7)

The new requirement for accreditation will better prepare future nurses so they are aware of the impact of colonization on FNMI Peoples' health and will be better equipped with the necessary skills to address racism in health care. While Canadian nursing curricula are being adapted to include anti-racist education for future nursing students, there remains a gap in this knowledge for practicing nurses. Ideally, all practicing nurses will take training in the theory and practice of anti-racism (Hantke et al., 2022). Anti-racism is the practice of "identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism" (Government of British Columbia, 2020, p. 11). It involves action that extends beyond not being racist.

Consistent Intervention is Needed in Nursing Practice

With the growing numbers of nurses and nursing students learning about the impact of racism on health outcomes there is a need for a concrete, practical, and visual guide to assist with teaching an

intervention for when racism is witnessed. The Organization of Nurse Leaders in partnership with the New England Regional Black Nurses Association (NERBNA) have created a *Position Statement: Diversity, Equity, and Inclusivity* (Organization of Nurse Leaders, 2020) that includes *The Nurse's Pledge to Champion Diversity, Equity & Inclusivity*, where stepping up and speaking up is essential to effectively champion Equity, Diversity, and Inclusion (EDI). These nurse leaders created a tool kit for addressing racism in nursing and healthcare based on the nursing process framework: assessment, diagnosis, planning, implementation, and evaluation (Organization of Nurse Leaders, 2020).

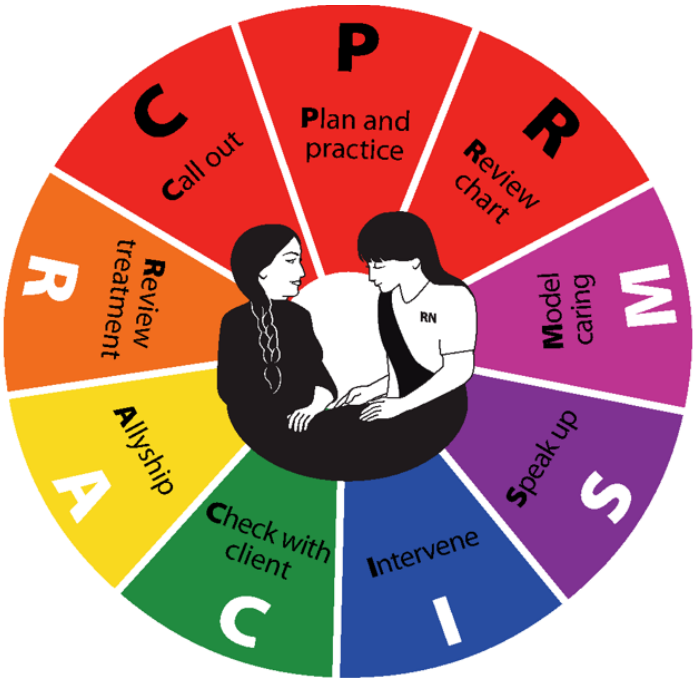
The CASN created an Anti-Racism in Nursing Education Working Group to address racism in nursing education in Canada. This working group released a report titled, *Promoting Anti-Racism in Nursing Education in Canada* (CASN, 2022), where they share strategies to eliminate racism in nursing education (CASN, 2022). Despite the growing numbers of reports and working groups disseminating information and tool kits, racism remains active in health care. The necessary theoretical information related to racism in health care is available in the aforementioned reports and elsewhere, however, less guidance is provided for intervening while witnessing racism in health care, in the moment.

Proposed Action Guide AKA Methodology

Health care providers are all familiar with cardiopulmonary resuscitation (CPR), capable of saving a life during cardiac arrest — when the heart stops beating or is unable to effectively circulate blood to the brain and other vital organs. CPR instructors advocate for everyone to be prepared for moments that matter by taking a CPR class to help save a life. Similarly, there needs to be a plan to save lives lost related to racism. The writer selected the name of this guide, CPR RACISM, as a way to underscore the urgency to address racism in health care as FNMI Peoples' lives are at risk. Just as CPR is meant to be a set of actions to save lives when the heart stops beating, CPR RACISM is a guide to prepare healthcare providers to save lives when they witness racism in healthcare.

The CPR RACISM guide was created in response to the common questions the writer has heard from nursing students and colleagues: *Where do I begin? How can I address racism in healthcare? How do I teach my nursing students to effectively intervene when they witness racism?* To address this gap in praxis, the writer suggests CPR RACISM (See Figure 1) as an additional resource to disrupt and dismantle racism in health care.

Figure 1
CPR RACISM: A Guide for Health Care Providers to Address Racism in a Health Care Setting



CPR RACISM 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. Note, this guide is not intended to be utilized in a linear fashion. It is meant to capture key elements of an intervention. It also provides a respectful path to address concerning or racist interventions, while supporting collegial relationships and most importantly, save FNMI lives.

The CPR RACISM guide will create a safety net in all healthcare interactions, support and protect the client, challenge the treatment, and begin the conversations necessary to address racism in healthcare. Given that one cannot determine the exact scenario they will encounter in advance, routinely implementing these suggestions will improve all client outcomes. This guide is intended to augment the nursing process (assessment, diagnosis, planning, implementation, and evaluation as described by Ead, 2019) and all healthcare providers are responsible to develop their own personal style of intervention when witnessing racism in healthcare.

CPR RACISM Guide

Each of the letters within the CPR RACISM acronym represent an action to be taken when witnessing racism in healthcare. Nursing students and many healthcare providers will require support, mentorship, and practice to routinely implement the CPR RACISM guide. This guide can facilitate those difficult and necessary conversations to mitigate FNMI Peoples' experience of racism in healthcare. The basis of this guide is rooted in the nursing values and ethical responsibilities outlined by the CNA (2017) and the Standards of Practice required by the Saskatchewan Registered Nurses Association (2019).

Call Out

Call out, *How can I help*? Target the behavior not the healthcare provider. This statement provides the opportunity for the nurse to engage with the care being provided, to become a part of the team.

Plan and Practice

Plan and practice your intervention strategy in advance. Becoming comfortable with advocating and intervening takes time, practice, support, and mentorship. Any time you are feeling uncertain or uncomfortable in your practice, review evidence-based guidelines, consult with your colleagues, health educator, leadership, and find a mentor.

Review Chart and Assess the Client

Review chart, speak to client, and assess the client. By doing your own assessment, you will be able to effectively contribute to an appropriate treatment plan. The CNA Code of Ethics for Registered Nurses (2017) describes nursing values and ethical responsibilities, along with models and guides for reflection and decision-making. This *Code* is both aspirational and regulatory with seven primary values: providing safe, compassionate, competent, and ethical care; promoting health and well-being; promoting and respecting informed decision-making; honouring dignity; maintaining privacy and confidentiality; promoting justice; and being accountable (CNA, 2017). The Saskatchewan Registered Nurses Association (2017) requires all nurses to meet five Practice Standards: professional responsibility and accountability; knowledge-based practice; ethical practice; service to the public; and self-regulation. In order to meet these standards outlined by CNA and the Saskatchewan Registered Nurses Association (2019), it is a necessary nursing action to review the chart, assess the client, and to speak to the client.

Review Treatment Plan

Review treatment plan and in a respectful, neutral tone, request rationale from colleague(s) for the current treatment approach. However, this is not easy to do, but is necessary to begin dismantling racism in healthcare. Everyone is responsible to find the words they are comfortable using; the following questions are merely suggestions. For example, 1) *I have reviewed the chart, assessed the client, and I am wondering what is the rationale for the current treatment plan?* 2) *After reviewing evidence-based practice for these presenting concerns, it seems like we are missing* [insert concern(s) here], *what do you think?* 3) *As a nursing student, please help me understand the evidence for this type of approach*; 4) *What are the goals of this current approach?* These types of questions will encourage health care providers to reflect on their thoughts, practice, and explore their underlying beliefs behind their thinking. This method of questioning is used in Cognitive Behavioural Therapy (CBT) and is referred to as the Socratic method (Burlison et al., 2017; James et al., 2010). The Socratic method is an umbrella term for methods that use questions to guide discovery, creating insight or exploring alternative action (Padesky, 1993). Ultimately, the goal is to ensure evidence-based practices, such as the Socratic method, are integrated into all health care interactions.

Allyship and Advocacy

Allyship, advocacy, and continuing efforts to educate yourself and your colleagues about becoming anti-racist (for definition of anti-racist see section titled, Responses to Racism in Healthcare). Allyship is not "an identity - it is a lifelong process of building relationships based on trust, consistency, and accountability with marginalized individuals and/or groups of people" (The Anti-Oppression Network, n.d., para 2).

Check with the Client

Check with the client and verbalize your position, "*Are you ok?*"; "*I believe you*"; "*I am here if you need something*"; "*I will check back in with you.*" The goal is to become 'the safe person' and to establish a therapeutic relationship. As part of providing safe, compassionate, competent and ethical care nurses have a responsibility to "build trustworthy relationships ... [as] such relationships are critical to understanding people's needs and concerns" (CNA, 2017, p. 8). Ethical nursing practice requires "a willingness to enter into relationships with persons who have health-care needs and other problems" (CNA, 2017, p. 4). Further, nurses are to "recognize the unique history of - and impact of the social determinants of health on - the Indigenous Peoples of Canada" (CNA, 2017, p. 4). FNMI Peoples do not enjoy the same level of health and wealth as other people in Canada since European contact. These disparities in the social determinants of health are rooted in colonization (Allan & Smylie, 2015;Nowbray, 2007).

The College of Registered Nurses of Saskatchewan (CRNS) previously known as the Saskatchewan Registered Nurses' Association (SRNA) has five practice *standards* for registered nursing practice. These standards "apply at all times to all registered nurses in all practice roles and in all categories of registered nursing practice" (SRNA, 2019, p. 3). *Standard 1: Professional Responsibility and Accountability* clearly outlines that as part of upholding this standard nurses are to be, "advocating, intervening in the client's best interest, and acting to protect client, self and others from actual or perceived harm" (SRNA, 2019, p. 4). Establishing therapeutic relationships in nursing practice is further described under *Standard 3: Ethical Practice* (SRNA, 2019, p.5). Ethical practice requires the registered nurse to "establishe[s] therapeutic caring and culturally-safe relationships with clients" and to "communicate respectfully" (SRNA, 2019, p. 5). *Standard 3* also describes the nursing role to include "advocating in the best interests of the clients, especially when they are unable to advocate for themselves" (SRNA, 2019, p. 5). Lastly, ethical practice also includes "taking action to create a safe work environment that contributes to healthy teams and optimal client outcomes" (SRNA, 2019, p. 5). Both the *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2017) and the SRNA (2019) practice *standards* articulate the responsibility for nurses to establish a therapeutic relationship as part of ethical practice as part of improving health outcomes for all clients.

Intervene

Intervene. Always be an active bystander by using this guide. Seek assistance from a colleague(s) or from your nursing instructor/educator when there is a power differential that may constrain your actions. For example, nursing students may feel vulnerable related to the student-instructor relationship or the student-institution relationship. These types of power dynamics need to be discussed with their clinical instructors as part of their clinical rotations. When the clinical instructor provides the opportunities (pre and post clinical conferences) for these types of discussions, the nursing students will have the opportunities to share their feelings, concerns, and be able to make a plan for the next opportunity (with the support of their clinical instructor).

Speak Up

Speak up to the nursing manager and the clinical educator of the unit regarding your concerns and seek support for yourself. This takes courage and finding support from a colleague(s) or a mentor can help you throughout this process.

Model Safe Nursing Care

Model safe, competent, compassionate (kind), ethical, trauma informed care in all interactions. Unfortunately, trauma is a common experience among all Canadians. Trauma informed practice (care) acknowledges the impact of trauma on people and the importance of responding effectively and compassionately (BC Provincial Mental Health and Substance Use Planning Council [BCPMHSUPC], 2013). The BCPMHSUPC (2013) have identified four principles to support trauma-informed practice: 1) trauma awareness; 2) emphasis on safety and trustworthiness; 3) opportunity for choice, collaboration, and connection; 4) strengths based and skill building (See BCPMHSUPC, 2013).

Conclusion

Racism is an act of violence against FNMI Peoples, negatively impacting their physical, emotional, and mental wellness. It is uncomfortable but necessary to address racism in healthcare to start improving health outcomes for FNMI Peoples and all Canadians. It is important to understand the CPR RACISM guide is intended to save lives as an immediate reaction to witnessed racism in real time, but to effectively address systemic racism there will have to be changes in policy in all levels of practice.

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