

Culturally Safe Cancer Care for Indigenous People: Nursing Practice Beyond the Rhetoric

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Cancer rates among Indigenous People are higher than among the general population. Indigenous populations have significantly higher cancer rates and lower five-year survival rates. Contributing factors are complex. Social inequity plays a role, including the ongoing legacy of colonialism, social exclusion, and systemic racism in the health-care system. As a model of healthcare delivery, culturally safe care includes improving services and supports for Indigenous People. This article draws on previous and ongoing research involving Indigenous communities in Canada. It reviews the meaning of culturally safe care and describes how oncology nurses can practice culturally safe care for Indigenous People by combating racism, discrimination, and colonialism in their oncology nursing practice.

AT A GLANCE

- Indigenous People have higher cancer rates and lower survival rates than non-Indigenous people.
- Culturally safe cancer care aims to improve cancer services and supports for Indigenous People.
- Culturally safe cancer care requires an understanding of the pervasive and ongoing traumatic effects that systemic inequalities have created for Indigenous People.

KEYWORDS

culturally safe care; Indigenous People; racism; discrimination

DIGITAL OBJECT IDENTIFIER

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Indigenous People comprise 4.8% of the Canadian population (Statistics Canada, 2022) and more than 2% of the U.S. population (Administration for Native Americans, n.d.). First Nations and Inuit are distinct Indigenous People in Canada and are referred to in the United States as Native Americans and Alaska Natives. In a study of 15 cancers, Withrow et al. (2017) found that First Nations people have poorer five-year survival rates from all cancers except multiple myeloma, with 20% lower five-year survival rates for cervical and ovarian cancers and 5% lower for colorectal, breast, non-Hodgkin lymphoma, and leukemia. Life expectancy for the Inuit population is 13 years shorter than life expectancy for the non-Indigenous population, with cancer being the leading cause of death. In Indigenous populations, lung cancer rates are among the highest in the world (Tungasuvvingat Inuit & Cancer Care Ontario, 2017).

Complex factors contribute to the increased cancer burden among Indigenous People, including low rates of screening and late-stage diagnoses (Chiefs of Ontario et al., 2017; Kewayosh et al., 2014). Many Indigenous People must travel long distances to receive cancer care; for example, just 27% of the Inuit population live outside their traditional territory in the high Arctic (Arriagada & Bleakney, 2019). However, more pervasive reasons stem from the ongoing colonial legacy of domination, social exclusion, and systemic racism in the healthcare system today (Hammond et al., 2017; Horrill et al., 2020; Mitchell, 2019).

A systematic review of 27 studies on cancer survivorship care for Indigenous populations found that none of the reviewed studies included interventions representing the four dimensions of Indigenous wellness (i.e., physical, spiritual, emotional, and mental) (Gifford et al., 2021). Of those reviewed, only two studies addressed spiritual wellness, whereas 14 studies evaluated only physical (biomedical) wellness, providing evidence of misalignment between Indigenous ways of knowing about health and healing and Western biomedical healthcare practices. As a result of this misalignment, Indigenous People continue to be marginalized, disenfranchised, and alienated from engaging in cancer survivorship supports (Chiefs of Ontario et al., 2017; Gifford et al., 2021).

Based on previous research and research that is currently ongoing at the University of Ottawa in partnership with Indigenous People in Canada, this article provides suggestions on how oncology nurses in North America can combat racism, discrimination, and colonialism by providing culturally safe care in their oncology nursing practice. (Gifford, Thomas, Barton, et al.,