NURSES ASSOCIATION OF NEW BRUNSWICK

Standards For Cultural Safety

165 Regent Street
Fredericton, NB, E3B 7B4
www.nanb.nb.ca

Mandate

Public protection through regulation of nurses in New Brunswick.

Under the Nurses Act, NANB is legally responsible to protect the public by regulating registrants of the nursing profession in New Brunswick. Regulation makes this profession, and nurses as individuals, accountable to the public for the delivery of safe, competent, and ethical nursing care.

Acknowledgements

We would like to extend our sincere thanks to all those who contributed their time, expertise, and thoughtful feedback throughout the development of these standards. Your collaboration has been invaluable in shaping standards that reflects both evidence-based practices and the diverse perspectives of those it aims to serve.

In particular, we would like to acknowledge the significant contributions of Dr. David Busolo, Jasmine Murchison-Perley, Dr. Mary Louise Batty, and other consultants who provided extensive guidance and feedback throughout the development of these standards. We are deeply grateful.

Land Acknowledgement

The Nurses Association of New Brunswick recognizes and respectfully acknowledges that we live and work on the unsurrendered and un-ceded traditional lands of Wolastoqiyik. This territory is covered by the Treaties of Peace and Friendship which the Wolastoqiyik (Maliseet), Mi'kmaq and Passamaquoddy peoples first signed with the British Crown in 1725. The treaties did not deal with surrender of lands and resources but in fact recognized Wolastoqey (Maliseet), Mi'kmaq and Passamaquoddy title and established the rules for what was to be an ongoing relationship between nations.

Nonasu Skicinuwey Ktahkomiq

Nutankeyuwahtit kesinukhotilici Wiciyatomuhtit 'cey New Brunswick wewinomoniya naka kicitomitahatomoniya eli wikultiyeq naka tollukhotiyeq skat kisi miluwasinuhk skicinuwey ktahkomiq 'ci Wolastoqiyik. Yut ktahkomiq wituwikhasu nihtol Wolakutultinkil 'ci Sankewitahasuwakon naka Witapehtimok nihtol Wolastoqiyik (Maliseet), Mi'kmaq naka Peskotomuhkatiyik amsqahs.

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Preamble

The Nurses Association of New Brunswick (NANB) has been the professional regulatory body for nurses in New Brunswick since 1916. The *Nurses Act* defines NANB's responsibilities and gives the authority to establish, maintain, and promote education and practice standards for registered nurses and nurse practitioners in New Brunswick.

The Standards for Cultural Safety establish the expected level of performance for nurses to provide culturally safe, competent, compassionate, and ethical nursing care in all practice settings. These standards are to be interpreted and applied in conjunction with the Code of Conduct for Registered Nurses and Nurse Practitioners, and the CNNB's standards of practice which together form the foundation for professional nursing conduct and decision-making. This standard consists of two parts: standard one outlines the expectations for all nurse-client relationships and all practice settings, while standard two builds upon these expectations to address the specific contexts, histories, and rights of Indigenous Peoples. All bolded words throughout the document are defined in the Glossary of Terms.

Part One

Part one of this standard document includes the principles of cultural safety, which are applicable to all nurse-client relationships and all practice settings. These principles are broad in application and extend beyond ethnic understandings of culture to also include religion, language, health condition, age, ability, gender identity, and sexual orientation. These principles and indicators have been intentionally designed to guide nurses in a reflective process that begins with the self and expands outward to encompass broader relational, organizational, and societal contexts. This sets the expectation that nurses reflect on their positionality as bearers of culture and how this influences nursing practice and broader systems.

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Part Two

Part two of this standard document builds upon part one and is applicable to all nurse-client relationships with Indigenous clients. NANB upholds that First Nations, Inuit, and Métis Peoples have constitutional, Treaty, and human rights that must be acknowledged and respected. The principles of Indigenous-specific cultural safety stem from the United Nations Declaration on the Rights of Indigenous People Act , the Truth and Reconciliation Commission of Canada: Calls to Action, and in collaboration with local Indigenous nurses.

The Standards for Cultural Safety apply to all nurses, including graduate nurses, nurses on the temporary register, registered nurses, and nurse practitioners. This standard describes nurses' accountabilities and is not intended to replace legal advice or employer policy.

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Introduction to Cultural Safety

Safety in healthcare and optimal health outcomes are not guaranteed for those who experience discrimination. Over one in four Canadians have faced discrimination in their lifetime, including prejudice based on race, religion, ethnic origin, language, health condition, age, ability, gender identity, and sexual orientation (Public Health Agency of Canada [PHAC], 2019; Rousseau et al., 2022). Discrimination and racism in healthcare lead to mistrust in the healthcare system and an avoidance of services or institutions that may covertly or outright perpetuate discrimination and stigmatization (McGough et al., 2022).

Experiences of discrimination that lead to unsafe care and poor health outcomes are not solely individual occurrences. The drivers of discrimination are often structural and deeply embedded within our current healthcare and social systems. Nurses do not typically discriminate or perpetuate racism with intention, but harm can be caused regardless of intent. For example, Canada's ongoing history of colonization, cultural assimilation and heteronormativity has resulted in culturally unsuitable care and mistreatment by healthcare providers and systems (Francis, 2019; PHAC, 2019). Existing policies and laws often enforce invisible, dominant cultural values that disproportionately affect certain social groups (Curtis et al., 2019; Horrill et al., 2021). Moreover, power imbalances between privileged and oppressed groups often mirror the imbalances between providers and clients, which create additional barriers to culturally safe healthcare provision.

The above conditions that lead to culturally unsafe healthcare result from modifiable social structures (Horrill et al., 2021). In other words, the status quo can be changed, and action can be taken to redress culturally unsafe healthcare experiences. Cultural safety is both a process and an outcome based on respectful engagement; it recognizes and strives to address power imbalances inherent in the healthcare system. Importantly, cultural safety is only achieved when the client perceives it as such- the intentions or perceptions of the provider do not determine it. Cultural safety aims to promote an environment free of racism and discrimination, where people feel safe, valued, and heard when receiving healthcare. Cultural safety was originally conceptualized with an understanding that the ways in which nurses interact with clients significantly influence whether a client will seek or avoid healthcare services (Horrill et al., 2021). Cultural safety also highlights the influences of power dynamics and covert structures of colonization and oppression within healthcare systems, that must be addressed so that systemic changes can occur.

Part One: Principles of Cultural Safety

The principles of cultural safety are expected to be applied to all practice settings and all nurse-client relationships. The following five principles and associated indicators outline the accountabilities and responsibilities of nurses to optimize culturally safe, competent, compassionate, and ethical nursing care. Although each principle builds upon the last, it is important to note that cultural safety is not a linear process with a fixed endpoint; each nurse has a unique learning journey in creating and contributing to environments that support cultural safety.

The principles of cultural safety are:

1. SELF-AWARENESS
2. RELATIONAL AWARENESS
3. CLIENT-LED RELATIONSHIPS
4. TRAUMA AND VIOLENCE-INFORMED CARE
5. SAFE HEALTHCARE EXPERIENCES

Part Two: Principles of Indigenous Specific Cultural Safety

Building on the foundational principles of cultural safety, two additional principles have been developed to address Indigenous people's unique histories, rights, and healthcare experiences. All seven principles- the five aforementioned principles and two Indigenous-specific principles- are intended to be applied in all practice settings and all relationships with Indigenous clients receiving care, along with their families and support networks.

NANB affirms that all nurses are responsible for being a part of reconciliation. The current state of Indigenous health in Canada is "a direct result of previous Canadian government policies" (Truth and Reconciliation Calls to Action, p. 2). Canada's colonial laws and policies- including the Indian Act, Indian Residential School Systems, forced dislocation from traditional lands and relocation to reserves, the criminalization of languages and cultural ceremonies, and the denial of Treaty rights- have had enduring negative impacts on the health and well-being of First Nations, Inuit, and Métis Peoples.

In response, the following two principles, with associated indicators, outline expectations for nurses to integrate Indigenous-specific cultural safety into their practice:

The principles of Indigenous-specific cultural safety are:

6. JOURNEY OF LEARNING

7. RESPECT FOR INDIGENOUS IDENTITY AND KNOWLEDGE

Principles of Cultural Safety

1. Self-Awareness

Nurses understand that cultural safety begins with self-awareness and critical self-reflection. They commit to examining their own reality, values, attitudes, beliefs, biases and assumptions, recognizing how this influences their practice and interactions with clients, families, and communities.

Nurses:

1.1. reflect on their historical, social, and political positionality;

1.2. reflect on their own culture, beliefs, and values and how these influence ways of knowing, thinking, and doing;

1.3. critically reflect on emotions that arise when examining their positionality or privilege;

1.4. identify and evaluate personal biases and stereotypes that may facilitate or hinder a culturally safe healthcare experience;

1.5. commit to intentional, lifelong, reflective practices; and

1.6. continually seek opportunities to improve their ability to provide culturally safe care.

2. Relational-Awareness

Nurses recognize that while cultural safety is a client-defined outcome, they play a key role in creating the conditions for culturally safe care. Nurses cultivate self-awareness, sensitivity, and humility before the onset of nurse-client relationships, and contribute to inclusive, respectful, and culturally safe practice environments. Nurses utilize an intersectional approach to recognize how overlapping factors such as race, gender, class, and ability shape clients' experiences and access to care.

Nurses:

2.1. reflect on power dynamics in nurse-client relationships;

2.2. reflect on the culture of their practice setting and how this impacts client care;

2.3. reflect on cultural awareness and cultural sensitivity as precursors to cultural safety;

2.4. accept that healthcare providers' attitudes, beliefs, and practices can facilitate or hinder culturally safe care;

2.5. acknowledge beliefs and practices that differ from their own without discrimination, regardless of age, sexual orientation, gender identity, occupation, socioeconomic status, ethnic origin, migrant experience, religious or spiritual belief, or disability;

2.6. commit to cultural humility;

2.7. seek feedback on behaviour from trusted colleagues and clients; and

2.8. uphold respectful, inclusive, and non-discriminatory relationships with colleagues to contribute to safe care environments.

3. Client-Led Relationship

Nurses foster a nurse-client relationship that strives for culturally safe care and is underpinned by an understanding of the client's experience, needs and expectations, and mutual trust and respect.

Nurses:

3.1. understand that the care recipient (client, family, and/or community) determines whether a healthcare encounter is culturally safe;

3.2. offer the choice to involve the client's family, support people and other community-based supports and providers (e.g., Elders, patient advocates, community health nurses, etc.) to facilitate and support culturally safe client care;

3.3. respect the client's right to respect and dignity and refrain from placing judgment, labels, stigma, and/or eliciting humiliating behaviour (which may be intentional or unintentional) toward the client;

3.4. respect and support the client's right to informed decision-making and informed consent;

3.5. engage in clear, respectful, and inclusive communication that fosters mutual trust and affirms the client's lived experience;

3.6. co-create and incorporate plans of care that include cultural rights, values, spiritual beliefs, customs, and practices without judgment or bias; and

3.7. take appropriate action when others act in a discriminatory manner, including following NANB's Duty to Report guidelines and reporting instances of racism and discrimination to your employer and regulatory body.

4. Trauma-and Violence-Informed Care

Nurses recognize that trauma- whether interpersonal, historical, intergenerational, or systemic- has lasting impacts on health, well-being, and trust in healthcare systems. Nurses incorporate approaches informed by trauma- and violence-informed care into nurse-client relationships. They create conditions for healing by promoting physical, emotional, cultural, and spiritual safety; supporting client choice and autonomy; and building trusting relationships grounded in empathy, transparency, and collaboration.

Nurses:

4.1. recognize the widespread and often hidden impacts of trauma and violence on individuals, families, and communities;

4.2. through a trauma-informed lens, prioritize emotional safety in care settings by being mindful of tone, body language, physical and social environment, and client preference;

4.3. avoid re-traumatization by using non-judgemental, empowering language and practices, such as consent before touch, that support client autonomy and control;

4.4. promote trust through transparency, consistency, and collaborating in care planning and decision-making; and

4.5. apply a strengths-based approach that recognizes and affirms clients' capacities, cultural identity, and community supports.

5. Safe Healthcare Experiences

Nurses contribute to safe healthcare experiences beyond the individual client encounter. Through their actions, influence, and professional responsibilities, nurses work to identify and address the root causes of unsafe care- such as systemic racism, discrimination, or exclusionary policies. Nurses promote inclusion and equity, including advocating for organizational and structural change that enhances culturally safe systems.

Nurses:

5.1. understand how structural inequities, rather than individual characteristics, influence access to care, including socioeconomic, political, and historical conditions;

5.2. help colleagues (e.g., nurses, allied health professionals, physicians) identify and eliminate attitudes, language, and behaviours that negatively impact a client's safe healthcare experience;

5.3. acknowledge that structural oppression and structural racism are real, may interfere with care;

5.4. advocate to address barriers that impact culturally safe care;

5.5. identify and advocate to change or eliminate policies and practices that negatively impact culturally safe environments;

5.6. advocate for the expansion and uptake of culturally safe and anti-racist policies, practices, procedures, and mandatory professional development from employers;

5.7. create positive and culturally safe work environments by role modelling anti-racism and anti-oppressive practices and supporting the rights and safety of clients and colleagues;

5.8. contribute to inclusive and equitable healthcare teams by promoting respect, psychological safety, and collaboration.

Principles of Indigenous-Specific Cultural Safety

6. Journey of Learning

Nurses build knowledge through ongoing education and a commitment to lifelong learning to understand the connection between the historical and ongoing treatment of Indigenous people and current health outcomes.

Nurses:

6.1. understand how colonialism and Indigenous-specific racism have and continue to affect health outcomes and access to healthcare services;

6.2. understand and respect Indigenous people's diverse histories, languages, and traditions;

6.3. understand the treaties and laws established to create a sovereign and distinctive sociopolitical space for Indigenous peoples;

6.4. acknowledge that shifting perspectives of previously held beliefs or prior knowledge may occur and that this growth process can cause discomfort;

6.5. recognize that colonialism, trauma, and prior experiences may affect clients' views, access, and interactions within healthcare systems; and

6.6. understand that each client's experience is unique and may be influenced by a combination of internal and environmental factors.

7. Respect for Indigenous Identity and Knowledge

Nurses demonstrate respect for Indigenous identity within nurse-client relationships when clients self-identify. Nurses offer the choice to incorporate values and traditions into nurse-client interactions, and advocate for and support initiatives that honour and preserve traditional Indigenous health practices at the organizational and system level.

Nurses:

7.1. treat Indigenous clients with respect and empathy by:

7.1.1. seeking to understand the client's lived experience;

7.1.2. being open to learning from Indigenous clients, their families, community members, Indigenous colleagues, Elders and knowledge-keepers;

7.1.3. embodying a holistic approach encompassing physical, emotional, mental, and spiritual well-being;

7.2. incorporate client's strengths that will support achieving optimal health, as defined by the client;

7.3. recognize, value, and honour traditional Indigenous healing practices and acknowledge these as comprehensive and sophisticated healing systems grounded in generations of knowledge, observation, and relational understanding of the natural world;

7.4. collaborate with healers and Elders to incorporate traditional healing practices into nursing care plans upon request and where appropriate;

7.5. advocate for Indigenous consultation and engagement in organizational policy development, planning, processes, and decision-making; and

7.6. have an awareness of the Indigenous services offered within their employment settings and communities, and how to access them; and

7.7. advocate for policies supporting access to healthcare and system change for Indigenous clients, their families, and communities.

Glossary of Terms

Anti-racism: The active process of identifying and eliminating racism by challenging systems, organizational structures, policies practices and attitudes so that power is redistributed and shared equitably amongst racial groups.

Biases: Unconscious or conscious attitudes, stereotypes, or assumptions that nurses may hold about individuals or groups based on their culture, ethnicity, race, religion, gender, or other social identities. These biases can influence interactions, clinical decisions, and the quality of care provided.

Client: Individuals, families, groups, populations, or entire communities who require nursing expertise. The term "client" reflects the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant.

Colonialism: A practice or ideology where one nation establishes and maintains control over another territory, its resources, and its people, often through religious and political domination and cultural influence. This benefits the colonial power and is typically justified by ideologies such as racial superiority (i.e. white supremacy), economic necessity, or religion.

Colonization: A dominant society that "discovers" and claims rights to unsurrended lands already lived upon by its original (i.e. Indigenous) inhabitants. The colonial power (or colonizer) then determines and shapes laws, languages, economies, social relations, and cultural life, and subject all people on the land to these dominant norms (e.g. Christianity, nuclear families, western biomedicine). Colonization denies sovereignty and self-determination of the original inhabitants by asserting that dominant norms are superior, subjecting everyone to live by these norms. This denies Indigenous peoples' freedom to their language, culture, land, and social values.

Cultural Assimilation: The imposition of a dominant way of life which intends to cease distinct legal, social, cultural, and religious ways of life. The purpose is to integrate all people into one way of life, which is the dominant social and cultural norm. In a Canadian context, cultural assimilation has been a process, through legislation and policy, to attempt to abolish Indigenous peoples' distinct governments, cultures, and identities.

Cultural Awareness: The acknowledgment and observance of cultural differences. Cultural awareness focuses on seeing beyond one's culture and understanding that many forms of culture co-exist.

Cultural Humility: Cultural humility is a process of self-reflection that aims to understand personal and systemic biases and develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when understanding another's experience.

Cultural Sensitivity: Recognizing the need to respect cultural differences. Cultural sensitivity involves exhibiting "behaviours that are considered polite and respectful by the [person who has cultural differences from your own]."

Culturally Safe Care: Culturally safe care is a refinement of the "cultural safety" concept. Nurses do everything they can to provide culturally safe care, but they remain aware that they are in a position of power in nurse-client relationships, and some clients may never feel entirely safe. Nurses allow those who receive care to determine what they consider to be safe. Nurses support them in drawing strength from their personal identity, culture, background, and community.

Culture: An individual's beliefs, norms, and values that influence their opinions, thoughts, and behaviours in everyday decision-making. Culture is a complex relational process influenced by history, personal experiences, and perceptions of society. Culture evolves and is not limited to ethnicity or race; it also comprises age, language, gender expression, sexual orientation, and socioeconomic status.

Discrimination: An action or decision that results in the unfair or negative treatment of a person or group due to conscious or unconscious prejudice, bias, or stereotypes. Discrimination can occur intentionally or unintentionally and often reflects unexamined privilege that favours one group over others based on differences such as race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, language, physical or mental ability, or other identity factors.

Equity: The fair treatment, access, opportunity, and advancement of all people, and the attempt to identify and eliminate barriers that have prevented the full participation of some groups. The principle of equity acknowledges that historically underserved and underrepresented populations exist and that fairness regarding these unbalanced conditions is required to assist in the provision of adequate opportunities for all groups. Equity also considers that social groups (gender, religion, socioeconomic status etc.) do affect equality.

Historical (or Intergenerational) Trauma: Historical trauma refers to the collective and cumulative emotional, psychological, and spiritual wounding experienced by a group across generations (intergenerational), resulting from significant and targeted historical injustices.

These events—such as colonization, forced displacement, Canadian Indian Residential Schools, and systemic racism—are widespread among a specific population, intentionally inflicted by the dominant group, and result in profound and lasting collective distress. Historical trauma is characterized by four interrelated dimensions: colonial injury, collective experience, cumulative effects, and cross-generational impacts (the "4 C's"). Its consequences persist across generations and continue to influence health, well-being, identity, and access to systems and services.

Holistic approach: A way of providing care that considers the whole person — including their physical, emotional, mental, spiritual, cultural, and social needs — rather than focusing solely on a disease or condition.

Inclusion: An active and intentional operationalization of equity and diversity within organizations and communities to be welcoming, helpful, and respectful to everyone. Inclusion requires that every person within a community demonstrates the values and principles of fairness, and justice, and is open to and accepting of different perspectives, experiences, and cultures. Organizational inclusion requires identifying and removing barriers (e.g. physical, procedural, invisible, visible) that inhibit member participation or contribution.

Intersectional Approach: An intersectional approach involves actively considering how multiple, interconnected factors influence a person's health, well-being, and access to care. In nursing practice, this means recognizing and responding to the complex realities that affect clients' experiences, particularly those who face overlapping forms of oppression or marginalization. This approach supports more inclusive, equitable, and person-centered care.

Oppression: An unearned disadvantage when a particular social group is unjustly subordinated, resulting from a complex network of social restrictions, ranging from laws and institutions to implicit (i.e. unconscious) biases and stereotypes.

Positionality: The understanding that people have multiple identities and make meaning of the world from the various aspects of their background and identities (gender, race, language, ability, etc.). These differences in social position and power shape individual and collective identities, as well as worldviews.

Power: The nurse-client relationship is one of unequal power, stemming from the authority associated with their position in the healthcare system, specialized knowledge, influence with other healthcare providers in the decision-making process, and access to privileged information. In any professional-client relationship, there is an imbalance of power in favour of the professional, which is further reinforced in healthcare services by the vulnerability of a client needing care. A misuse of power can be considered client abuse.

Privilege: An unearned right, benefit, or advantage given to a person, not from work or merit but because of race, social position, religion, gender, or another social category. Unearned privilege tends to be systematically given to dominant social groups.

Race: A social construct that artificially divides people into distinct groups according to specific characteristics such as physical appearance (i.e. skin color), ancestral heritage, cultural affiliation, cultural history, ethnic classification, and the social, economic, and political needs of a society at a given time. Most sociologists believe that race is not "real" in the sense that no distinctive genetic or biophysiological characteristics exist that genuinely distinguish one group of people from another. Instead, different groups share overlapping characteristics.

Racism: Racism involves racial prejudice or discrimination and is rooted in the belief that one racial or ethnic group is superior to others. It can be expressed overtly or covertly and may occur intentionally or unintentionally. Racism includes the use of unearned power and privilege to suppress, exclude, devalue, or marginalize individuals or groups based on race. It operates at individual, institutional, and systemic levels, and is often embedded in social structures, policies, and practices—even when not consciously recognized.

Reconciliation: The ongoing process of establishing and maintaining respectful relationships between Indigenous peoples and non-Indigenous peoples, including health care providers and institutions. It involves acknowledging past and present harms caused by colonialism, working to repair trust, and committing to systemic changes that promote equity, justice, and cultural safety in health care.

Stigma: Negative, unfounded attitudes or beliefs (i.e., prejudice) towards an individual based on their actual or perceived membership

Strengths-based approach: a philosophy and method of care that prioritizes the existing strengths, skills, knowledge, values, and cultural resources of individuals, families, and communities. Rather than focusing on problems, deficits, or diagnoses, this approach recognizes people as resourceful and capable of growth, healing, and self-determination.

Structural inequities: the systemic and deeply embedded social, economic, and political disadvantages that are produced and maintained through laws, policies, institutional practices, and cultural norms. These inequities result in unequal access to resources, opportunities, and outcomes for certain populations, often based on race, ethnicity, Indigeneity, gender, socioeconomic status, immigration status, and other intersecting identities.

Structural oppression: Vast and deep injustices that some groups suffer due to embedded and unquestioned norms and processes in everyday life. These norms and processes are seen within societal level conditions, cultural norms, and institutional policies that constrain access to opportunities, resources, and the well-being of certain groups.

Structural (or systemic) racism: Political, social and economic structures and institutions where a dominant group is established, and its power is reinforced through inequitable laws, policies, rules and regulations, and access to resources.

Trauma and violence-informed care: Trauma- and violence-informed care (TVIC) creates emotionally, culturally, and physically safe services by understanding the experiences of trauma and their impacts on people's lives and behaviours. TVIC accounts for the intersecting impacts of systemic and interpersonal violence and the structural inequities on a person's life, emphasizing both historical and ongoing violence and its traumatic impacts. Key principles include fostering trust by offering authentic choice, collaboration, and connection; providing strengths-based and capacity-building care to support clients; and creating environments where clients do not experience re-traumatization or harm.

Treaty: A treaty is an agreement made between the Government of Canada, Indigenous groups, and often provinces and/or territories that define ongoing rights and obligations on all sides. A treaty is intended to provide a framework for living together and sharing the land Indigenous Peoples traditionally lived upon. Treaties provide foundations for ongoing co-operation and partnership moving forward together to advance reconciliation.

Trusted colleague: A person who may be an ally or may identify as someone from an equity-deserving group and believes in justice, equity, diversity, and inclusion. A trusted colleague is willing to support initiatives that can foster diverse and/or inclusive environments.

About the Artist

Amber Solomon

Wolastoqiyik

Amber Solomon (she/her) is a Wolastoqiyik artist from Bilijk First Nation. Her multidisciplinary practice spans beadwork, graphic design, and digital illustration, grounded in cultural knowledge and creative expression. Amber's work thoughtfully engages with Wabanaki visual traditions particularly the iconography of ancestral beadwork and the double curve motif while drawing inspiration from the natural world and animal relations.

Through her art, she explores kinship, land connection, and the enduring beauty of Indigenous identity. Her designs reflect a living continuum, honouring the past while asserting presence in the now.

Amber is also the founder of Siqon Co., a design brand born from the Wolastoqey word for "spring" a season of renewal, hope, and resurgence. Siqon Co. is an extension of her artistic vision, using bold visuals and wearable affirmations to decolonize space, celebrate culture, and uplift Indigenous voices.

Whether through beadwork or digital media, Amber's practice is a reclamation of story, identity, and sovereignty carried out with intention, care, and deep cultural pride.

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165 Regent Street
Fredericton, NB, E3B 7B4
www.nanb.nb.ca