

Code of Ethical Conduct

for Registered Nurses and Nurse Practitioners

Prince Edward Island College of
Nursing and Midwifery

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Acknowledgement

This document was adapted with permission from the College of Nurses of Ontario (CNO) from the CNO's *Code of Conduct* (2023). It has been adapted to reflect Prince Edward Island's regulatory and health system context. CNO's Code of Conduct (2023) can be accessed at <https://www.cno.org/en/protect-public/code-of-conduct-for-nurses/>

Purpose

The Regulated Health Professions Act (RHPA) and the Registered Nurses and Registered Psychiatric Nurses regulations require that the Prince Edward Island College of Nursing and Midwifery (PEICNM) adopt a code of ethics governing the conduct of nurses. The *Code of Ethical Conduct* is intended to inform registrants and the public of the primary values the nursing profession upholds, and the expected behaviours and standards expressed by them. The values provide guidance for self-reflection and decision-making for nurses working through ethical situations at all levels and roles in nursing practice and within the multidisciplinary health care team. They serve as a frame of reference to govern behaviour. The overall purpose of the *Code of Ethical Conduct* is to protect the public through the promotion of safe nursing practice.

What is the Code of Ethical Conduct?

The Prince Edward Island College of Nursing and Midwifery (PEICNM) protects the public through self-regulation of the profession in accordance with the RHPA.

The *Code of Ethical Conduct* (the Code) describes the accountabilities that all Registered Nurses (RNs) and Nurse Practitioners (NPs) in Prince Edward Island have to clients, employers, colleagues, and the public. It explains what people can expect from nurses. The Code also describes what RNs and NPs must do to maintain professionalism, competence, and ethical behaviour to deliver safe client care. All RNs and NPs are expected to uphold the Code, regardless of their role, title, responsibility, or domain of practice.

To maintain public trust and confidence in the RN and NP profession's integrity and care, the Code outlines safe and ethical practice requirements based on current evidence. The Code is also informed by legislation and recommendations in the *Truth and Reconciliation Commission of Canada: Calls to Action* (2015). Regulatory bodies like PEICNM play a crucial role in addressing historical injustices and ensuring that health care professionals provide equitable care to clients, particularly Indigenous Peoples.

The Code puts clients at the centre of nursing care and includes principles of diversity, equity and inclusion to ensure client care is safe, compassionate, equitable, and discrimination free.

Throughout the Code, the word “client” is used broadly to include individuals, substitute decision-makers/proxies, families, caregivers, groups, communities and populations who receive nursing care.

RNs and NPs are expected to use the Code along with relevant legislation, PEICNM documents, and employer policies. The Code applies to any method an RN or NP uses to deliver health care services, such as in-person, virtually or by telephone.

PEICNM considers the Code in regulatory processes and in reviewing the practice of registrants such as in continuing competence and professional conduct processes. Failure to uphold the Code could lead to disciplinary action by the College.

A glossary of bolded terms is provided at the end of this document.

Values Informing Ethical Conduct

Ethics in nursing is concerned with the societal injustices and social determinants of health affecting health and well-being. This includes nurses’ awareness of these social injustices, endeavors to address them and advocate for improvements and change. There are primary nursing values that inform ethical conduct expected from nurses and form the foundation for ethical nursing practice.

These values have been adapted with permission from the Nursing Council of New Zealand, the *Values Underpinning Professional Conduct in the Nursing Council of New Zealand Code of Conduct for Nurses* (2012).

Respect

Treating all others with respect enables the development of the intentional caring relationship between the healthcare team and those receiving care. Treating clients with respect means behaviour towards them is polite, considerate, values their worth, dignity, uniqueness, culture, and individuality. Respect is the foundation for professional nursing relationships and ethical conduct.

Trust

RNs and NPs need to establish trusting relationships with clients to effectively provide care that involves touch, personal information, emotional and physical support, and comfort. Clients need to be able to trust nurses to be safe and competent, not to harm them and to protect them from harm. They need to trust nurses to work in the interests of their health and well-being, allow them to voice their perspectives, ask questions, and be respected for their beliefs, behaviours and values. Building a trusting relationship requires honesty, acting consistently and delivering safe and competent care. Trust is necessary for nurses to maintain public trust in the nursing profession.

Partnership

Partnership occurs when clients remain the main decision-maker related to their health care, are fully involved in their care, and are given sufficient information, in a manner they can understand, to make informed decisions about their care and treatment. Working in partnership includes listening

to the client, ensuring their independence, views and preferences are valued, and responding to their concerns. Nurses must be aware of the inherent power imbalance between themselves and clients and focus on client-centred care.

Integrity

Acting with integrity is being honest, and consistently honoring the commitment to deliver safe and competent nursing care. Integrity means consistently being accountable and responsible for our actions. Nurses are accountable for actions and omissions in their practice and must be able to justify their decisions. It means acting to reduce risk or harm to clients and not abuse your position of trust.

Principles of the Code

The Code consists of six principles:

1. Nurses respect clients' dignity.
2. Nurses provide inclusive and culturally safe care by practicing cultural humility.
3. Nurses provide safe and competent care.
4. Nurses work respectfully with the health care team to best meet clients' needs.
5. Nurses act with integrity in clients' best interest.
6. Nurses maintain public confidence in the nursing profession.

Each principle is supported by a set of statements of core behaviours all nurses are accountable for. All principles have equal importance and work together to describe the conduct, behaviour, and professionalism necessary for safe and ethical nursing practice.

Principle 1: Nurses respect clients' dignity

Nurses work collaboratively with clients and are sensitive to and respectful of their needs. To achieve this, nurses are expected to:

- 1.1 Treat clients with respect, empathy and compassion.
- 1.2 Provide client-centred care, prioritizing clients' health and well-being in the **therapeutic nurse-client relationship**.
- 1.3 Act in clients' best interests by respecting their autonomy, care preferences, choices and decisions, including their right to seek additional advice.
- 1.4 Respect clients' rights and involve and support clients in making care decisions.
- 1.5 Listen and respond to clients' concerns by collaborating with clients and any person or community the client wants involved in their care.
- 1.6 Maintain clients' privacy and dignity, regardless of where the client receives care or of its mode of delivery. This includes after the nurse-client relationship ends.
- 1.7 Communicate with clients clearly and timely.
- 1.8 Obtain **informed consent** from clients, or from their **substitute decision-makers** or **proxy** when clients are unable to do so according to relevant federal and/or provincial legislation.
- 1.9 Identify when their own personal beliefs conflict with a client's care plan, and provide safe, compassionate and timely care to those clients, until other arrangements are in place.
- 1.10 Include principles of **harm reduction** into client care plans.

Principle 2: Nurses provide inclusive and culturally safe care by practicing cultural humility.

Nurses understand how personal attributes and societal contexts, such as disabilities, sexual identity, **BIPOC** racism, influence client care. To achieve this principle, nurses are expected to:

- 2.1 Self-reflect on and identify how their privileges, biases, values, belief structures, behaviours and positions of power may impact the **therapeutic nurse-client relationship**.
- 2.2 Identify and do not act on or allow any stereotypes or assumptions they may have about clients to influence decision-making and interactions.
- 2.3 Seek feedback from clients, the **health care team**, and others to evaluate their own behaviour and culturally safe practice.
- 2.4 Recognize that many identity factors and personal attributes, including those identified in federal and/or provincial legislation, such as the Canadian Human Rights Act and the Prince Edward Island Human Rights Act, may impact a client, their lived experience and perspective on health care.
- 2.5 Recognize the role of history, society, and past traumatic experiences (eg. slavery, colonization), and their impacts in shaping health, well-being, and health care experiences (First Nations Health Authority, n.d.).
- 2.6 Assess and strive to meet clients' language, cultural and communication needs in ways clients understand.
- 2.7 Ask clients if they are open to sharing their lived experience.
- 2.8 Actively listen to and seek to understand the client's lived experiences.
- 2.9 Address clients by their preferred name, title, and pronoun.
- 2.10 Assess clients to determine their risk for **health inequities** and take steps to ensure the best client outcomes.
- 2.11 Provide care that focuses on clients' resilience and strengths.
- 2.12 Work with clients to achieve their health and wellness goals.
- 2.13 Advocate for equitable and culturally safe care that is free from **discrimination**.
- 2.14 Take action to prevent and respond to **discrimination** against a client.
- 2.15 Participate and advocate for culturally safe and inclusive practice environments.

- 2.16 Continually seek to improve their ability to provide culturally safe care.
- 2.17 Undertake continuous education in many areas, including Indigenous health care, **determinants of health, cultural safety, cultural humility, and anti-racism.**

The subheadings in Principle two and statements 2.1, 2.8, 2.10, and 2.14 are adapted from BCCNM's *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism* practice standard (British Columbia College of Nurses and Midwives, 2022).

Principle 3: Nurses provide safe, competent, and ethical care.

In this principle, nurses work within the limits of their scope of practice, education, experience, knowledge, skill and judgment. To achieve this principle, nurses are expected to:

- 3.1 Identify themselves to clients consistent with the PEICNM's public register, using their name, professional title, and their role within the **health care team**.
- 3.2 Recognize and work within the limits of their **scope of practice** and their knowledge, skill and judgment.
- 3.3 Identify when clients' therapeutic needs are outside of their **scope of practice** or individual competence and support clients to seek services from the appropriate health care professionals.
- 3.4 Seek and use the best available evidence to inform their practice.
- 3.5 Conduct research ethically, including placing client well-being above all other research objectives.
- 3.6 Use clinical reasoning and judgment when providing **nursing care**.
- 3.7 Use critical inquiry to assess, plan, implement, evaluate, and modify client care, together with clients and the **health care team**.
- 3.8 Use **trauma and violence-informed approaches** to care for clients, and when interacting with essential care partners and with members of the health-care team.
- 3.9 Respond and are available to clients in their care.
- 3.10 Respond to client needs and give timely **nursing care**. When timely care is not possible, nurses explain to clients the reasons for the delay and take steps to avoid or limit client harm.
- 3.11 Advocate for and support clients in accessing timely health care that meets clients' needs.
- 3.12 Engage in safe **medication practices**, including having authorization and requisite knowledge, skill and judgment.
- 3.13 Maintain and keep clear, complete, accurate and timely **documentation**. Nurses do not document false or misleading information.
- 3.14 Conduct **appropriate business practices** if engaged in self-employment/independent practice, including accurate record keeping, informing clients of fee components and charging fitting and reasonable fees.

- 3.15 Take reasonable steps to ensure continuity of care for clients when ending the **therapeutic nurse-client relationship** and support the client in finding alternative services, as appropriate.
- 3.16 Contributes to, uses, and evaluates new knowledge and technology relevant to the area and nature of practice setting.

Principle 4: Nurses work respectfully with the health care team to best meet clients' needs.

In this principle, nurses are accountable to one another and are expected to build and maintain respectful relationships with the **health care team**. To achieve this, nurses are expected to:

- 4.1 Self-reflect on how their privileges, biases, values, belief structures, behaviours and positions of power may impact relationships with **health care team** members.
- 4.2 Identify and not allow stereotypes or assumptions to influence decision-making and interactions with **health care team** members.
- 4.3 Address **health care team** members by their preferred name, title, and pronoun.
- 4.4 Recognize many identity factors and personal attributes (including those identified in federal and/or provincial legislation, such as the Canadian Human Rights Act and Prince Edward Island Human Rights Act) may impact a **health care team** member, their lived experience and perspective on nursing and health care.
- 4.5 Demonstrate professionalism and treat all **health care team** members with respect in all contexts, including on **social media**.
- 4.6 Collaborate and communicate with the **health care team** in a clear, effective, professional and timely way to provide safe client care.
- 4.7 Do not physically, verbally, emotionally, financially, or sexually harass or abuse **health care team** members.
- 4.8 Support, mentor and teach **health care team** members, including students.
- 4.9 Assess the learning needs of **health care team** members they are teaching, supervising and/or assigning. Nurses determine whether individuals have the proper knowledge, skill and judgment to perform safe care.
- 4.10 Do not direct **health care team** members to perform **nursing care** they are not adequately educated for or competent to perform.
- 4.11 Provide and accept feedback from the **health care team** to support positive/therapeutic client outcomes and effective team performance.
- 4.12 Advocate for and contribute to a safe organizational culture, including psychological safety.

Principle 5: Nurses act with integrity in clients' best interest.

In this principle, nurses are honest and fair practitioners who strive to build a trustworthy, therapeutic, nurse-client relationship. To achieve this, nurses are expected to:

- 5.1 Fairly divide and advocate for resources. Nurses objectively arrange/coordinate care, based on health-related needs.
- 5.2 Protect the privacy and confidentiality of clients' **personal health information** as outlined in legislation and/or regulatory documents.
- 5.3 Only share clients' **personal health information** for therapeutic reasons and only in compliance with laws and standards of practice governing privacy and confidentiality.
- 5.4 Not act as **substitute decision-makers** or **proxy** for their clients in accordance with relevant provincial legislation.
- 5.5 Identify, prevent and do not practice in situations that cause a **conflict of interest**. If a **conflict of interest** exists or arises at any point during the **therapeutic nurse-client relationship**, nurses explore alternative services with clients.
- 5.6 Place their clients' interests and professional responsibilities ahead of their **personal gain**.
- 5.7 Initiate, establish and maintain professional **boundaries** with clients and terminate the nurse-client relationship as set out in PEICNM Practice Directives.
- 5.8 Do not physically, verbally, emotionally, financially or sexually abuse, harass or neglect their clients.
- 5.9 Strive to protect clients from any type of harm, neglect or abuse. This includes taking action to stop and refrain from unsafe, incompetent, unethical or unlawful practice.
- 5.10 Be **truthful** in their professional practice.
- 5.11 Identify moral or ethical situations and proactively address conflict, dilemmas and/or distress of clients in their care.
- 5.12 Promote healthy relationships with clients, their caregivers, advocates and members of the **health care team** by managing and resolving conflict for best client care.
- 5.13 Uphold their **duty to provide care** and not abandon clients to whom they have a commitment to provide care.

Principle 6: Nurses maintain public confidence in the nursing profession.

In this principle, nurses promote dignity and respect for the nursing profession by portraying professionalism and showing leadership. To achieve this, nurses are expected to:

- 6.1 Understand and practice in compliance with relevant laws, employer policies, standards of practice, and practice directives.
- 6.2 Be accountable for their own decisions, actions, omissions and related outcomes.
- 6.3 Take accountability for their errors and learn from them.
- 6.4 Report any error, near miss, unsafe behaviour, unethical conduct or system issue to relevant individuals including employers and/or PEICNM and other regulatory colleges, whether or not harm has occurred.
- 6.5 Participate and advocate for improving the quality of their practice setting to support safe client care.
- 6.6 Not steal, misuse, abuse or destroy the property of their clients, **health care team** or employers.
- 6.7 Not practice when impaired by any substance.
- 6.8 Self-reflect on their personal health and seek help if their health affects their ability to practice safely.
- 6.9 Remove themselves from the provision of care, in an appropriate manner, if they do not have the necessary physical, mental, or emotional capacity to practice safely and competently.
- 6.10 Self-reflect, identify learning needs in their practice and engage in continuous learning to maintain their competence.
- 6.11 Participate in and keep records of their participation in the Continuing Competence Program (CCP).
- 6.12 Not publicly communicate health care statements that contradict the best available evidence.
- 6.13 Not engage in any acts of **professional misconduct** or **incompetence** and reports any concerns related to these acts and/or fitness to practice and complies with **duty to report**.
- 6.14 Cooperate with PEICNM, including cooperating in investigations and offering complete and accurate information.

Glossary

Anti-racism: The practice of actively identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practice and behaviours that perpetuate racism. It is more than just being “not racist” but involves taking action to create conditions of greater inclusion, equality and justice (Turpel-Lafond, 2020).

Appropriate business practices: reasonable actions that nurses in self-employment or independent practice carry out for client safety. This includes, but is not limited to, record keeping, setting reasonable fees, getting professional liability protection, using accurate advertising and developing proper staffing policies (College of Nurses of Ontario, 2023).

BIPOC: Black, Indigenous, and People of Color (Government of Canada, 2023).

Boundaries: The point when a relationship changes from professional and therapeutic to unprofessional and person. Therapeutic nurse-client relationships put clients’ needs first. Crossing a boundary means a nurse is misusing their power and trust in the relationship to meet personal needs or is behaving in an unprofessional manner with the client. Crossing a boundary can be intentional or unintentional (College of Nurses of Ontario, 2023). See PEICNM’s Practice Directive.

Client: An individual, family, group, community or population receiving nursing care, including, but not limited to “patients” or “residents” (College of Nurses of Ontario, 2023).

Conflict of interest: When a nurse’s personal interests improperly influence their professional judgment or conflict with their duty to act in clients’ best interest. This includes financial and non-financial benefit, whether direct or indirect (College of Nurses of Ontario, 2023).

Cultural humility: A lifelong process of self-reflection, self-critique and commitment to understanding and respecting different points of view, while engaging with others humbly, authentically and from a place of learning (Government of Canada, 2023).

Cultural safety: 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, 2021).

Determinants of Health: The broad range of personal, social, economic and environmental factors determining individual and population health. The main determinants of health include income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, health behaviours, access to health services, biology and genetic endowment, gender, cultural or race/racism (Government of Canada, 2022).

Discrimination: an action or a decision that treats a person or a group badly for reasons such as their race, age, or disability, or other category protected in Human Rights legislation, either through deliberate intention or unintentionally through its impact (Government of Canada, 2023).

Documentation: Health records, which may be in a variety of forms (for example, paper, electronic, audio), used to reflect the client’s needs or goals, the nurses’ inactions, actions and decisions,

communication with other health care providers and the outcomes and evaluation of those inactions, actions or decisions.

Duty to provide care: The ethical, legal and professional obligation to provide clients with safe, competent, compassionate and ethical nursing services. This duty applies to every aspect of the nurse-client relationship. It begins once the relationship is established and when client assignment is accepted. The duty persists until the accountability for care has been transferred to another appropriate care provider.

Duty to report: RNs and NPs have a duty to report professional misconduct or incompetence of another nurse or health professional to the appropriate regulatory governing body or authority. RNs and NPs also have a duty to report if they have knowledge or reasonable grounds to believe that a health professional has committed sexual abuse (Regulated Health Professions Act, 2023).

Harm reduction: Any evidence-informed intervention that reduces the risk of harms associated with a behaviour without requiring abstinence from that behaviour (Government of Prince Edward Island, 2024).

Health care team: Members of the intraprofessional and/or interprofessional team and/or community supporting client care. This also includes students, new learners, Indigenous and traditional healers (College of Ontario, 2023).

Health inequities: Differences in health status or in the distribution of health resources, among different population groups, arising from the social conditions in which people are born, grow, live, work and age (World Health Organization, 2018).

Incompetence: An act or omission that demonstrates a lack of knowledge, skill or judgment or disregards the safety or welfare of a client. It is also considered to be incompetence if the nurse is unable to meet their professional standards for any reason, including being impaired by illness, addition or other incapacity (Regulated Health Professions Act, 2023).

Informed consent: A consent is informed if, before giving it, the person receives information that is required to understand a proposed treatment and to make a decision. This includes information about the condition for which the treatment is proposed; the nature of the proposed treatment; reasonable alternative treatments; and the material risks, expected benefits, likely effects and side effects of the proposed treatment and of alternative treatments, including no treatment. The person must also have an opportunity to ask questions and receive answers about the proposed treatment (Consent to Treatment and Health Care Directives Act, 2024).

Medication practices: Client-centered practices of the most safe and effective medication therapy. Practices may include but are not limited to the following activities: administration, prescribing, dispensing, medication storage, inventory management and disposal of medications (College of Nurses of Ontario, 2023).

Nursing care: Nursing care given to a client, which includes, but is not limited to, assessment, planning, delivery, monitoring, evaluation and care coordination (College of Nurses of Ontario, 2023).

Personal gain: Advantage or benefit, financial or otherwise, a nurse receives. A personal gain can be monetary (cash, gifts, or rewards) or give the nurse other personal advantages. A personal gain includes the nurse's family's interests, charitable causes or organizations the nurse supports. It does include a nurse's salary or benefits (College of Nurses of Ontario, 2023).

Personal health information: Any identifying information about clients' physical or mental health or their family's health history, including genetic information (Health Information Act, 2024).

Professional misconduct: Conduct that contravenes the RHPA, the regulations, the bylaws, standards of practice, code of ethics, or practice directives in a manner that relates to the person's suitability to practice as a nurse. The nurse's conduct is harmful to the best interests of the client or other person, or to the integrity of the nursing profession. It may also be considered to be professional misconduct if the individual has been found guilty of an offence that relates to their suitability to practice nursing, they refuse to cooperate in a college investigation or hearing, or if they contravene an order made under RHPA (Regulated Health Professions Act, 2023).

Proxy: Person(s) appointed by the maker of a directive to make decisions on their behalf (Consent to Treatment and Health Care Directives Act, 2024).

Scope of practice: The expectations and limitations of nurses' duties and responsibilities. Nurses are legislated, education and authorized to perform roles, responsibilities and functions, as reflected in the reserved activities authorized to nurses in the *Regulated Health Professions Act* and in the *Registered Nurses and Registered Psychiatric Nurses Regulations*.

Social media: Community-based online communication tools (websites and applications) used for interaction, content sharing and collaboration. Types of social media includes blogs (personal, professional, or anonymous), discussion forums, message boards, social networking sites and content-sharing websites (College of Nurses of Ontario, 2023).

Substitute decision-maker: Person who makes a treatment decision for someone who cannot make their own decision (Consent to Treatment and Health Care Directives Act, 2024).

Therapeutic nurse-client relationship: A professional relationship between a nurse and a client which focuses on meeting the client's health needs (College of Nurses of Ontario, 2023). See PEICNM's Practice Directive.

Trauma and violence informed approach: A focus on understanding and addressing the impacts of trauma and violence on individuals. These approaches emphasize creating safe, supportive, and empowering environments for people who have experienced violence or trauma (Public Health Agency of Canada, 2018).

Truthful: Speaking or acting without intending to deceive. Truthfulness also refers to giving accurate information. Intentional omissions are as untruthful as false information (College of Nurses of Ontario, 2023).

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