Canadian Nursing Students' Association
Association des étudiant(e)s infirmier(ère)s du Canada

2019 Position & Resolution Statements

Canadian Nursing Students' Association

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1145 Hunt Club Rd, Suite 450
Ottawa, ON K1V 0Y3
613-235-3150 ext 32
http://www.cnsa.ca http://www.aeic.ca

Position Statements

Position Statement
Affordable and Accessible PrEP For All

Approved by: CNSA Board of Directors
Submitted: December 7, 2018
Submitted to: CNSA Board of Directors
Submitted by: Courtney Blake - North Island College
Allison Mosley - University of Lethbridge

Introduction/Background Information

HIV is a syndrome caused by a virus called the Human Immunodeficiency Virus. It attacks the body's immune system by hijacking white blood cells, leaving people vulnerable to secondary infections. Without treatment, an HIV infection will lead to a more severe syndrome called AIDS. There is currently no cure or vaccine for HIV, but with the right treatment and behavioural intervention, someone with HIV can expect to live a long life (Canadian AIDS Treatment Information Exchange [CATIE], 2018).

In February 2016, Health Canada approved the use of pre-exposure prophylaxis (PrEP) to help prevent the contraction of HIV (CATIE, n.d). Using PrEP has been shown to be up to 92% effective at preventing new HIV infections in adults who are at high risk when used in conjunction with behavioural interventions (CATIE, 2018). Despite the efficiency of PrEP, rates of HIV infection in Canada have recently been on the rise. These rates were on the decline from the 1980s until 2014. Since 2014, there has been a 5% increase of HIV infections in Canada, representing just under 3000 new cases (Government of Canada, 2016). In Saskatchewan, rates of HIV diagnoses are 2.4 times higher than the rest of Canada (HIV Prevention and Control Report, 2017).

HIV disproportionately affects equity-seeking populations. Indigenous populations are 2.7 times more likely to be affected than non-Indigenous populations. People who use injection drugs are 59 times more likely to be affected than people who do not inject drugs (Government of Canada, 2016). LGBTQ2S+ men and trans women are 131 times more likely to be affected than heterosexual men (Government of Canada, 2016).

Stigma surrounding HIV and the people who are at an increased risk of getting HIV affects the availability of PrEP. Some care providers refuse to explore PrEP as an option due to concerns about the individual's ability to adhere to the behavioural interventions used in tandem with PrEP (Staples, Sanyal, Khatura, Mishra & Kumar, 2015). These care providers assume that the idea of PrEP will encourage high-risk individuals to develop a false sense of security leading to increased risk-taking behaviours,

promiscuity, decreased screening, and decreased use of protective measures. However, there is no evidence to support these assumptions (Staples et al., 2015). Societal perceptions impact the quality of care these individuals receive. There is currently a lack of knowledge surrounding PrEP and addressing social prejudices may be vital in expanding its use (Knight, Small, Carson, & Shoveller, 2016). Low adoption rates, use of PrEP, and the high costs for clients reflect that market access of PrEP is significantly driven by strong prevailing societal views despite regulatory approvals and national recommendations supported by clinical evidence (Staples et al., 2015).

The Position

The CNSA believes that it is imperative that all individuals have the right and ability to access PrEP. As an organization, CNSA supports equitable health care for equity-seeking populations and takes into account social inequalities. CNSA supports the notion that PrEP should be affordable and supports incorporating it into routine HIV prevention and treatment strategies, free of cost to the individual.

The CNSA aspires to influence and to advance innovation and social justice in the nursing curriculum and the nursing profession. The CNSA also has a core mandate to be the primary resource for nursing students. Therefore, the CNSA supports the education of nursing students regarding PrEP use, access, and the health inequities that can prevent appropriate PrEP usage- such as perceived risk, lack of support, lack of healthcare access, and the social determinants of health. Advocacy for this education may improve health promotion and health outcomes for populations that are disproportionately affected by health inequities.

The CNSA stands in support of The Canadian Association of Nurses in HIV/AIDS Care (CANAC) in its commitment to fostering excellent HIV/AIDS care in nursing and for the prevention of the spread of HIV (CANAC, 2018). The CNSA works in tandem with organizations on the point of care to support equity seeking populations in receiving PrEP. As future health care providers, we as nurses must recognize the complex and dynamic knowledge around HIV prevention and care.

Relation To Canadian Nursing School Curriculums

According to Canadian Association of Schools of Nursing (CASN) it is essential for nursing programs to prepare their students so that they understand primary health care in regard to health disparities, equity-seeking populations, and the social determinants of health (CASN, 2015). Many equity-seeking populations such as people who use injection drugs, Indigenous people and LGBTQ2S+ individuals are at a higher risk of contracting HIV. Nurses have a responsibility to support all patients throughout their healthcare journey and to advocate for the reduction of barriers to accessing healthcare.

There are currently several barriers individuals must overcome to access PrEP.
CASN (2015) states that nurses must possess the ability to counsel and to educate clients to promote health,

prevent disease, and manage symptoms. When nurses are uneducated about the benefits of PrEP as a successful tool for preventing and treating HIV, they cannot adequately support their clients to receive the most beneficial care.

CNSA must advocate for the inclusion of HIV education surrounding prevention and disease management at all levels; primordial, primary, secondary and tertiary, quaternary. The integration of this education will allow nursing students to be leaders in health promotion. The inclusion of this curriculum would also allow for knowledge expansion and better awareness about the evidence-informed practice of disease prevention.

Conclusion

The CNSA believes that (PrEP) should be available and affordable for equity-seeking populations across Canada. The CNSA as an organization will continue to advocate for equitable health care for these individuals, provide resources to nursing students on the topic of HIV/AIDS, and engage in research about HIV prevention and treatment.

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Position Statement

Incorporation of Mental Health Into All Primary Care

Approved by: CNSA Board of Directors
Submitted: December 7, 2018
Submitted to: CNSA Board of Directors
Submitted by: Allison Mosley of University of Lethbridge

Introduction/Background Information

It is estimated about 1 in 3 Canadians will experience a mental illness in their lifetime (Government of Canada, 2018). As well, the Center for Addiction and Mental Health (CAMH), reports that in any year up to 1 in 5 Canadians will experience mental illness or addiction, and by age 40 that will increase to 1 in 2 (CAMH, 2018). Currently, over half of Canadians consider anxiety and depression to be an epidemic in Canada (CMHA, 2018a). The first point of contact with the healthcare system for many Canadians is the primary care practice, this includes those with mental health problems and addictions (Kates, 2017). Despite this, many primary care providers report a lack of knowledge, and a lack of training as barriers to confidence in delivering mental health care (Kates, 2017).

Despite the high prevalence, a significantly large portion of those with mental illness still go untreated, and a large majority will receive no treatment over the course of a year (Kates, 2017). 1.6 million Canadians report unmet mental health care treatment needs every year (CMHA, 2018a). There is still stigma among the general population, but also among healthcare providers regarding individuals with mental illness and addiction. Canada is in the midst of an opioid crisis, and those who face addition, also face multiple barriers and discrimination when trying to access health care.

Although Canada had taken steps to improve its mental health framework, there are still gaps in health care delivery and in collaboration. An integrated approach would allow health care providers to better meet the needs of Canadians- including raising awareness of prevention strategies, earlier diagnosis, early intervention and better access to treatment/recovery options.

The Position

The position of the Canadian Nursing Students' Association (CNSA) has been in supporting and advocating for equitable mental health care for all Canadians. The CNSA understands that mental health and physical health are closely connected and deserves to be treated equally. As an organization, the CNSA believes that regular contact with primary care teams can help prevent and improve mental and physical conditions. The CNSA supports barrier free, accessible primary care for Canadians with mental health as a

core competent. The CNSA believes that primary health care providers should be knowledgeable and confident in providing high quality care to those with mental health problems and illnesses.

The CNSA supports the education of nursing students on these topics through its core principle of influencing and advancing nursing education. Topics and perspectives such as mental health promotion, trauma informed care, and stigma as a barrier are key for future nurses to understand. Advocacy for greater inclusion of mental health education could improve health promotion and general health knowledge. It would also aid in nurses entering practice being prepared to provide holistic care to individuals, resulting in better health outcomes.

The CNSA also stands in support of the Canadian Mental Health Association, who is a nationwide leader in mental health efforts and seeks to facilitate resources and support for those living with mental illness (CMHA, 2018b). The CNSA believes that as future nurses and as socially responsible health care providers, we cannot ethically allow the health care system to fail in addressing mental health needs.

Relation To Canadian Nursing School Curriculums

In 2014 the Canadian Association of Schools of Nursing (CASN) created a mental health and addictions core competency guide (CASN, 2014). However, there are still undergraduate students who feel mental health education is not being adequately covered in their programs. The integration of mental health curriculum into all areas of care allows students to meet the competency outlines, such as demonstrating knowledge about the mental health spectrum and providing ethical care to all clients.

As previously described, future nurses need to be prepared to provide holistic care. Inclusion of mental health topics, perspective and approaches will increase awareness of this equity-seeking population and will better prepare nurses providing primary care. It will give nurses knowledge on prevention, stigma and the recovery model, which allows them to be a collaborative member of the primary care team.

Conclusion and Restatement of CNSA Position

The CNSA believes in the importance of incorporating mental health care and services into care delivered by primary care providers. Furthermore, the CNSA supports education for students regarding mental health and illness perspectives to deliver holistic care.

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Position Statement

Achieving Health Equity in Canada's Rural and Remote Communities

Approved by: CNSA Board of Directors

Submitted: December 7th, 2018

Submitted to: Board of Directors

Submitted by: Chloe Norris - Conestoga College (in collaboration with McMaster University);
Latitia Pelley-George - Dalhousie University;
Leanna Gustafson - University of Regina & Saskatchewan Polytechnic- Saskatoon

Introduction and Background Information

All Canadians should respond to the Final Report of the Truth and Reconciliation Commission of Canada (TRC), which calls for addressing the inequities of health care that Indigenous people experience in Canada (Jane Philpott, 2017). In order to receive certain medical treatment, many residents in rural and remote communities must leave their homes to receive access to the care they deserve. In Nunavut for instance, a resident must leave their community to receive radiation, chemotherapy treatment, neonatal services, or alcohol and drug addictions treatment (Aningat, 2018). Nurses often have an awareness about how the complexity of Indigenous health issues is connected to consequences stemming from government decisions (social and political) but the roles and influences of nurses in addressing these issues are uncertain (Rahaman, Holmes, Chartrand, 2016).

Nurses are often the primary health care providers for the delivery of essential health services within rural and remote Indigenous communities. Barriers to continuing education, overwork, burnout, large professional responsibility and lack of support from management are just some of the challenges that contribute to poor retention of rural and remote nurses which leads to further inequities within Indigenous communities (Rahaman, Holmes, Chartrand, 2016). Inequities in Northern rural and remote communities root from a lack of consistent and effective health services (Aningat, 2018). The astounding numbers show that 83.6% of Canadians in a National average have regular contact with a physician compared to 23.8%,

44.2%, and 75.1% of Nunavut, Northwest Territories, and Yukon residents respectively (Aningat, 2018). Change in nursing curriculum is evidently needed and more awareness on these inequities is imperative for these communities.

Canadian Nursing Students' Association's Current Position on the Issue

The association passed a position statement in 2015, "Cultural Safety in the Context of Aboriginal Health in Nursing Education" (CNSA, 2015). This demonstrates that the CNSA advocates for inclusion of cultural safety, specifically Indigenous health cultural safety, in nursing education. A better way to advocate for Indigenous health cultural safety is by having more students exposed to the health inequities that Indigenous communities face. By increasing the number of students being exposed to cultural safety and the important discussions through their curriculum and in their classrooms, more awareness is brought forward about the issue and health equity is more achievable. This ties into CNSA's strategic plan Objective B, Outcome #1: "Be involved in curriculum decisions, planning and review", and Objective B, Outcome #4: "Members of CNSA incorporate research and evidence-based decision making into their current and future practice to positively influence patient outcome" (CNSA, 2016).

Relation to Canadian Nursing School Curriculums

Nurses are an extension of the state health care system, and they must provide responsive and relevant health services within isolated Canadian Indigenous communities. However, there remains to be a lack of consensus about nurses' roles in these Northern health centres, where high expectations, lack of clear directions, and poor documentation burden staff, all affecting the effectiveness of care. There is not enough being done in nursing schools to advance the unique specialty of rural and remote nursing and primarily Indigenous communities are suffering. The CNSA supports educational institutions in their development of more rural and remote placement opportunities in nursing school for students to gain knowledge and experience about primary health care and Northern rural and remote outpost nursing.

One of CNSA's objectives is to influence and make advancements in innovation and social justice within the nursing curriculum and the nursing profession (CNSA, 2016). By allowing nursing students to take part in clinical placements in rural and remote Northern communities, it will create an influence and advancement in social justice. In a study, it was shown that 67% of students were gainfully employed in an area where they did a clinical placement (Wareing, et. al, 2017, p. 229). By increasing clinical placements in Northern communities, the retention of student nurses after they graduate is increased and the number of nursing vacancies is decreased. An advantage of having clinical placements in Northern communities is that new graduates will have already been introduced to the culture and the way of life of the Indigenous people in Northern Canada. The new graduates will be known to the residents of the community and would not be an outsider coming into their community for the first time.

Conclusion and Restatement of the CNSA Position

Nursing schools need to do more to prepare novice nurses for the realities of primary health care in rural and remote communities. There is not enough being done in nursing schools to advance the unique specialty of rural and remote nursing and primarily Indigenous communities are suffering. Addressing the inequities in health care for Indigenous populations living in rural and remote communities in Canada must become a priority. Nursing programs should have the option to participate in a high-quality rural clinical and educational experience to all nursing students that support experiential learning. This ensures students attain competencies to provide culturally safe care within rural and remote communities in Canada.

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Resolution Statements

Resolution Statement

Canadian Nursing Students' Association French Name Change

Approved by: CNSA Board of Directors
Submitted: December 7th, 2018
Submitted to: CNSA Board of Directors
Submitted By: Ashley Pelletier-Simard, Director of Bilingualism and Translation, Dalhousie University; Latitia Pelley-George, Atlantic Regional Director, Dalhousie University

Background

The Canadian Nursing Students' Association (CNSA) and its title have evolved since its creation. Students originally organized under a national association in 1971 entitled Canadian University Nursing Student's Association (CUNSA) (Therrien, 1992). Since 1971, the organization has helped strengthen communications between nursing students across Canada as well as providing a voice for students within other nursing organizations.

In 1988, CUNSA voted to change their official title to the Canadian Nursing Students' Association as a better reflection of the expansion of their membership to diploma nursing students (Therrien, 1992). The French translation of CNSA official title became L'Association des étudiant(e)s infirmier(ère)s du Canada (AEIC).

Canadian Nurses Association (CNA) was originally named the Canadian National Association of Trained Nurses, in French, L'Association Canadienne Nationale des Infirmières Diplômées, but changed its name to the Canadian Nurses Association (CNA) in 1924. Even at a time where male nurses comprised less than 2% of all nurses, CNA still valued the contributions they brought to the profession and incorporated them in their French title L'Association des Infirmières et Infirmiers du Canada (AIIC) all while acknowledging female nurses before male nurses as a node to the majority of nurses being women (CNA, n.d., D'Antonio & Whelan, 2009).

The Canadian Federation of Nurses Unions (CFNU) also pay equal homage to female and male nurses since its foundation in 1981 with their French monomer La Fédérations Canadienne des Syndicats d'Infirmières et Infirmiers (CFNU, n.d.).

Multiple nursing organizations emphasize both female and male nurses in their titles. L'Association des Infirmières et Infirmiers de l'Ontario, l'Ordre des Infirmières et Infirmiers du Québec (OIIQ) and Syndicat des Infirmières et Infirmiers du Nouveau Brunswick (SIINB) to name a few. (Ontario Nurse Association, n.d.; OIIQ, n.d.; SIINB, n.d.). With nearly 10% of all nurses in Canada being male nurses, they should be acknowledged in a respectful and equal manner in CNSA's francophone title just as they are in so many other nursing organizations. (Statistics Canada, 2003).

CNSA represents nearly 30,000 students in over 50 nursing schools in Canada (CNSA, n.d.). Some of the chapter schools bestow on their students' Bachelors of Science in Nursing, while other schools grant

Bachelors of nursing or diplomas in nursing. As an inclusive organisation, CNSA's francophone title should not in avertedly give preference to those students who are enrolled in institutions that offer science programs.

CNSA also made history in 2018 by creating an ad-hoc position on the board of directors to create a better representation of practical nurses and increase their involvement in the organization (CNSA, 2018).

Creating space for practical students and acknowledging their achievements and contributions equally will enhance the association as a whole. They should be represented equally within CNSA's francophone title to strengthen this relationship.

Links to Canadian Nursing Students' Association Mandate and Current Position on the Issue

While CNSA does not currently have a position statement on the addressed issue, the association should consider its current mandate and core values to facilitate a positive stance in changing its official French name to represent its members better. CNSA seeks to strengthen linkages and create new partnerships with student nurses. Creating a more comprehensive francophone name would generate a sense of acknowledgement and respect for the variety of students that are members of CNSA. Advancing innovation and social justice in the nursing curriculum and profession must start at the core of the organization by respecting its members and their identities - the formation of a francophone name that represents male and female nursing students in Canada but is also inclusive to the variety of degrees and diplomas achieved by its student members. This is of the utmost importance in creating a strong foundation. It is imperative that the name does not reflect nursing science but more so nursing in general.

The Resolution

WHEREAS, the association's francophone name should be equally inclusive to male and female nursing students,

WHEREAS, the association's francophone name should reflect nursing education in general and not specifically to nursing science,

WHEREAS, students achieve various certifications,

BE IT RESOLVED that the Canadian Students' Nursing Association be changed to L'Association des Étudiantes et Étudiants en soins Infirmiers du Canada (AEESI).

Relation to Canadian Nursing School Curriculums

Certain chapter schools such as Dalhousie University and St. Francis Xavier University offer a Bachelor of Science in Nursing to their graduating students. Other chapter schools such as McGill University and University of New Brunswick grant Bachelor of Nursing to their graduates. Students graduating from practical programs receive diplomas in nursing. It is therefore essential to respect the variety of certifications offered to the student members of the association by not confining the name to nursing sciences.

Conclusion

In conclusion, by changing CNSA's title to L'Association des Étudiantes et Étudiants en Soins Infirmiers du Canada the organization will foster an equally supportive environment for male and female nurses as well as demonstrate respect and appreciation for the wide variety of diplomas and degrees its student members achieve.

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Resolution Statement

Quebec to Join Atlantic Regional Conference

Submitted: December 7th, 2018
Submitted to: CNSA Board of Directors
Submitted By: Latitia Pelley-George, Atlantic Regional Director, Dalhousie University;
Ashley Pelletier-Simard, Director of Bilingualism and Translation, Dalhousie University;
Erin McConnell, Research and Education Committee Chair, Dalhousie University;
Anisha Mehreja, Quebec Regional Director, McGill University

Background

For several years, Quebec and Ontario have hosted their Regional Conference and Regional Executive Meetings together. In 2017-2018, the position of Quebec Regional Director on the Canadian Nursing Students' Association Board of Directors was unfilled. This left Quebec to be overseen by the Ontario Regional Director (Canadian Nursing Students' Association, 2018). Despite the close proximity of Quebec and Ontario, their culture and issues are vastly different.

In 1969, The Official Languages Act was passed, making Canada a bilingual country and New Brunswick the first and only bilingual province (Office of the Commissioner of Official Languages, n.d.a). In 1974, The passing of the Official Languages Act also made Quebec's official language French (Office of the Commissioner of Official Languages, n.d.b). Currently, approximately 17.5% of the total Canadian population is proudly bilingual (Lepage & Corbeil, 2013). In 2011, the provinces who reported the highest number of bilingual individuals were Quebec, with 42.6%, and New Brunswick, with 33.2% (Lepage & Corbeil, 2013). In contrast, Ontario reports only 11% of the province's population as bilingual (Lepage & Corbeil, 2013). Based on these statistics, Quebec would benefit from sharing their conference with the Atlantic Region, as it would allow francophone and bilingual students to explore their culture and language in a safe environment and collaborate with individuals of similar interests.

The Atlantic region consists of Nova Scotia, Prince Edward Island, New Brunswick, Newfoundland and Labrador and Nunavut. Approximately 16.3% of the Atlantic region is bilingual (Lepage & Corbeil, 2013), a higher percentage of bilingual individuals than Ontario, and the region includes the province with the largest bilingual population second to Quebec. Quebec and New Brunswick, and by extension all Atlantic provinces, share a common culture more so than Quebec and Ontario. New Brunswick and Quebec share unique lifestyles and experiences. New Brunswick has always been considered a part of Atlantic Canada and should remain with the Atlantic region as New Brunswick's Acadian population has strong roots with the

other Atlantic provinces. New Brunswick also has several Anglophone schools who may be at a disadvantage if New Brunswick was to be separated from the rest of Atlantic region, with which they share a similar culture and lifestyle. With this change, CNSA would be fulfilling its objectives to be the primary resource for nursing students through further supporting francophone students; by encouraging collaboration on advancement in nursing curriculum with regards to francophone content and the current National Council Licensure Examination for Registered Nurses (NCLEX-RN) landscape, and strengthening the linkage between the Quebec and Atlantic region as well as their respective stakeholders. Therefore, Quebec should join Atlantic Regional Conference (ARC) to become Atlantic/Quebec Regional Conference (AQRC).

Links to Canadian Nursing Students' Association Mandate and Current Position on the Issue

While the CNSA does not currently have a position statement on the addressed issue, the association should consider its current mandate and core values to facilitate the joining of the two regions for future conferences. The CNSA seeks to strengthen linkages and create new partnerships with student nurses throughout Canada. Joining Quebec and the Atlantic region, specifically New Brunswick, is in alignment with the CNSA's governing objectives, goals, and core values. Allowing francophone students to share their cultural values, personal experiences, and future career opportunities in a bilingual setting plays an essential role in diversifying and enhancing new affiliations. In order to influence and advance innovation and social justice in nursing curriculum and the nursing profession, French advocacy and representation at a regional conference is essential. As stated earlier, New Brunswick has 33.2% bilingual representation (Lepage & Corbeil, 2013). Proficiency in French allows social justice for the considerable French speaking population within the Atlantic region as it facilitates an accurate understanding and valuable communication with students about their concerns. Furthermore, bilingual representation on behalf of CNSA within the Atlantic region promotes inclusivity and advocacy in nursing by supporting diverse populations within Canadian nursing schools.

The Resolution

WHEREAS, New Brunswick and Quebec have the largest population of bilingual people in Canada; and

WHEREAS, New Brunswick is known to be part of the Atlantic Provinces; and

WHEREAS, CNSA values supporting francophone students, advancement in francophone curriculum, and strengthening and creating new linkages throughout Canada; therefore,

BE IT RESOLVED that Quebec remain an independent region but join the Atlantic region for conferences and regional executive meetings.

BE IT FURTHER RESOLVED that Quebec shall join the Atlantic Regional Conference to become the Atlantic/Quebec Regional Conference (AQRC).

BE IT FURTHER RESOLVED that the roles of Quebec Regional Director and an Atlantic Regional Director remain separate but share the role of maintaining bilingualism amongst the regions and recruiting more Francophone and bilingual chapter schools in collaboration with the Director of Bilingualism and Translation.

Relation to Canadian Nursing School Curriculums

Francophone students in Quebec have limited employment opportunities within Ontario. New Brunswick can offer prospective unilingual francophone nurses careers that are enriching as well as respectful of the French language. They can also offer language classes to build on their English while still cherishing francophone heritage. This understanding can lead to positive employment outcomes for francophone nurses who are looking to explore Canada. New Brunswick nursing students will also benefit from sharing their conference with Quebec. They will be exposed to Quebec culture which can help broaden their appreciation of Acadians in the Maritimes. Francophone students can also support one another through the unique challenges faced by this population, such as studying and writing the NCLEX-RN in French. Joining Quebec's Regional Conference with the Atlantic Regional Conference will allow these provinces to celebrate Acadian and Quebecois culture and allow for both populations to grow stronger together.

Conclusion

In conclusion, by Quebec joining the Atlantic region for Regional Conferences and Regional Executive Meetings it will enhance the inclusivity of francophone culture. Currently, Quebec only has one chapter school, primarily due to students feeling misplaced among the abundance of Anglophone schools. By Quebec joining the region with the most bilingual population, it will increase inclusivity, foster francophone advocacy, and create an opportunity for francophone students to thrive and become the best nursing leaders. Quebec will remain its own region but will combine with the Atlantic region for conferences to facilitate a safe environment for francophone students from both Quebec and New Brunswick. It will allow for better collaboration and strengthen linkages between the regions.

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1145 Hunt Club Rd, Suite 450
Ottawa, ON K1V 0Y3
613-235-3150 ext 32
http://www.cnsa.ca http://www.aeic.ca

Establishing a Committee Chair Position for Practical Nurse Advocacy

Approved by: CNSA Board of Directors
Submitted: December 7th, 2018
Submitted to: Board of Directors
Submitted by: Michaila Stiles, Vancouver Island University
Jessica Sadlemyer, Vancouver Island University

Introduction/background information

According to the Canadian Institute for Health Information (CIHI) there are over 100 000 licenced practical nurses in the nursing workforce (CIHI; 217). In Ontario, this designation is referred to as registered practical nurses and in Quebec as infirmier(ère) auxiliaire; hereafter these designations will be referred to jointly as practical nurses (PN). Collectively, they represent approximately 27% of regulated nurses in Canada (CIHI; 2017). Practical nurses are becoming an increasingly important part of the interdisciplinary healthcare team. The cumulative growth in the supply of PNs from 2007 to 2016 has increased by 49%, compared to 8.9% for registered nurses (RN) and nurse practitioners (CIHI, 2017). In 2016, there were 10,000 new RN graduates and nearly 8,000 new PN graduates holding a licence to practice.

Mutual trust and respect influence intraprofessional RN-PN collaboration, which in turn affects work satisfaction and patient care (Huynh, Alderson, Nadon, & Kershaw-Rousseau, 2011; Kalisch, Lee, & Salas, 2010). A major factor in limited and uncollaborative interactions is due to time constraints, a systemic factor that students do not encounter as much (Huynh, Alderson, Nadon, & Kershaw-Rousseau, 2011). Intraprofessional mutual trust and respect begins in the educational period, and the CNSA can advance the relationships between RN and PN students by providing increased involvement and networking opportunities within the family of student nurses.

In June of 2018, the Canadian Nurses Association (CNA) voted to pass a landmark resolution that CNA "work with *nurses of all government legislated designation* to foster and promote a sense of professionalism and pride as a nurse" (emphasis added, p. 13, 2018b). The expected outcome of this resolution is to demonstrate solidarity and inclusion with other nursing designations, including PNs. Since its founding over 100 years ago, CNA has been the national voice of RNs and nurse practitioners, and, with this resolution, CNA can review its governance to expand its member base (2018a).

While PN students are welcome to join CNSA, without a national association, there is not a unified national voice to advocate on behalf of this large branch of the nursing family. In this transition period before CNA updates its governance to reflect the 2018 resolution change, CNSA can cultivate lasting relationships with and advocacy for PN students.

Information on CNSA's position

The Canadian Nursing Students' Association (CNSA) represents 57 schools of nursing nationwide, with 24 of them offering practical nursing studies. However, as of the 2018 membership year, only 6 chapter members included PN students under their membership.

In August of 2018, at the CNSA board of directors meeting, the board determined a need to address the lack of representation and input from PN students in the decision making and planning of the organization. The board voted to approve the creation of an ad-hoc Practical Nursing Advocacy Committee, that was subsequently filled. This committee's goals and objectives include engaging and representing the voice of PN students. This ad-hoc committee is directly related to CNSA's governing objective A: to be the primary resource for nursing students (Canadian Nursing Students Association [CNSA], 2016).

Rationale

WHEREAS CNSA's objective is to be the primary resource for nursing students, and;

WHEREAS CNSA's outcome is to provide accessible and relevant information and services our members, and;

WHEREAS CNSA's outcome include engaging nursing students, and;

WHEREAS There is a determined need to increase PN student representation in CNSA, therefore;

Resolution

Be It Resolved That CNSA adopts a Practical Nursing Advocacy Committee Chair to advocate for and promote CNSA involvement with practical nursing students across Canada.

Conclusion

As the national voice of nursing students, CNSA has an active dedication to the positive promotion of nurses and the nursing profession. CNSA board members have determined a need for increased PN student representation in the decision making and planning of the organization. CNSA has committed to be the primary resource for nursing students and thus establishing a position for PN student advocacy better equips CNSA to be the primary resource for PN students. With this, the organization will foster intraprofessional collaboration between RN and PN students in preparation for collaboration as regulated nurses.

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Resolution Statement
Inclusive Intake/Patient-History Forms

Approved by: CNSA Board of Directors
Submitted: December 7, 2018
Submitted to: CNSA Board of Directors
Submitted by: Allison Mosley of University of Lethbridge

Introduction/Background Information

The exact number of transgender and non-binary Canadians is unknown. Health research rarely includes the options for participants to self-identify their gender; which often excludes anyone who does not identify within the binary system of "male", and "female".

LGBTQ2S+[1] people experience stigma and discrimination throughout their lives, including within the healthcare system. This leads to a fear of being mistreated within our medical system. Research suggests that health care providers routinely use the wrong gender pronoun to address transgender and non-binary patients, and often forget to ask individuals for their proper pronouns. Additionally, health care providers have disclosed their patient's gender identity to others without their consent, when it is not necessary for care (Clegg & Pearson, 1996). Experiences such as these create an environment that is unsafe and unwelcoming for queer individuals, as such they may face discrimination in the health care setting. Transgender and other gender identities are unrepresented, and as a result they become systematically disadvantaged and become one of the most marginalized groups. Looking at the social determinants of health, these individuals are at higher risks of experiences adverse health effects, yet are less likely to seek out medical care. Additional challenges queer individuals face include difficulty accessing trans-inclusive/gender inclusive primary and emergency healthcare, transition care, difficulty obtaining referrals and often being denied medical care (Bauer, Hammond, Travers, Kaay, Hohenadel & Boyce 2009; Cobos & Jones, 2009). Additionally, it can be difficult for those that identify outside of the gender binary to receive appropriate care for their sex assigned at birth if there is no way for them to indicate their assigned sex and gender identity are different. Most forms and billing systems are set up in a way that correlates listed "sex" with body parts and only allows sex-specific procedures such as hysterectomies and prostate-treatments to be billed to those of that designated sex (Bauer et al., 2009). This means a an client identifying as male may not be eligible for care such as breast and pelvic exams.

The House of Commons approved Bill C-279 (2015), making it illegal to discriminate against Canadians on the basis of gender identity or gender expression. Despite this, those individuals who identify

[1] LGBTQ2S+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender, Queer, and Two-Spirit. The + allows room for fluidity and growth while recognizing expression is constantly evolving and encompassing of all other expressions.

outside the binary and express themselves outside societal norms, still face discrimination in theri health care across the country.

CNSA's Position on the Topic

In 2013 the CNSA passed a position statement on incorporating LGBTQ2S+ education into Canadian nursing curriculum and a resolution statement as follows; Rise Up and Eliminate Barriers: Striving to Enhance Cultural Competence in Caring for the The LGBTIIPQQ2SAA+[2] Community (CNSA, 2013). Furthermore, in 2016 the CNSA passed another resolution statement to build on the 2013 position statement and give a clear sense of direction. Through this resolution statement, we seek to provide further actions that will help meet the advocacy goals of the CNSA and inclusion of equity seeking population, specifically the LGBTQ2S+ community.

The CNSA believes that a gender inclusive form would allow for the advancement of social justice in the nursing profession. An inclusive form creates a healthcare environment that is welcoming and safe for queer individuals. By doing this, this CNSA believes there will be a decrease in discrimination and social exclusion in healthcare and provides inclusive. As an organization the CNSA supports the ideal that nurses show clients they are respected for who they are and do not have to fear discrimination, and provide culturally competent care to all patients. Nursing students are responsible to provide care to all individuals as the future health care workers. Therefore, it is imperative the specific needs of unique population are met for ethical care. The inclusivity of gender diverse populations is fundamental for the care of minority populations.

The CNSA believes in actively involving stakeholders as outlined in its Strategic plan. The uptake of an inclusive form requires the support of external organizations such as nursing organizations (CNA, CFNU), provincial bodies and the Ministry of Health. Engagement with these stakeholders allows for the CNSA to help prepare nursing students to provide safe, ethical and compassionate care the LGBTQ2S+community.

Rationale

WHEREAS, the CNSA supports the ongoing health needs of equity- seeking populations needs, including the special needs of the LGBTQ2S+, and;

[2] The LGBTIIPQQ2SAA+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Intergender, Pansexual, Queer, Questioning, Two Spirit, Asexual and Aromantic) community is composed of a diverse group of individuals. The + allows room for fluidity and growth while also recognizing that expression is a constantly evolving process meaning not all expressions may be accurately represented by this acronym.

WHEREAS, the LGBTQ2S+ community experiences higher rates of discrimination and lack of comprehensive care in the healthcare system, and;

WHEREAS, a resolution statement Incorporating LGBTIIPQQ2SAA+ Education into Nursing Curriculum in Canada was passed in 2016, stating to prioritize incorporating the needs, experiences, and perspectives of LGBTQ2S+ people and communities into nursing school curricula, therefore;

Be it Resolved, That the CNSA, as the voice of the new generation of nurses, promote safer spaces for transgender, non-binary and other gender identities within their chapter schools through collective partnerships with professors, nurses, school faculty and nursing students in order to prioritize public health measures, and;

Be It Further Resolved, That the CNSA support the efforts of Canadian nursing students to advocate for gender inclusive intake/patient history forms and language across Canada that address the unique needs of these populations including gender outside the binary, sex at birth, and pronouns through activities such as researching inclusivity initiatives, collaborating with LGBTQ2S+ patients to include their voices in form change, and petitioning Canadian textbook companies to change the language in their textbooks to be inclusive, and;

Be it Further Resolved, That the CNSA diversity and community and public health committees prioritize advocating for the inclusion of a gender friendly intake form for those that identify outside of the binary system, including advocating for nursing education within community and public health curriculum.

Relation to Canadian Nursing School Curriculums

The Canadian Association of Schools of Nursing (CASN), outlines in their national framework that undergraduate nurse need to have knowledge of primary health care, ethical nursing practice, and social justice (CASN, 2015). Specifically there should be knowledge of health disparities, determinants of health, and holistic care. Gender identity is a key aspect of who an individual is and identifies as. This will affect how they receive care. As future health care providers, nursing students must be prepared to assess diverse client populations and be able to provide them with competing ethical safe and compassionate care (CASN, 2015).

If nurses are uneducated about what gender identity is and its impacts on health, they cannot support their clients appropriately, or provide them with the best care. Forms and education should use inclusive language, such as asking about "husband/wife" or "mother/father," and should reflect the reality of

LGBTQ2S+ families by asking about "relationships," "partners," and "parent(s)" (Gay and Lesbian Medical Association, 2015). By putting this into practice and educating nurses on its importance we build cultural competency and create safer spacer for these equity-seeking populations.

The CNSA must continue to advocate for the inclusion of LGBTQ2S+ education in nursing curriculum. The integration for this education gives nurse the capacity to be better leaders and advocates in the advancement of inclusive care. This care include but is not limited to, inclusive language, proper pronouns, the difference between sex and gender, and only collecting information relevant for care.

Conclusion

As the primary voice for nursing students, the CNSA believes that the LGBTQ2S+ population has the right to fair and equitable care. This population requires specialized education in nursing curriculum and unique care within our healthcare system. The uptake of an inclusive intake/history form would allow for a safer space for those identify outside the binary when accessing the health-care system. This would not only allow for more inclusive care but would allow transgender persons, non-binary and other gender identities to be better represented in the medical system.

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Resolution Statement

Establishing a Non-Voting Position for Indigenous Allyship

Approved by: 2019 National Assembly, Canadian Nursing Students' Association

Submitted: December 7th, 2018

Submitted to: Board of Directors

Submitted by: Chloe Norris, Conestoga College (in collaboration with McMaster University)
Victoria Marchand, University of Ottawa

Introduction and Background Information

In Canada, many Indigenous leaders and activists consider that the principal barrier to decolonization is ignorance (Schaefli, 2018, p. 110). For far too long, settler populations have not seen Indigenous people as an integral part of Canadian society and this has ultimately led us to take an uncritical approach to Canadian governance. Foundational institutional frameworks throughout Canada support English and French contributions to Confederation but often forget to mention the role that Indigenous people had in Confederation as the original inhabitants that were forcefully removed (Hewitt, 2016). Acknowledging that there are power imbalances between Indigenous and non-Indigenous professionals in the nursing academy and developing strategies that seek to transform these relations is a cornerstone of decolonizing nursing education (Green, 2016, p.131).

Colonialist policy in its simplest form works against Indigenous students at a systemic level. The Indigenous Ally can bring awareness to non-Indigenous students on this matter so that future generations are in a better position to advocate for policy that looks out for the best interests of Indigenous people, thus improving health outcomes for these populations.

The Truth and Reconciliation Commission of Canada (TRC) was officially launched in 2008 as part of the Indian Residential Schools Settlement Agreement (IRSSA) where a foundation for lasting reconciliation across Canada was established (Moran, 2017). Andrea Kennedy, an associate professor at Mount Royal University of Métis and European ancestry, has done research on exploring the barriers and facilitators to implementing the TRC's *Calls to Action*. Her work reveals how academic ownership of expertise presents a barrier to decolonization and respecting Indigenous Knowledges (Kennedy, McGowan & El Hussein, 2018). From the viewpoint of a nursing student, this means that achieving reconciliation poses a challenge when many Canadian nursing students lack even the most basic understanding of colonialism and Indigenous presence in communities (Ermine, 2007; Donald, 2012). Creating room for allyship is important because those that hold positions of power within the government still view Indigenous health advocacy through a colonialist lens. The TRC's ninth principle of reconciliation is grounded in the idea of joint leadership with emphasis on how reconciliation requires political will, trust building, accountability, and transparency, as well as a substantial investment of resources (TRC, 2015, p. 4).

In 2018, the Canadian Nursing Students' Association (CNSA) established an ad-hoc Indigenous Ally position when a non-Indigenous student, who was the Director of Indigenous Health Advocacy (DIHA) at the time, stepped down from the position. After collaborating in meaningful dialogue with an Algonquin nursing student from Kitigan Zibi Anishinabeg, she uncovered how occupying the DIHA position would take away from enduring practices of Indigenous self-determination, a reality she had not been self-aware of when she applied. At the time, policy allowed for a non-Indigenous nursing student with a passion for Indigenous health to apply for the position in the event that no Indigenous student stepped forward. Through working in an authentic partnership with the elected Indigenous DIHA over the course of the year, the ad-hoc ally learned through trial and error how being a genuine ally involves a lot of self-reflection, education, and listening. As a student with a genuine interest in Indigenous health, she made mistakes while being the ally, including indirectly asking Indigenous people to do emotional labour to confirm she was a good ally and

feeling threatened or bothered byIndigenous people leading their own projects. She began to uncover how being an ally means more than just wanting to advocate for Indigenous health. It means actively deconstructing the colonialist system we live within. Creating the ally position within CNSA was an excellent first step toward decolonization. The mentorship that the DIHA provided to the ad-hoc ally contributed to decolonization by integrating the knowledge of the marginalized to understand health and health challenges from a different perspective than the mainstream post-positivist paradigm.

Creating a new position for an Indigenous Ally would rethink higher education to facilitate self-determination of Indigenous peoples (Pidgeon, 2016), look for possible bridges (Battiste, 2013) and role model joint leadership. The Indigenous Ally position would allow nursing students with the aspiration to improve Indigenous health across the country to do so without overstepping the progress Indigenous leaders have made towards self-governance. The position would represent the voice of the ally, the non-Indigenous nursing student who wants to learn more about decolonizing policy. The Indigenous Ally position would inspire new learning conversations as the ally would educate other non-Indigenous people about oppression, privilege and one's own experience and journey as an ally (Smith, Puckett, Simon, 2016).

Information on CNSA's Mandate and Current Position

As a society that claims to value democracy, it is imperative that people use the power it gives them to demand that the government make changes. This can not only come from the Indigenous voice but also from the voice of the settler population (Smith, Puckett, Simon, 2016). Some of the primary barriers to equitable access to health care and services for Indigenous peoples in Canada are complicated policies and legislation. Nurses are in a privileged position to advocate and educate for Canadian governance changes, especially those involved in the CNSA who represent nursing students to government, professional nursing organizations at national and international levels, health care organizations, nursing students globally, and the Canadian public. Canadian not-for-profit organizations are often looking to other colonial board structures to

model their own. This is why the ally position should be on the board of directors and not a member position in the Indigenous Health Advocacy committee. We know that the journey to reconciliation requires participation from both sides. The ally will not enter into the role with all of the knowledge required to fulfill this position successfully, they will learn through trial and error working the DIHA on a professional board. Most importantly, this is not a token position.

If the CNSA were to adopt this resolution, it would be achieving all three objectives and outcomes on the 2016-2021 Strategic Plan (to be the primary resource for Canadian nursing students, to influence and advance innovation and social justice in the nursing curriculum and the nursing profession, and strengthen linkages and create new partnerships) as evidenced by the rationale in this document.

Rationale

WHEREAS, The CNSA is in a unique position to explore and inform policy opportunities and social innovation for advanced and sustained reconciliation in broader systems; and

WHEREAS, The Indigenous Ally would not be a voting member on the board of directors nor hold a co-chair position on the Indigenous Health Advocacy Committee, maintaining the journey for self-governance for Indigenous peoples in Canada; and

WHEREAS, The Indigenous Ally position can help offset some of the responsibilities of the DIHA so initiatives within the Indigenous Health Advocacy Committee do not fall through if the DIHA moves onto the executive committee; and

WHEREAS, The CNSA's objective is to be the primary resource for nursing students; and

WHEREAS, The CNSA's objective is to influence and advance innovation and social justice in the nursing curriculum and the nursing profession; and

WHEREAS, The CNSA's objective is to strengthen linkages and create new partnerships; therefore,

Resolution

BE IT RESOLVED, That the CNSA amend 6.13.6 from the CNSA Bylaws to now include "The election of the Indigenous Ally"

BE IT RESOLVED, That the CNSA amend the work of the Indigenous Health Advocacy Committee to now include "responsibility of the DIHA to mentor the Indigenous Ally"

BE IT FURTHER RESOLVED, That the CNSA amend the CNSA Rules and Regulations Part V: Power and Duties of the Board of Directors and Committee Chairs to add, "The Indigenous Ally shall: Be an advisor to the board; Report to the Director of Indigenous Health Advocacy; Be a non-Indigenous nursing student; Have a genuine and authentic interest in learning more about First Nations, Métis, and Inuit populations and advocating for the health inequities that exist for these populations in Canada; participate in a mentorship with the Director of Indigenous Health Advocacy to better understand the struggle for decolonization and what effective ally ship means to Indigenous peoples; Support the Director of Indigenous Health Advocacy and the Director of Membership Development with Indigenous Nursing Students' Day; Celebrate National Indigenous Peoples' Day in conjunction with the Director of Indigenous Health Advocacy; Maintain and build relationships with Indigenous nursing partners and student committees nationally and internationally; Liaise with all key national partners that are committed to or represent Indigenous Health and Advocacy; Prepare a report for each BOD and National Assembly meeting; Attend the National Assembly (if financially feasible); and Advocate for more Indigenous representation at CNSA events such as the Regional and National Conferences."

Relation to Canadian Nursing School Curriculums

This position would build student capacity for intercultural understanding, empathy and mutual respect. By establishing a non-voting position for the Indigenous Ally, the CNSA is answering the Canadian Association of Schools of Nursing (CASN)'s national consensus Framework on *Educating Nurses to Address*

Socio-Cultural, Historical, and Contextual Determinants of Health Among [Indigenous] Peoples. This Framework was established in 2013 in collaboration with the Aboriginal Nurses Association of Canada, now known as the Canadian Indigenous Nurses Association, and the Inuit Tapiriit Kanatami. These nursing stakeholders agreed that future nurses need to learn: self-knowledge including recognition of one's personal location in society, cultural knowledge including recognition that respectful relationships are more important than trying to fully understand a person's culture, and cultural societal knowledge including recognition of societal threats to health and health relevant behaviours including social inequality and inequity, power imbalances, racism and stereotyping (CASN, 2013). Right now there is a need for more education on how Canadians, especially nurses, can be better allies for Indigenous populations.

Conclusion

The role of the ally would be to help the DIHA maintain the work of the Indigenous Health Advocacy Committee if the position is voted onto the executive committee. The ally will bring awareness to colonialism in health care so that future generations are in a better position to advocate for the calls of the TRC. This aligns with previous statements passed on Indigenous health advocacy including establishing a voting director position for an Indigenous student in 2017. Therefore, be it resolved that the CNSA include the election of the Indigenous Ally as a non-voting member on the board of directors.

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1145 Hunt Club Rd, Suite 450
Ottawa, ON K1V 0Y3
613-235-3150 ext 32
http://www.cnsa.ca http://www.aeic.ca

Resolution Statement

Director of Indigenous Health Advocacy as an Executive Committee Voting Member

Approved by: CNSA Board of Directors

Submitted: December 7th, 2018

Submitted to: Board of Directors

Submitted by: Victoria Marchand, University of Ottawa

Jayden Herbert, University of Regina/Saskatchewan Polytechnic - Saskatoon

Introduction and Background

In the 1982 Constitution Act, Prime Minister Trudeau reformed Canada's relationship with the 'Aboriginal peoples of Canada' by acknowledging Indigenous Peoples' inherent rights and treaty rights in Section 35 (Government of Canada, 2017). However, the previous legislation of the Indian Act (1876) ensured that all Indigenous cultural practices were abolished in relation to traditional governing structures. In this ongoing and outdated Act, Indigenous Peoples are continuously assimilated, indoctrinated, and reconditioned to believe their practices and means of being are inferior through the grips of modernized colonization, albeit the 1982 acknowledgements.

In the Post-Constitution era, we can observe many waves of Indigenous activism: the strongest being a resurgence of Indigenous presence when the Truth and Reconciliation Commission (TRC) emerges with its 94 Calls to Action. The TRC declared that the patterns of social inequality has brought us to these 94 calls to action. However, we are now faced with tokenism (TRC, 2015). Tokenism is defined as "actions that are the result of pretending to give advantage to those groups in society who are often treated unfairly, in order to give the appearance of fairness" (Cambridge Dictionary, 2018, para. 1).

In the resolution passed by the Canadian Nursing Students' Association (CNSA) in 2016 for the creation of the Director of Indigenous Health Advocacy (DIHA), the CNSA indicates that "according to literature, a means to counter the colonization process that continues to play a role in the determinants of health for Indigenous Peoples has identified self-determination as a key concept. Indigenous self-determination is to be understood as a way to level the balance of power between Indigenous peoples and the nation-states in which they live and interact. Self-determination does not describe one specific arrangement as it takes different forms in different contexts. In this context, the term self-determination refers to the representation of Indigenous people at all political levels" (CNSA, 2016a, pg.2). The quote is extensive however, we must take into account that we are working off prior resolution statements to further

Indigenous leadership initiatives.

Relation To Canadian Nursing School Curriculums

"The Truth and Reconciliation Commission recommends that all nursing and medical schools in Canada implement courses for students to learn about health issues that are relevant to Canada's Indigenous peoples (TRC, 2015). The Truth and Reconciliation Commission further states that a comprehensive Indigenous Health curriculum should include education about the history of residential schools in Canada, treaties and Indigenous rights, Indigenous practices and teaching, and the implementation of United Nations Declaration on the Rights of Indigenous Peoples" (CNSA 2016a). Forming authentic relationships with Indigenous Peoples is a key component of building our foundation of relational practice as nurses as well. CASN (2015) states that relational practice includes active listening, mutuality, reciprocity, empathy and sensitivity. These assets are essential components forming authentic relationships and including and maintaining the Indigenous voice in executive decision making within the association.

Links to CNSA's Mandate and Current Position

Objective A: To be the primary resource for Canadian nursing students

The DIHA is the primary liaison between the association and the Indigenous nursing students of Canada. As such, the DIHA maintains an essential role in ensuring the Indigenous voice is heard in every decision made by the association. However, without a vote and position on the Executive Committee, this voice is lost for every Indigenous nursing student across the country. Furthermore, it is imperative that self-determination is maintained in the association and that Indigenous ways of knowing are incorporated into all decisions, including Executive decisions, so that the association may adhere to the TRC calls to action and so that the CNSA can authentically be the primary resource for all nursing students, including Indigenous nursing students.

Objective B: Influence and advance innovation and social justice in the nursing curriculum and the nursing profession

With the current role of the DIHA, CNSA has been able to participate in the Truth and Reconciliation Committee with the Canadian Association of Nursing Schools, to ensure proper and appropriate representation of Indigenous Peoples. This directly impacts how nursing schools will implement Indigenous health core competencies into nursing curriculum and therefore the nursing profession.

In terms of influencing innovation in the nursing profession, the Indigenous Health Advocacy Committee has been able to identify current issues within the Indigenous nursing student environment, and work towards

spreading awareness via different platforms i.e. social media: Blog, Facebook, etc.

Objective C: Strengthening linkages and creating new partnerships

The CNSA currently has a partnership agreement with the Canadian Indigenous Nurses Association (CINA) that establishes CINA as a national stakeholder of the CNSA and allows the DIHA a position on their board. Currently, the other three Executive members (President, Vice President, and Director of Communications) ensure the national stakeholder relationships are adequately maintained, and hold positions on their boards (Canadian Nurses Association, Canadian Association of Schools of Nursing, and Canadian Federation of Nurses Unions). This executive function and role is essential for the DIHA to uphold to insure continued success of the partnership with CINA. By solidifying an Indigenous voting voice within the Executive Committee, the organization and the students CNSA represents can begin to recognize and address the unique health status of Indigenous populations in Canada and advocate for broader change within the healthcare system.

The Executive Committee of CNSA has many duties to ensure the success of the association, including but not limited to, managerial, operational, administrative, fiscal, and disciplinary duties. Many of the decisions made at the Executive level affect the actions and directions of the associations functioning. Currently, the Indigenous voice is excluded from these broader, more constitutional decision making processes, therefore adding to ongoing colonial constitutional practices within the CNSA. By ensuring that the Indigenous voice is represented in these imperative decision making processes, the CNSA can begin to decrease tokenistic, colonial constitutional practices, and begin to solidify its authentic relationship with Indigenous nursing students through self-determination and Indigenous ways of knowing.

Rationale

WHEREAS, the CNSA's mandate is to be the primary resource for nursing students; and,

WHEREAS, the CNSA has a duty to authentically maintain their stakeholder relationship with the CINA; and,

WHEREAS, Allowing Indigenous nursing students to practice self-determination is the key component for the CNSA to move away from tokenism and colonial constitutional practices; and,

WHEREAS, the CNSA must authentically make culturally safe decisions that reflect Indigenous Peoples appropriately; and,

WHEREAS, The Canadian Nurses Association and many other CNSA stakeholders locally, regionally, nationally, and internationally have passed multiple motions and resolutions that identify Indigenous Health as a priority; and,

WHEREAS, the addition of the Director of Indigenous Health Advocacy to the Executive Committee with include the Indigenous voice in executive decision making pertaining to the association; therefore

Resolution

BE IT RESOLVED That CNSA amends the governing documents of the association and takes all required and appropriate actions to reflect the Director of Indigenous Health Advocacy as a voting member of the Executive Committee.

Conclusion

With the inclusion of the Director of Indigenous Health Advocacy on the Executive Committee, the CNSA moves past tokenism and authentically moves into a position of true reconciliation, positive power relations, while adhering to appropriate cultural inclusion at executive levels. As the CNSA continues to commit to being the primary resource for nursing students across Canada, representing our Indigenous nursing students must be at the forefront of this commitment to enhance visibility within the association. To ensure this is done in an ethical and culturally safe manner, the CNSA as an association has an ethical obligation to safely include the Indigenous voice in executive decision making.

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