



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

Resolution Statement #1

Creating a Partnership for Aboriginal Health Promotion

Submitted: January 2015

Submitted to: CNSA National Assembly

Submitted by: Julia Hensler Baratto, and Dawn Tisdale from North Island College; and, Jessy Dame, and Sarra Smeaton, from Thompson Rivers University

Introduction and Background

The Aboriginal Affairs and Northern Development in Canada (2014) define Aboriginal as being First Nations, Inuit, or Métis people. According to Statistics Canada (2014) 4.3% of Canadians self-identify as Aboriginal. This statistic is limited to people who self-identify as Aboriginal, and therefore the amount of Aboriginal people in Canada are likely under represented (Aboriginal Affairs and Northern Development in Canada, 2014). Since 1996, there has been a 20.1% increase in Aboriginal people compared to a 5.2% increase of non Aboriginal people in Canada (Statistics Canada, 2014).

According to Kurtz, Nyberg, Van Den Tillaart and Mills (2013), prior to colonization Aboriginal people had an active lifestyle, healthy traditional diets and spiritually rich traditional approaches to health that suggest longevity, good health and thriving populations. Colonization resulted in population collapse from epidemics, loss of traditional diets, loss of cultural practices, and in some cases the denial of health services to Aboriginal people, leading to endemic disease and health issues (First Nations Health Authority, 2014). Residential schools led to loss of culture and resulted in high mortality rates, high incidents of abuse, and poor health impacting future generations (Kurtz et al., 2013; Aboriginal Nurses Association of Canada, 2009). As the Aboriginal population continues to grow, so do the inequities they face, which rate as one of our nation's most serious shortcomings (Institute on Governance, 2013).

Colonization resulted in the creation of the Canadian Constitution Act. While section 35 of Constitution acknowledges previously identified Aboriginal rights, it does not define them (Government of Canada, 2014). There is an ethical obligation to support reconciliation and restorative justice, leading to the improved health and right to self-governance of Aboriginal people, which is congruent with the *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2008; Mahara, Duncan, Whyte & Brown, 2011).

Links to CNSA's Mandate and Current Position

As of 2014, CNSA has not taken a position addressing Aboriginal nursing or



Aboriginal health promotion. In accordance with CNSA's (2011) *Strategic Plan 2011-2016*, creating a new partnership with the Aboriginal Nurses Association of Canada (A.N.A.C.) will address the disparities that Aboriginal people encounter, the lack of representation of, or the lack of mentorship available to, Aboriginal nursing students. CNSA (2011) prioritizes collaborating with external organizations and inviting the participation of stakeholders. By creating a new relationship with A.N.A.C., CNSA would be meeting this objective. Furthermore, such a relationship would allow CNSA to meet their objective of being the primary resource for Aboriginal nursing students. Furthermore, creating a partnership with A.N.A.C. would promote indigenous knowledge and support nursing students to develop culturally safe practices.

Rationale

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

WHEREAS, Priority C of CNSA's strategic plan for 2011-2016 states that CNSA shall aim to participate at stakeholder events and stakeholders participate at CNSA events, while paying attention to building relationships with stakeholders as well as joining stakeholder committees; and

WHEREAS, A.N.A.C. aims to support nursing students of Aboriginal descent, while developing meaningful mentorship relationships; and

WHEREAS, There is an identified need to empower the self-governance of Aboriginal nurses and Aboriginal nursing students; and

WHEREAS, Research identifies that there are unique disparities among Aboriginal populations; and

WHEREAS, The Canadian Nurses Association (2014) has passed multiple motions and resolutions that identify Aboriginal Health as a priority; therefore

Resolution

BE IT RESOLVED that CNSA create a new partnership with Aboriginal Nurses Association of Canada (A.N.A.C.)

BE IT FURTHER RESOLVED that CNSA create a sustainable voice that represents and advocates for Aboriginal nursing students

BE IT FURTHER RESOLVED that CNSA advocate for the inclusion of Aboriginal education and Indigenous knowledge throughout Canadian nursing programs



Relation to Canadian Nursing School Curriculums

The Canadian Association of Schools of Nursing (CASN, 2014) state that knowledge of the history, nursing and healthcare in context of Aboriginal peoples is an entry-to-practice level competency. Ensuring that nursing curriculum includes Aboriginal education and promotes cultural competence is in line with the entry-to-practice competencies set out by CASN and by several provincial regulators (CRNBC, 2014; RNANTN, 2014; NANB, ND; CRNNA, 2013). Including education about the disparities that Aboriginal people face in Canadian nursing curriculum would allow graduates to meet the entry-to-practice requirements.

Additionally CNA (2014) is in support of Aboriginal cultural competence to be included in Canadian nursing curriculum, registration and accreditation processes. The new partnership with A.N.A.C. could provide an optimal environment to increase the knowledge of Aboriginal health disparities and assist in the promotion of Aboriginal health and Aboriginal nursing. This increase can occur through this relationship because it connects with A.N.A.C. objectives, which CNSA could further support. These objectives include the development and encouragement of courses in the educational system on Canadian Aboriginal health, Indigenous knowledge, culturally safety in nursing and the health care system and/or other educational resources and supports; to consult with government, non profit and private organizations in developing programs for applied and scientific research designed to improve health and well-being in Aboriginal peoples; and to promote awareness in both Canadian and International Aboriginal and non-Aboriginal communities of the health needs of Canadian Aboriginal people (Aboriginal Nurses Association of Canada, 2010). There is currently no past or current CNSA position on Aboriginal Health and curriculum.

Conclusion

A relationship between A.N.A.C. and CNSA would promote Aboriginal health and break down barriers that Aboriginal people face. The resolution being proposed is to enter into a partnership with A.N.A.C. and to work with CASN to advocate for further integration of Aboriginal Health into nursing education. By doing this, CNSA would show their support for increased health equity for Aboriginal people. As Canadians and future nurses, it is important to focus on and continue down the road to restorative justice, equity and reconciliation.

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Resolution Statement #2



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Quality End of Life Care in Nursing Education

Submitted: January 2015

Submitted to: CNSA National Assembly

Submitted by: Jaime Chafe, Shaneen Dawe, Megan McGrath, Staci Stapleton, and Teri Trahey from Memorial University of Newfoundland School of Nursing

Introduction / Background

The registered nurse's scope of practice includes providing quality end of life care to patients. This care is "*best provided through the collaborative practice of an interdisciplinary team to meet the physical, emotional, social, and spiritual needs of the person and their family*" (CNA, 2008). Registered nurses are an integral part of the interdisciplinary team and play an important role in end of life care. There is evidence to suggest that novice nurses are feeling uncomfortable with or lacking the knowledge and skills needed to provide end of life care to their patients (Brajtman, Fothergill-Bourbonnais, Casey, Alain, & Fiset, 2007). In 2011, the Canadian Association of Schools of Nursing (CASN) began a two-year pilot project to incorporate end of life care education into undergraduate nursing programs (Vogel, 2011).

WHEREAS, despite improvements in the teaching and learning opportunities surrounding end of life care, evidence suggests that new nursing graduates feel uncomfortable with or lack the required knowledge/skills to provide the quality level of end of life care that is expected of them (Brajtman et al., 2007)

WHEREAS, Canadian nurse educators have identified barriers to teaching end of life care, including a lack of a formal plan to integrate teaching of end of life care into the current curriculum, as well as a lack of adequate time to incorporate this topic into already overcrowded clinical and theory courses (Brajtman, Fothergill-Bourbonnais, Fiset, & Alain, 2009).

WHEREAS, registered nurses spend more time with patients at the end of life than any other health care discipline thus it is imperative that nursing students be educated so they can provide high-quality, holistic end of life care (Wallace et al., 2009).

WHEREAS, registered nurses must convey respect, preserve dignity, and recognize the intrinsic worth of each person while promoting the right to informed decision-making during end of life care (CNA, 2008).

WHEREAS, registered nurses have the duty to establish, maintain, and promote the



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standards of practice of the profession and provide care in a manner that fosters respect and dignity to patients at the end of life (ARNNL, 2013),

WHEREAS, registered nurses have the responsibility to practice the use of effective therapeutic communication techniques when providing quality end of life care to support both the patient and the family (Arnold & Boggs, 2007)

WHEREAS, quality end of life care is a priority for registered nurses when caring for patients at the end of life (While, 2012) and requires a coordinated process, which covers important care tasks, in order to provide quality end of life care (Covington, 2013)

Resolution

BE IT RESOLVED, that CNSA refer to the documents, “*Providing Nursing Care at the End of Life*” (CNA, 2008) and “*Palliative and End of Life Care: Entry-to-Practice Competencies and Indicators for Registered Nurses*” (CASN, 2011) to develop a CNSA position statement on the importance of formalized, purposeful nursing education curriculum content that addresses quality end of life care.

BE IT FURTHER RESOLVED, that CNSA use that position statement to encourage official delegates to advocate for formalized, purposeful nursing education curriculum content that addresses quality end of life care.

Conclusion

There is evidence to suggest that student nurses are feeling uncomfortable with or lacking the knowledge and skills needed to provide end of life care to their patients. As the voice of nursing student across Canada, we would like CNSA to create a position statement on the importance of formalized, purposeful nursing education curriculum content that addresses quality end of life care and use that statement to advocate to include this topic within the nursing curriculum.

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