



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

Resolution Statement #1

Director of Indigenous Health Advocacy as an Executive Committee Voting Member

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

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 In this ongoing and outdated Act, Indigenous Peoples are continuously assimilated, indoctrinated, and reconditioned to believe their practices and means of being are inferior through the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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Resolution Statement #2

Establishing a Committee Chair Position for Practical Nurse Advocacy

Approved by: 2019 National Assembly, Canadian Nursing Students' Association
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 #3
Inclusive Intake/Patient-History Forms

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

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+ people experience stigma and discrimination throughout their lives,¹ 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 experiencing 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 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

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

against Canadians on the basis of gender identity or gender expression. Despite this, those individuals who identify outside the binary and express themselves outside societal norms, still face discrimination in their 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 that the specific needs of unique populations 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 for 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;

²The 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 spaces 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 nurses 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 #4

Quebec to Join Atlantic Regional Conference

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

Submitted: December 7th, 2018

Submitted to: CNSA Board of Directors

Submitted By: Latitia Pelley-George, Dalhousie University;

Ashley Pelletier-Simard, Dalhousie University;

Erin McConnell, Dalhousie University;

Anisha Mehreja, 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



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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,



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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 Curriculum

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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Resolution Statement #5

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 (Schaepli, 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



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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 by Indigenous 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



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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"



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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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