



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

Resolution #1

Advocating for Adequate Reproductive Services in Canada

Approved: January 2020

Approved by: CNSA National Assembly

Submitted: November 27, 2019

Submitted to: CNSA Board of Directors

Submitted by: Jessica Guthier, Thompson Rivers University; Courtney Blake, North Island College

Introduction/Background Information

Induced abortions have been legal in Canada since 1988 and are currently governed by the Canada Health Act (Government of Canada, 2019). Furthermore, in section 7 of the Canadian Charter of Rights and Freedoms states every Canadian has the right to “life, liberty, and security of the person and the right not to be deprived thereof” (Government of Canada, 2019). In 1988, when induced abortions were legalized in Canada, the highest courts of our country also ruled that nobody but the pregnant person themselves could decide for or against an induced abortion. To attempt to control a person’s reproductive capacity would be to violate that person’s right to *life, liberty, and security of the person* (Government of Canada, 2019; LawforAlbertaWomen.ca, 2015).

Access to an induced abortion is a right, however, there are many people in Canada who do not have reliable access to abortion nor other reproductive services. This is due to the inconsistencies in funding throughout the country, geographical constraints, as well as the ideological alignment of many powerful groups. Many provinces regulate which facilities can provide induced abortions, unnecessarily requiring services to be performed in hospitals and refusing to allow these services to be performed in smaller clinics with equally trained professionals (CBC, 2019). This constraint creates a barrier for people living in rural and remote communities, who would then be required to commute possibly long distances to receive services at a hospital. When there are barriers to accessing reproductive services - including legislative barriers, social stigmatization, and bureaucratic processes - people who require or depend on these services cannot access them. Thus, their reproductive options and bodily autonomy can be limited (Reeves et al, 2018). Additionally, there are many fake abortion clinics, often called “Pregnancy Crisis Centers”, which cater to vulnerable pregnant populations but refuse to refer their clients to abortion services (ARCC, 2019). These fake clinics provide misinformation about abortion or withhold information in an attempt to exaggerate the dangers of abortions (ARCC, 2019). These clinics are funded by religious organizations and private donors, are not medical clinics, and do not willingly disclose their religious ties (ARCC, 2019).

People who are seeking abortion services also face long wait times to receive the services



they require, which compromises their eligibility to receive said services (CBC, 2019). Nurses have a moral, ethical, and professional obligation to advocate for increased access to health care services, regardless of our personal opinions about those services. Nurses know that inadequate access to reproductive services does not lead to less abortions, it leads to less safe abortions. At-home remedies become enticing and may seem like viable options, but these can have devastating, and sometimes fatal, effects. Creating barriers to proper reproductive health will only assure that many unwanted pregnancies end in the death or disfigurement of the pregnant person.

CNSA's Position on the Topic

As of 2019, the CNSA harbours no definitive position on this issue. While referring to the 1984 to 2006 position and resolution statements, not one mention towards reproductive autonomy was made. Furthermore, more recent position and resolution statements also fail to make any mentions to reproductive health, and especially not to induced abortions. Whether this is due to the lack of need historically for CNSA to take a stance, or whether this has been a conscious choice due to the politically heated nature of this topic, is unknown. In January of 2013, CNSA passed a resolution statement encouraging educational institutions to include political education in curriculum, encouraging nursing students to become involved in political activism, and attempting to involve nursing students in their communities at an advocacy level (Gielarowiec, Hardy-Moffat, Telegdi, & Bloomberg, 2013). While resolution statements such as these have inspired students to become involved within the CNSA, it is unclear how involved CNSA students have become in the external political climate.

Indirectly related to this issue is a position statement passed in 2018 regarding rural and remote health equity. Although this position statement speaks more closely to the health discrepancies faced by Indigenous populations and other populations living remotely and rurally, it indirectly speaks in support of reproductive autonomy (Norris, Pelley-George, Gustafson, 2018). This is because remote and rural communities often lack the infrastructure necessary to provide clients with choices and educational supports surrounding their reproductive health.

Furthermore, creating a position on this issue falls within CNSA's strategic plan Objective B, Outcome 1: members "[b]e 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).

Resolution

WHEREAS, the CNSA supports the ongoing health needs of equity-seeking populations, including the special needs of 2SLGBTQ+, women, Indigenous, and racialized groups.



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WHEREAS, women may experience systemic barriers in accessing adequate reproductive autonomy.

WHEREAS, a person's reproductive choices are theirs to make and healthcare professionals are there to support and partner with the client, not to act as a barrier to accessing services.

WHEREAS, the resolution statement *Achieving Health Equity in Canada's Rural and Remote Communities* was passed in 2019, highlighting the fundamental need for accessibility equity relating to healthcare needs.

Therefore,

BE IT RESOLVED THAT the CNSA strongly oppose any attempts to restrict access to reproductive health services in Canada, whether through criminalization, delegization, restricted funding, the spread of misinformation, deliberate falsification of facts, or through participation by political powers in any of these actions.

BE IT RESOLVED THAT the CNSA publicly condemn any of these aforementioned attempts or the attempts of any political or other groups to restrict access to reproductive services: including, but not limited to, induced abortions, STD/STI testing or treatment, pregnancy counselling, adoption services, fertility services, birth control services or treatments, etc.

BE IT RESOLVED, that the CNSA support access to reproductive services as a fundamental right enshrined in Canadian law under *Section 7* (Life, liberty, and freedom of the person).

Relation to Canadian Nursing School Curriculums

A clear objective of CNSA is to influence and make advancements in innovation and social justice within the nursing curriculum and the nursing profession (CNSA, 2016). A clear objective of nursing schools' curricula is to provide graduate nurses with at least the minimal requirements to allow graduates to perform at a generic level. Curricula and the culture permeating healthcare would have one believe that sexual and reproductive healthcare are niche topics - ones requiring extra certification to be able to address. While it may be true that to provide sound advice and perform thorough assessments regarding sexual and reproductive health, it is in no way true that a graduate nurse should not have the competencies to discuss sexual and reproductive health with their clients. In every healthcare setting, a person's sexual orientation, beliefs surrounding reproduction, and gender are present. Despite not being the



focus of their visit, a client will always carry these with them and it will influence every decision they make and every experience they have. To provide holistic care, a nurse *must* be willing to address a client's sexual and reproductive needs and, where their own expertise fails, refer them to an appropriate professional.

Moreover, impartiality to all patients to provide excellent care despite personal beliefs is a fundamental belief in the nursing discipline. Whatever a nurses' personal beliefs on sexual and reproductive topics, they must not let it influence the information they provide their patients, the options they present, or the care they provide. Such an important concept is currently being left up to individual universities to decide whether or not to discuss, and that is unacceptable. The CNSA must be a strong advocate that *every* nursing curriculum include education on how to address sexual and reproductive health topics.

Conclusion

A person's sexuality and gender are their own, and options such as contraception and induced abortions are an important aspect of comprehensive healthcare. No matter a nurses personal beliefs, they must always be willing to provide all possible information with the best interpretation for their client, and treat their clients with autonomy, justice, maleficence, and beneficence.

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Resolution #2

Inclusive Intake/Patient-History Forms

Approved: January 2019

Approved by: 2019 National Assembly, Canadian Nursing Students' Association
Submitted by: Allison Mosley, University of Lethbridge

Edited by: Jessica Guthier, Thompson Rivers University; Lucia Baffa, Lethbridge University; Jarinca Santos-Macias, York University.

Updated: January 2020

Introduction/Background Information

To begin, 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”.

2SLGBTQ+ 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 against



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¹ 2SLGBTQ+ is an abbreviation for Two Spirit, Lesbian, Gay, Bisexual, Transgender, and Queer. The + allows room for fluidity and growth while recognizing expression is constantly evolving and encompassing of all other expressions.

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.

Secondly, Canada is a multicultural nation, and therefore, the healthcare system needs to be prepared to provide culturally safe care to our diverse population in order to ensure the provision of effective, equitable, and dignified care. Using an intake form that inquires about an individual's unique cultural practices and beliefs at the beginning of care can act as a useful tool in guiding culturally safe care.

Cultural safety recognizes the inherent power differentials that exist in our healthcare system as a result of colonization and racism. Furthermore, it addresses the unique health disparities that exist for marginalized populations such as immigrants and refugees, people of colour, First Nations, Inuit, and Métis people, and 2SLGBTQ+ groups (Aboriginal Nurses Association of Canada, 2009; Graves, Like, Kelly & Hohensee, 2007; Vidaeff, Kerrigan & Monga, 2015). Using a cultural safety lens exposes the oppressive historical, political, and social systems that are at the foundation of our healthcare system, and challenges the unequal power relations to improve healthcare access for different populations (Aboriginal Nurses Association of Canada, 2009). Therefore, by recognizing power imbalances, a cultural safety framework promotes respect, support, empowerment, identity, and bridges the gap between marginalized groups and the healthcare system (Phiri, Dietsh & Bonner, 2009). The addition of a section for patients to express their unique cultural practices on an intake form will allow healthcare providers to acknowledge and address the gaps that exist when caring for different populations and discourages assumptions on the part of the professional regarding cultural practices. This section provides an opportunity for individuals to express their unique practices: usage of traditional medicines and healing practices, guidance from spiritual leaders, and wishes surrounding invasive treatments. Such a section will help ensure accuracy and safety when creating a treatment plan that respects an individual's autonomy (Graves, Like, Kelly & Hohensee, 2007). Finally, since culture is a dynamic and changing process this intake form can ensure that healthcare providers are not assuming that all individuals within a culture share the same beliefs, morals, and customs (Phiri Dietsh & Bonner, 2009). The form should not be taken as an end to the investigation of a client's culture, but rather as the starting point of a conversation. However, a prudent professional understands the inherent power differential between themselves and their clients and should not press a client past their point of comfort when asking questions or seeking information (involving experts such as Aboriginal Patient Navigators may be appropriate).

CNSA's Position on the Topic



In 2013 the CNSA passed a position statement on incorporating 2SLGBTQ+ education into Canadian nursing curriculum and a resolution statement: *Rise Up and Eliminate Barriers: Striving to Enhance Cultural Competence in Caring for the The 2SLGBTIQQA+ Community*² (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 2SLGBTQ+ community.

The CNSA has also passed many position and resolution statements on the effect of marginalization in healthcare. This includes a position statement on *Affordable PrEP for All*, as issues of access and HIV affect Indigenous and racialized groups disproportionately (CNSA, 2019). As well, a recently passed position statement titled *Achieving Health Equity in Canada's Rural and Remote Communities*, which makes reference to the Final Report from the Truth and Reconciliation Commission of Canada (CNSA, 2019; Jane Philpott, 2017). Lastly, *Cultural Safety in the Context of Aboriginal Health in Nursing Education* was passed in 2015, and establishes the CNSA's position on including education on caring for people from non-dominant cultures, specifically relating to Indigenous health.

The CNSA believes that a gender and culture 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 marginalized individuals. By doing this, the CNSA believes healthcare will move towards greater accessibility for marginalized groups; and while this will not overthrow the roots of racism and colonization in healthcare, it will move the system into a progressive position. As an organization the CNSA supports the ideal that nurses provide unbiased, culturally competent, and appropriate care and that nurses be advocates in countering hegemony in healthcare. Moreover, nursing students are responsible to provide care to all individuals as they are the future of the healthcare system, and they must be fully aware of and oppose these oppressive systems. As such, it is imperative that healthcare facilities support the tools healthcare professionals need in providing such care.

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, health authorities, 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 to the 2SLGBTQ+ community.

²The 2SLGBTIQQA+ (Two Spirit, Lesbian, Gay, Bisexual, Transgender, Intersex, Intergender, Pansexual, Queer, Questioning, 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.

Resolution

WHEREAS, the CNSA supports the ongoing health needs of equity-seeking populations, including the special needs of 2SLGBTQ+, Indigenous, and other racialized groups.³

WHEREAS, different marginalized groups experience higher rates of discrimination and lack of comprehensive care in the healthcare system.

WHEREAS, a resolution statement *Incorporating 2SLGBTIQQA+ Education into Nursing⁴ Curriculum in Canada* was passed in 2016, stating to prioritize incorporating the needs, experiences, and perspectives of 2SLGBTQ+ people and communities into nursing school curricula.

WHEREAS, a resolution statement *Achieving Health Equity in Canada's Rural and Remote Communities* was passed in 2019, and *Cultural Safety in the Context of Aboriginal Health in Nursing Education* was passed in 2015, highlighting the fundamental need for culturally inclusive education in nursing curricula.

Therefore,

BE IT RESOLVED, that the CNSA, as the voice of the new generation of nurses, promote safer spaces for marginalized groups and provide platforms for advocating for the issues faced by these groups within their chapter schools through collective partnerships with professors, nurses, school faculty, and nursing students in order to prioritize public health measures.

BE IT RESOLVED, That the CNSA support the efforts of Canadian nursing students to advocate for gender and culture 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, cultural practices, spiritual beliefs, pronouns, and existing disparities through activities such as researching inclusivity initiatives, collaborating with clients to include their voices in form change, and petitioning Canadian textbook companies to change the language in their textbooks to be inclusive.



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³ Henceforth, these groups will be cumulatively referred to as marginalized groups ⁴ 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.

BE IT RESOLVED, that the CNSA diversity and community and public health committees prioritize advocating for the inclusion of a gender and culture friendly intake form for those that identify outside of the dominant systems, 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 and cultural identity are key aspects how and as whom an individual identifies. Inevitably, 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. Furthermore, nurses ignorant to the unique needs of other cultural and racial groups cannot provide appropriate care. Forms and education should use inclusive language and should reflect the reality of 2SLGBTQ+ families by asking about “relationships,” “partners,” and “parent(s)” rather than labelling as “mother/ father” or “wife/ husband” (Gay and Lesbian Medical Association, 2015). By putting this into practice and educating nurses on its importance we build cultural competency and create safer space for these equity-seeking populations.

The CNSA must continue to advocate for the inclusion of 2SLGBTQ+ and culturally competent 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, cultural practices and beliefs, appropriate spiritual leaders, how to provide post-partum or palliative care, and only collecting information relevant for care.

Conclusion

As the primary voice for nursing students, the CNSA believes that marginalized populations in Canada have the right to fair and equitable care. These different groups are entirely unique in their needs but face similar struggles of inaccessibility, inappropriate care, and stigmatization. A holistic view on cultural and gender realities in Canada are required in nursing education and within the healthcare system. The uptake of an inclusive intake/history



form would allow for a safer space when accessing the health-care system. This would not only allow for more inclusive care but would allow transgender, non-binary, Indigenous, immigrant, refugee, queer, and other groups to be better represented in the medical system.

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Edits

1. Secondly, Canada is a multicultural nation, and therefore, the healthcare system needs to be prepared to provide culturally safe care to our diverse population in order to ensure the provision of effective, equitable, and dignified care. Using an intake form that inquiries about an individual's unique cultural practices and beliefs at the beginning of care can act as a useful tool in guiding culturally safe care.
2. Cultural safety recognizes the inherent power differentials that exist in our healthcare system as a result of colonization and racism. Furthermore, it addresses the unique health disparities that exist for marginalized populations such as immigrants and refugees, people of colour, First Nations, Inuit, and Métis people, and 2SLGBTQ+ groups (Aboriginal Nurses Association of Canada, 2009; Graves, Like, Kelly & Hohensee, 2007; Vidaeff, Kerrigan & Monga, 2015). Using a cultural safety lens exposes the oppressive historical, political, and social systems that are at the foundation of our



healthcare system, and challenges the unequal power relations to improve healthcare access for different populations (Aboriginal Nurses Association of Canada, 2009).

Therefore, by recognizing power imbalances, a cultural safety framework promotes respect, support, empowerment, identity, and bridges the gap between marginalized groups and the healthcare system

(Phiri, Dietsh & Bonner, 2009). The addition of a section for patients to express their unique cultural practices on an intake form will allow healthcare providers to acknowledge and address the gaps that exist when caring for different populations and discourages assumptions on the part of the professional regarding cultural practices. This section provides an opportunity for individuals to express their unique practices: usage of traditional medicines and healing practices, guidance from spiritual leaders, and wishes surrounding invasive treatments. Such a section will help ensure accuracy and safety when creating a treatment plan that respects an individual's autonomy (Graves, Like, Kelly & Hohensee, 2007). Finally, since culture is a dynamic and changing process this intake form can ensure that healthcare providers are not assuming that all individuals within a culture share the same beliefs, morals, and customs (Phiri Dietsh & Bonner, 2009). The form should not be taken as an end to the investigation of a client's culture, but rather as the starting point of a conversation. However, a prudent professional understands the inherent power differential between themselves and their clients and should not press a client past their point of comfort when asking questions or seeking information (involving experts such as Aboriginal Patient Navigators may be appropriate).

3. The CNSA has also passed many position and resolution statements on the effect of marginalization in healthcare. This includes a position statement on *Affordable PrEP for All*, as issues of access and HIV affect Indigenous and racialized groups disproportionately (CNSA, 2019). As well, a recently passed position statement titled *Achieving Health Equity in Canada's Rural and Remote Communities*, which makes reference to the Final Report from the Truth and Reconciliation Commission of Canada (CNSA, 2019; Jane Philpott, 2017). Lastly, *Cultural Safety in the Context of Aboriginal Health in Nursing Education* was passed in 2015, and establishes the CNSA's position on including education on caring for people from non-dominant cultures, specifically relating to Indigenous health.
4. The CNSA believes that a gender and culture 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 marginalized individuals. By doing this, the CNSA believes healthcare will move towards greater accessibility for marginalized groups; and while this will not overthrow the roots of racism and colonization in healthcare, it will move the system into a progressive position. As



an organization the CNSA supports the ideal that nurses provide unbiased, culturally competent, and appropriate care and that nurses be advocates in countering hegemony in healthcare. Moreover, nursing students are responsible to provide care to all individuals as they are the future of the healthcare system, and they must be fully aware of and oppose these oppressive systems. As such, it is imperative that healthcare facilities support the tools healthcare professionals need in providing such care.

5. **WHEREAS**, a resolution statement *Achieving Health Equity in Canada's Rural and Remote Communities* was passed in 2019, and *Cultural Safety in the Context of Aboriginal Health in Nursing Education* was passed in 2015, highlighting the fundamental need for culturally inclusive education in nursing curricula.
6. As the primary voice for nursing students, the CNSA believes that marginalized populations in Canada have the right to fair and equitable care. These different groups are entirely unique in their needs but face similar struggles of inaccessibility, inappropriate care, and stigmatization. A holistic view on cultural and gender realities in Canada are required in nursing education and within the healthcare system. The uptake of an inclusive intake/history form would allow for a safer space when accessing the health-care system. This would not only allow for more inclusive care but would allow transgender, non-binary, Indigenous, immigrant, refugee, queer, and other groups to be better represented in the medical system.



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Resolution Statement #3

Mental Health First Aid Training For Canadian Nursing Students

Approved: January 2020

Approved by: CNSA National Assembly

Submitted: December 2019

Submitted to: CNSA Board of Directors

Submitted by: Kristen McGregor, Red River College; Jessica Guthier, Thompson Rivers University; Emma Hill, Vancouver Island University

Introduction/Background

One in five Canadians will experience a mental health disorder in a year; by the age of 40, 50% of Canadians have had a mental illness (Canadian Mental Health Association, n.d.; Mental Health First Aid Canada, n.d.-b). Although mental illness is prevalent in our Canadian population, it is seldom addressed in society and healthcare and as Mental Health First Aid (MHFA) Canada explains “if I sprain my ankle, chances are you’ll know what to do. If I have a panic attack, chances are you won’t” (Mental Health First Aid Canada, n.d.-a). As one of the largest professions within healthcare, and most trusted, it is pivotal that Canadian nurses are trained adequately in mental health first aid to help this needs of this growing population. MHFA first originated in Australia and studies conducted to evaluate the training have shown the training to be effective (Kitchener & Jorm, 2008; Mental Health First Aid Australia, n.d.). Preliminary studies on the outcome of MFHA training in Canada have yielded positive results (Government of Canada, 2016).

As with Standard First Aid, MHFA is intended to provide support to an individual until professional help arrives to prevent or attempt to control a crisis (Mental Health First Aid Canada, n.d.-b; Morgan, Ross, & Reavley, 2018). Completion of MHFA training is correlated to the improved confidence of participants in their ability to support somebody experiencing a mental health crisis or exacerbation (Morgan, Ross, & Reavley, 2018). The intent of MHFA training is not to replace seeking professional help but to empower the individual taking the training to have an increased awareness, increased confidence and decrease stigma (Mental Health First Aid Canada, n.d.-b). MHFA helps to decrease stigmatizing attitudes, and positively change nursing students perceptions regarding this equity-seeking population (Gapp, 2019).



CNSA's Current Position on the Topic

The proposed resolution statement addresses CNSA Objective B: *influence and advance innovation and social justice in the nursing curriculum and the nursing profession*, as well as Objective C: *strengthening linkages and creating new partnerships*.

Regarding Objective B, there is potential to address the four outcomes of this objective through curriculum development. Firstly, CNSA may advocate for curriculum development through three avenues: its national presence as an organization, its presence in the Canadian Association of Schools of Nursing (CASN), and through our delegates at the chapter level. Thus, students may be involved in consultations surrounding how and where such training would fit into curricula (as this will be unique to every chapter). Moreover, when delegates involve their members and faculty in such a task, that will have tangible outcomes to their school, it will raise awareness of CNSA goals and values. Lastly, MHFA is evidence-based and invites students to conduct formal or informal research into its benefits to students and its outcomes in practice. In this way, CNSA will be a leader in advocating for and developing evidence-based and best-practice guidelines. Delegates and CNSA members will positively represent nursing as a discipline and a profession and have a tangible impact on client care nationally.

Lastly, regarding Objective C, the three outcomes of this objective may be reached by integrating MHFA training into nursing curriculum. This will be achieved through engaging with external organizations as partners in this process; for example, we may engage with the Canadian Mental Health Alliance or MHFA Canada. As well, our members will have an impact on external organizations through bridging the gap that often exists between students and national nursing organizations, through voicing our values and goals, and by inspiring other healthcare fields to become Mental Health advocates.

Current position statements that are linked to the proposed resolution includes *Incorporation of Mental Health Into All Primary Care*, which was approved during the 2019 CNSA AGM (Canadian Nursing Students' Association, 2019).

Rationale

WHEREAS, the CNSA considers it imperative nursing students have the skills to support individuals experiencing Mental Health crises or exacerbations,

WHEREAS, there are no current national standards for MHFA training in nursing curricula,

WHEREAS, Mental Health curricula and experiences afforded to students may vary by chapter,



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BE IT RESOLVED,

That the CNSA support and advocate for MHFA training throughout our membership,

BE IT RESOLVED, That the CNSA will begin investigating this process through discussions with stakeholders, etc.

Relation to Canadian Nursing School Curriculums

While mental health education is integrated into nursing curriculums throughout Canada, MHFA training is not a requirement. The necessity for MHFA may be considered similar of Cardiopulmonary Resuscitation training, which is mandated by nursing schools before entering the program and throughout. Curricula would benefit from MHFA through the promotion of preventive and community health, dissemination of mental health resources and research, and through normalizing mental illness among their students to decrease stigma surrounding mental health crises and mental illness. Students would benefit through increased levels of confidence and capability and the transferability of these skills to their personal lives. Moreover, the necessity of this resolution statement can also be linked to the importance of our position on *Incorporation of Mental Health into All Primary Care* (Canadian Nursing Students' Association, 2019).

According to the CASN, there is a necessity for a “Foundational knowledge of the health related needs of diverse clients in rural and urban settings to provide promotive, preventive, curative, rehabilitative, and end-of- life nursing care. Knowledge regarding healthy work environments including collaborative skills, leadership theories, and effective team functioning and conflict resolution. The ability to counsel and educate clients to promote health, symptom and disease management. The ability to facilitate client navigation through health care services. The ability to advocate for change to address issues of social justice, health equity, and other disparities affecting the health of clients.” (Canadian Association of Schools of Nursing, 2015).

Conclusion

Half of all Canadians will live with a mental illness or experience a mental health crisis throughout their life. The stigma surrounding mental health means that while all of us experience varying levels of mental illness and wellness and maximum and minimum mental disorder, many of us will not discuss it (Halter, Pollard, & Jakubec, 2019). Equipping nursing students with MHFA will increase awareness of mental health disorders, normalize mental health issues and reduce stigma, and improve capability during a crisis. This training would be complementary to mental health education already in place in curricula. Therefore, be it resolved that the CNSA support and advocate for MHFA training throughout our membership and be it



further resolved that the CNSA will begin investigating this process through discussions with stakeholders, etc.

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

Resolution #4

Establishing a New Graduate Committee Chair

Approved: January 2020

Approved by: CNSA National Assembly

Submitted: December 15th, 2019

Submitted to: Board of Directors

Submitted by: Latitia Pelley-George, BScN, RN; Jessica Sadlemyer, Vancouver Island University; Tessera Ball, Red River College; Emma Hill, Vancouver Island University; Courtney Blake, North Island College; Victoria Marchand, University of Ottawa

Introduction/Background Information

Healthcare is facing a critical nursing shortage, contributing factors include: an aging patient population that is increasingly complex, an aging workforce, and high levels of nurse burnout (Haddad & Toney-Butler, 2019). Nurses and midwives account for almost 50% of healthcare workers across the globe - it is estimated that an additional 9 million nurses and midwives will be needed by 2035 to meet Sustainable Development Goal Number 3, *Health and Wellbeing* (WHO, 2020). Attrition rates in Canadian new graduate nurses have averaged 20-27% annually, costing the healthcare system \$25,000 per nurse and hindering our ability to meet growing demands within healthcare (CNA, 2009). With these alarming statistics in mind, the CNSA would be remiss to overlook this opportunity to support new graduate nurses - defined as novice nurses within the first 3 years of experience - as they transition into practice (Laschinger, Grau, Finegan & Wilk, 2010). Adjusting from a nursing student to a new graduate nurse can be challenging due to limited support, changing environment, low self esteem, and experiences of vicarious trauma (Romyn et al., 2009).

Throughout Canada, there are limited opportunities available to new graduate nurses for engaging in advocacy and leadership. Some provincial nursing organizations have created programs to assist new graduate nurses, but many of these initiatives focus solely on peer support, gaining employment or are limited to a specific geographical location. (Association of Registered Nurses of Manitoba, 2016; British Columbia Nurses Union, 2018; Ministry of Health and Long Term Care, 2017)

CNSA's Position on The Issue

In May 2019, the CNSA Board of Directors (BOD) unanimously approved the creation



of the ad-hoc New Graduate Committee. Unfortunately, due to lack of resources the CNSA BOD has been unable to facilitate the recruitment of new graduate nurses, which is ultimately the first step. CNSA recognizes the importance of supporting new graduate nurses in the workplace through their transition period, and empowering them in leadership roles.

Rationale

There is a need to support our new graduate nurses during the first several years of practice so that they can confidently meet the required nursing competencies set out by their regulatory bodies. Newly graduated nurses also offer a unique perspective on the future of healthcare and fresh eyes for possible solutions. This has been an ongoing discussion by all major Canadian nursing groups including the Canadian Nurses Association (CNA), the Canadian Federation of Nurses Union (CFNU), and the Canadian Association of Schools of Nursing (CASN). However, these organizations often fail to engage with new graduate nurses. For example, there is a lack of involvement of new graduate nurses in the WHO led Nursing Now Campaign (n.d). This position will create a safe place for new graduate nurses to come together to discuss common difficulties with integrating into the profession. A New Graduate Advocacy Committee will also allow a platform for nursing organizations and associations to easily engage with new graduate nurses.

Resolution

WHEREAS The CNSA recognizes the need for further support for new graduate nurses as they enter the profession.

WHEREAS The CNSA can allow a platform for collaboration between the professional bodies and new nurse graduates.

THEREFORE;

BE IT RESOLVED that the CNSA creates a New Graduate Advocacy Committee Chair position to support new graduate nurses.

BE IT FURTHER RESOLVED that the committee chair be a new graduate no more than 24 months out at the beginning of their term.

Conclusion

With the current nursing shortage and alarmingly low retention rates for new graduate nurses, the CNSA will be fulfilling a need for increased new graduate advocacy and opportunities within nursing leadership professional bodies in Canada. The New Graduate Advocacy Committee will be able to provide a consistent point of contact for the creation of further new graduate advocacy positions within the current structure of nursing bodies in Canada.

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