



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

## Position Statement

Achieving Health Equity in Canada's Rural and Remote Communities

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### Introduction and Background Information

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

Nurses are often the primary health care providers for the delivery of essential health services within rural and remote Indigenous communities. Barriers to continuing education, overwork, burnout, large

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professional responsibility and lack of support from management are just some of the challenges that contribute to poor retention of rural and remote nurses which leads to further inequities within Indigenous communities (Rahaman, Holmes, Chartrand, 2016). Inequities in Northern rural and remote communities root from a lack of consistent and effective health services (Aningat, 2018). The astounding numbers show that 83.6% of Canadians in a National average have regular contact with a physician compared to 23.8%, 44.2%, and 75.1% of Nunavut, Northwest Territories, and Yukon residents respectively (Aningat, 2018). Change in nursing curriculum is evidently needed and more awareness on these inequities is imperative for these communities.

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

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

### **Relation to Canadian Nursing School Curriculums**

Nurses are an extension of the state health care system, and they must provide responsive and relevant health services within isolated Canadian Indigenous communities. However, there remains to be a lack of consensus about nurses' roles in these Northern health centres, where high expectations, lack of clear



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directions, and poor documentation burden staff, all affecting the effectiveness of care.

There is not enough being done in nursing schools to advance the unique specialty of rural and remote nursing and primarily Indigenous communities are suffering. The CNSA supports educational institutions in their development of more rural and remote placement opportunities in nursing school for students to gain knowledge and experience about primary health care and Northern rural and remote outpost nursing.

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

### **Conclusion and Restatement of the CNSA Position**

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

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