



2019

The **YorkU** Social Justice Nursing Conference



York University School of Nursing
1993-2018  25

health |  YORK
UNIVERSITY

York University
School of Nursing

June 13, 2019

Table of Contents

| | | |
|----|---|----|
| 1. | Acknowledgment of Sponsors and Partners | 1 |
| 2. | Witness : The Canadian Journal of Critical Nursing Discourse Overview | 1 |
| 3. | Conference Agenda | 2 |
| 4. | The June Awrey Lecture Abstract and Presenter Bio | 4 |
| 5. | Posters | 4 |
| 6. | Abstracts | 6 |
| 7. | Notes..... | 40 |
| 8. | Call for Papers : SOCIAL JUSTICE NURSING – specifically aimed conference presenters..... | 41 |

Thank you to our Generous Partners & Sponsors

Pearson Canada
Sigma Theta Tau- Lambda Pi Chapter
Elsevier Canada
York University School of Nursing
Dr. Ji Ji, School of Nursing, Nanjing Medical University, Nanjing, China
Twinings Canada
The Canadian Nurses' Association
SYNERGY GATEWAY Inc.
Pristine Medical
York University, Faculty of Health
Vice President-Research & Innovation- York University



Envisioned for a decade, launched in 2018, **Witness** is a scholarly nursing journal. readers form a collective of research, teaching, and way of being are rooted in social justice.

conceptualized in 2013 and Canadian online open access Together, contributors and nurses whose practice,

There is a rich history of critical discourse and practice in Canada: Discourse and practice gleaned from what Canadian nurses *witness* regarding health, health care and the quality of life of individuals, groups and populations. The time has come to formalize a Canadian-based scholarly space for critical nursing discourse that is rooted in such ideas as social justice, intersectionality, advocacy and critical social theory to name but a few. **Witness** is a collective of critical nurses in Canada and beyond who strive to ameliorate inequities in the health and quality of life of all. By virtue of the nurse's privileged societal position, we *witness* a wide array of inequities that require us to take action. **Witness** is a collective of critical nurses in Canada and beyond who strive to ameliorate inequities in the health and quality of life of all. Indeed, our tag line represents the ethos of the journal:

SEE it **SPEAK** it.... **WRITE** it.... **CHANGE** it.

Witness seeks to foster and disseminate critical nursing discourse that is underpinned by the principles of social justice and health equity that critique dominant discourses, interrogate power relations and structural violence and aim to advance social change. Submissions may explore advocacy, power, justice, intersectionality, gender, health equity, critical social theory, pedagogies for social change and others. *Witness* embraces the open access movement and seeks to further dismantle multiple systemic barriers to knowledge creation and dissemination. To that end, neither payment to publish nor to access the journal's offerings shall be required.





The 2019 Social Justice Nursing Conference Agenda

MORNING AGENDA

| | | | |
|--|---|--|--|
| 8:00 am – 8:45 am | Registration & Continental Breakfast | | |
| 8:45 am – 9:00 am | Welcome Greetings & Overview of the Day | | |
| 9:00 am – 9:45 am | Opening Plenary <i>We See and are Not Silent! Nurses' Role in Social Justice: Lessons Learned from Nurses for Social Responsibility.</i> Kathy Hardill, RN, MScN, NP and Cathy Crowe, RN, M.Ed, O.C | | |
| Session Change | Room 211 | Room 213 | Room 217 |
| BREAKOUT SESSION A 9:55am – 11:10 pm | INTERSECTIONALITY as SOCIAL JUSTICE (11) A Qualitative examination of older Chinese immigrants' contributions to Canadian society. (44) Watson's Caring Science: A framework to advance inequities with Muslim patients in Canada. (5) Witness to difference: Social Justice and the show and tell of comics. | HOMELESSNESS (7) Lessons learned in nursing advocacy for voting rights. (10) Gender and experiences of family homelessness. (24) Social justice and end-of-life care: Lessons from Journey Home Hospice. | GENDER-BASED ANALYSES OF INEQUITY (1) Gender-affirming care: a concept analysis. (6) Embracing the inclusion of women who've survived Non-State Torture: Beyond professional-societal silencing. (39) Highlighting reproductive justice issues through Canadian women's contemporary abortion access narratives |
| Coffee Break 11:10-11:25 | Photo Exhibits Open | | |
| BREAKOUT SESSION B 11:30 am-12:45 pm | TENSIONS ARISING FROM a SOCIAL JUSTICE MANDATE* (14) Managing ethical conflicts that can arise from the social justice mandate. (19) "I'm woke...now what?": The tensions of teaching social justice in nursing education. (31) "Not everything that glitters is gold": the 'traps' involving the learning of social justice in the teaching of Community Mental Health. (4) Where do we stand? Current readiness, experience and knowledge surrounding inclusion of LGBTQ+ information in nursing teaching practices. | HARM REDUCTION AS SOCIAL JUSTICE (3) From Grief to Action: Lessons learned after the death of my brother from an Opiod overdose. (37) It's in The Works! (38) Resistance and solidarity in Ontario's first overdose prevention site. | STRUCTURAL RACISMS (9) Deconstructing the Caged Identity of Racialized Youth' Involvement in Gun Violence. (18) A critical examination of the leadership experiences of African Nova Scotian nurses in health care practice. (33) Structural racism matters: Understanding the social and HIV vulnerabilities of heterosexual young Black men living in Toronto. |
| 12:45 pm – 1:15 pm | Pick up and Go Lunch & HOSTED Poster Exhibits | | |

AFTERNOON AGENDA

| | | | |
|--|---|---|---|
| 1:15 pm - 1:45 pm | Book Launch (46) "A Knapsack Full of Dreams: Memoirs of a Street Nurse." By Cathy Crowe, Hon PhD (York) | | |
| | Room 211 | Room 213 | Room 217 |
| BREAKOUT SESSION C 1:45 pm - 3:00 pm | MIGRATION (34) Stuck in the middle: Bicultural stress in African immigrant youth living in Canada. (35) Own your privilege and speak up: Stop workplace incivility aimed at Internationally Educated Nurses. (2) - Refugee Women's Mental Health Inequities: Applying Intersectionality through a Public Health Lens. | LGBTQ+ (17) Mobilizing Asian gay and bisexual men to address intersecting stigmas: Insight from the Toronto Strength-in-Unity project. (28) Does hetero-normativity exist in nursing research that strives to be inclusive? (32) Reducing health inequities for the Trans* community: Advocacy and the role of nursing. | APPLYING CRITICAL INTERSECTIONALITY TO MENTAL HEALTH (22) Negotiating identities: Growing up experiences and mental health vulnerabilities of young Asian women. (23) Understanding compassion in mental health care from the perspectives of culturally diverse patients and families. (30) "You can't see mental illness": Perceptions on mental illness and related stigma among Asian men in Toronto, Canada. |
| Session change/Grab a cold drink | | | |
| BREAKOUT SESSION D 3:10 pm - 4:25 pm | SOCIAL JUSTICE POLICY WORK (27) Moving beyond tokenism: Working together to improve health equity. (25) Nurse leaders promoting social justice: Stories from the Peace Summit. (21) Prison palliative care as harm reduction work. | CULTURAL HUMILITY as SOCIAL JUSTICE PRACTICE (29) Engaging in cultural humility through a global health service-learning experience to support equity and social justice. (15) Understanding and acting on the challenges experienced by Indigenous women who smoke during pregnancy. (42) Culturally safe care for Indigenous mothers in Saskatchewan: Participatory and patient-oriented research approaches. | DISRUPTIVE METHODOLOGIES (8) The Indispensability of Critique: Reflections on bearing witness to mental health care. (16) Ruffling feathers: Nursing students for social justice. (20) Preparing the next generation: The need for socially just RNs. |
| Session change | | | |
| 4:30 pm - 5:30 pm | Closing Plenary/Inaugural June Awrey Lecture "RADICAL RECONCILIATION: FROM RISKS TO RIGHTS WITHOUT HAVING TO SAY WE'RE SORRY." Dr. Lisa Bourque-Bearskin, RN, PhD | | |
| 5:30 pm - 6:30 pm | School of Nursing Hosted Reception – Celebrating 25 years. | | |

Poster Exhibits Continue

The 2019 June Awrey Lecture

“RADICAL RECONCILIATION: FROM RISKS TO RIGHTS WITHOUT HAVING TO SAY WE'RE SORRY.”

Dr. Lisa Bourque-Bearskin, RN, PhD

Social justice is the cornerstone of nursing care; it requires nurses to acknowledge that health risks are inherently tied to the environmental, cultural, social, economic, and political systems of personal agency. Nurses witness the outcomes of social injustice on a daily basis. Here in Canada, the legacy of colonization places the burden of illness and premature mortality on Indigenous peoples. Characterized by poverty, crowded housing, and lack of basic sanitation infrastructure, these social inequities lead to preventable and devastating injustices (Greenwood, 2019, Allen & Smylie, 2015). Marking a turn in Canadian's collective social consciousness and commitments to social justice, as demonstrated by the amalgamation of Health Canada's Indigenous Health Services program, adoption of new legislative Indigenous rights and language policy, and the development of tripartite provincial health care agreements show a transformed commitment to reconciliation. This presentation will focus on calls from nursing leadership for health systems to deliver high quality and culturally safe services through policy development when working with Indigenous populations in Canada. Rooted in authentic life-giving forces from Indigenous nurses' own experiences, language, and culture as touchstones to uncovering truth and dismantling systemic barriers to decolonization, and Indigenization while reconciling the ascriptions that have been embedded into the flesh of Indigenous peoples working toward "achieved wellness" (Dion Stout, 2012). Actions that will not further marginalize Indigenous knowledge systems but rather confront the political and ethical tensions poised in nursing practice will be explored.

Learning Objectives:

1. What are the implications of reconciliation, decolonization, and indigenization in academia?
2. What are the challenges and successes of implementing the United Nations' Declaration on the Rights of Indigenous Peoples in Nursing Education?

BIO: Dr. Bourque Bearskin a Cree/Métis Nurse from Beaver Lake Cree Nation, and Associate Professor at Thompson River University, School of Nursing, has devoted her life and career to improving Indigenous health. Dr. Bourque Bearskin's leadership in bringing together networks of community researchers is remarkable. She currently holds a number of grants funded by the Canadian Institute Health Research – Institute for Indigenous Peoples, the Michael Smith Foundation for Health Research and Thompson Rivers University where she initiates community-led research by Indigenous communities. She mentors students and faculty to advance Indigenous nursing research to promote reconciliation and decolonization. She conducts collaborative research with communities, students, and faculty to identify opportunities for meaningful health research that is driven by community-generated priorities. She leads political and social innovation through informal and formal nursing organizations to advance positive change in nursing using Indigenous pedagogies, ethics, and research to enhance understandings of Indigenous nursing knowledge, Indigenous social determinants of health and Indigenous wellness that maintains cultural integrity of nurses practice and supports Indigenous sovereignty. While Dr. Bearskin is humble, her peers celebrate her exemplary contributions in developing Indigenous-nursing knowledge through research, curriculum development, scholarship, and research to inspire positive change within our discipline and society.

POSTERS

- ❖ (12) Exploring Western and Indigenous research methods to facilitate engagement of underrepresented female cancer survivors in studies of CAM therapies.
- ❖ (18) A critical examination of the leadership experiences of African Nova Scotian nurses in health care practice.
- ❖ (26) Exploring the influence of socio-cultural factors on equitable access to social participation in dementia support programs among Canadian immigrant and refugee populations.
- ❖ (36) Apprehension of a newborn at birth: Maternal experiences.
- ❖ (40) Attending to the bereavement needs of prisoners.
- ❖ (41) Fostering cultural competence through interprofessional collaboration as a strategy to promote social justice.
- ❖ (43) What influences the life satisfaction among the migrant elders in southern China?
- ❖ (45) Stakeholders' perceptions of barriers and facilitators to equitable access to naloxone in Ontario.
- ❖ (49) ROOT: a Rural approach to treating opiate use 'dis' order.
- ❖ (50) Resisting paternalism through qualitative research: Survivors disclosing stories of domestic violence.

Abstracts

(1) Gender-affirming care: A concept analysis.

Sophie Lightfoot RN, MScN(c), University of Ottawa & Dr. Amanda Vandyk RN, PhD, University of Ottawa.

BIO: Sophie currently works as an RN in pediatric emergency and psychiatry, and as a Sexual Assault Nurse Examiner at the Children's Hospital of Eastern Ontario (CHEO). She also serves as a teacher's assistant with the undergraduate nursing program at the University of Ottawa. Sophie has previous experience working in harm reduction and community outreach with marginalized populations in Ottawa. Her thesis work explores the experiences of transgender youth accessing Emergency Departments in Ontario with a focus on their interactions with nurses.

ABSTRACT: Transgender (or trans) is a term used when gender identity does not match biological sex, and the trans spectrum is highly varied. Persons who identify as trans are some of the most marginalized within Canadian society and their nursing care (gender-affirming care) should be responsive to their needs. Unfortunately, there is paucity of research on the experiences of trans persons interacting with nurses, a lack of clarity about the concept gender-affirming care, and academic and professional education is almost non-existent. As such, nurses are limited in their ability to care and advocate for these patients, effectively hindering the principles of social justice nursing in practice. The consequences for trans patients are further marginalization, unmet health care needs, and increased morbidity and mortality. This study fits within the theme "Innovations in practice, policy, education or research aimed at promoting social justice and equity". We offer an evidence-informed definition of gender-affirming care and the essential attributes, antecedents and consequences identified provide a provisional understanding of gender-affirming care, which is useful for social justice nursing practices, innovative nursing curriculum development and equitable health outcomes for trans persons.

Learning Objectives:

- i. Attendees will develop an understanding of the defining attributes, antecedents and consequences of gender-affirming care, as described in the peer-reviewed literature.
- ii. Attendees will be challenged to reflect upon how gender-affirming care could be applied to their education and practice settings.

(2) Refugee Women's mental Health Inequities: Applying Intersectionality through a Public Health Nursing lens. Shahin Kassam. RN, BN, MN, PhD (c) University of Victoria, School of Nursing.

BIO: Currently, I am a PhD candidate at the University of Victoria, keen on drawing attention to inequities faced by refugee women who are pregnant or mothering. In doing so, I recognize how refugee women are unique in the contexts they come from. Often these contexts are conflated with broad immigrant narratives thus drowning their stories of inequitable health experiences. As such, it is my intention to challenge dominant discourses related to refugee health as well as mental health. It is also my intention to harness capacities of public health nurses which include engaging with policy development.

ABSTRACT: The immigrant and refugee population in Canada is predicted to grow to 11.1 million by the year 2031. Of this number, 52.3% will be women and girls. Although Canada is considered a developed country with stable processes in place to provide care, individuals taking refuge in Canada face challenges of inequitable healthcare. For example, recent exploration into coping among refugee women who are pregnant or newly mothering, also known as maternal refugee women, revealed significant experiences of depression and anxiety. However, this is not new knowledge. For more than a decade, we have known that migrant women, especially

those with refugee status, are at higher risk for perinatal mental health concerns. Yet, maternal refugee women face financial and knowledge barriers when accessing healthcare. With the World Health Organization identifying limited access to health as a social justice problem, it is essential to understand approaches that can promote equity. Population health strategies have been supported in the literature as a promising approach to engaging with inequitable mental health experiences, especially among complex populations. Public health nurses are rooted in such strategies. With mental health and maternal health being public health nursing priorities, I assert the need to value and harness capacities public health nurses have to offer. In order to acknowledge the value of these capacities, I discuss how principles of public health nursing such as social justice, equity, ethics and human rights, inform practice and build healthy public policy. I also assert the need for innovation in how determinants of health are viewed. Understanding and embracing an intersectionality lens as viewed by public health scholar Olena Hankivsky has potential to keep public health nurses informed and attentive to how equity is functioning within complex populations such as perinatal refugees with mental health concerns.

Learning Objectives:

1. to highlight the current state of social injustice faced by refugee women who are pregnant or newly mothering and experiencing mental health issues
2. to shed light on the population health approach as a way to disrupt inequity

(3) From grief to action: lessons learned after the death of my brother from an opioid overdose.

Leigh Chapman, RN, BScN, BA (Hons), MSc, PhD Candidate, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto.

BIO: Leigh is a Doctoral Research Fellow, The Wilson Centre. Co-organizer, Toronto Overdose Prevention Society. Secretary, Harm Reduction Nurses Association. After the death of Leigh's older brother Brad in August 2015, Leigh became a harm reduction activist. She is the co-founder of the Toronto Overdose Prevention Society and volunteered for 11 months at the Moss Park Overdose Prevention Site when it was unsanctioned and located in the park. Leigh is also an advocate for issues related to homelessness, harm reduction, social justice, stigma, and drug policy reform.

ABSTRACT: In Canada, there have been over 8,000 deaths from opioid overdose between 2016 and 2018, and these preventable deaths continue to rise due to the increasingly toxic illicit market (Government of Canada, 2018). Yet in 2015, when my brother died from a drug overdose in Toronto, Canada's largest municipality, overdose deaths were not tracked across the country. He overdosed in an alley, close to a local harm reduction program that he frequented and died just a few weeks prior to his 44th birthday. This presentation chronicles the death of my brother Brad and my subsequent journey into advocacy for drug policy reform amidst an emerging overdose crisis. It addresses strategies for challenging stigma and opportunities for partnering with people who use drugs and their families through engagement in harm reduction. Launching myself into advocacy work on harm reduction in the midst of an emerging overdose crisis has taught me key lessons about the importance of humanizing people who use drugs, the use of non-discriminatory language and the need for strong advocacy tactics. I will share my lessons learned from knowing very little about harm reduction, to advocacy work and then activism, in helping to set-up and run Ontario's first Overdose Prevention Site for 11 months in Moss Park, Toronto. I will also describe what I learned after going through the very difficult process of a coroner's inquest into the death of my brother. The current overdose epidemic we are facing in Canada and internationally calls on nursing leaders to prioritize holistic and compassionate care for people who use drugs and their families. I see this as a human rights issue with social justice at its core. As nurses, we must do more to help prevent overdoses and improve the lives of people who use drugs.

Learning Objectives:

1. To share lessons learned of how I transformed my grief into action through harm reduction advocacy and activism.

- II. To issue a plea for nurses to see the overdose crisis as a key social justice issue and a call to action for nurses to do more in the face of this preventable epidemic that is needlessly killing so many Canadians.

(4) Where Do We Stand: Current Readiness, Experience, and Knowledge Surrounding Inclusion of LGBTQ+ Information in Nursing Teaching Practices. Alexander Vincent, BScN (c) Trent University School of Nursing.

BIO: Alexander is a nursing student at Trent University in the compressed program in his final year of study. He has a passion for issues surrounding the LGBTQ2S+ population and health care. He hopes to continue his research in this area during his final year of study and to continue this work during his career.

ABSTRACT: There is currently a lack of inclusion of LGBTQ2S+ content in nursing education in Canada and North America which leads to lack of cultural competence in practice. This creates a social inequity for these individuals as their specific needs are not being taught in nursing schools causing providers to lack the tools necessary to provide appropriate care. Students identify feelings of lack of knowledge and preparedness to provide culturally safe care to this population. In order to increase inclusion of LGBTQ2S+ content in nursing education it is necessary to identify the current barriers to inclusion in curricula. To gain this information, an online survey was conducted and sent to all faculty members of the Trent Fleming School of Nursing. The results of this survey are to be used to inform the curriculum committee of areas for improvement as well as support upcoming research in LGBTQ2S+ education implementation. The results found suggest that faculty want increased development in this area and they identified the following as the three top strategies to promote faculty readiness: review of curriculum to identify gaps in LGBTQ2S+ health topics, faculty development seminars on LGBTQ2S+ health topics, and partnering with LGBTQ2S+ specific community agencies. The two other themes that emerged were a lack of inclusion in current teaching and a willingness to improve. Although the overall responses were very positive, there was a noted lack of knowledge among clinical instructors regarding LGBTQ2S+ health topics as well as some respondents not considering themselves allies towards the LGBTQ2S+ community and only rating the inclusion of LGBTQ2S+ content into nursing education as slightly important. The results of this research call for a change in the curriculum to include more LGBTQ2S+ content as well as providing education for faculty to help them include this content and increase their knowledge.

Learning Objectives:

- i. Increase awareness of lack of education in undergraduate nursing programs regarding LGBTQ2S+ issues and competence
- ii. Increase knowledge about where some of the current gaps and barriers exist in undergraduate nursing programs for LGBTQ2S+ content and how faculty view this issue

(5) Witness to difference: social justice and the show and tell of comics.

Joanne Purcell, RN, PhD(c) Critical Disability Studies, York University.

BIO: Joanne combines her background as a visual artist and registered nurse using comics alongside disability and difference. She holds a BScN from the University of Toronto, an MA in Art History from York University, and is a graduate of the Ontario College of Art in Toronto. She is the current and founding Program Coordinator of Illustration at Seneca College.

ABSTRACT: In this paper, I will present two comic-based works that elucidate a theoretical discussion of the ethics of care. My own work is created alongside my daughter, born with the genetic difference, Down syndrome. My practice began almost three years ago in the ordinary days of family life where I began to draw a four-panel comic every day to make material our encounters. As part of my PhD research, I undertake these

daily entries to consider the mundane experience of living beside disability. I will compare my project to *Epileptic* (2005) by David B., a graphic narrative created alongside his brother who has a severe form of epilepsy. Amelia deFalco (2015) in writing about comics and ethics of care, wrote that comics are uniquely situated to visually demonstrate the interdependence between caregiver and the vulnerable person and are in direct confrontation to the autonomous, independent social structure espoused in a neoliberalism. The philosophical view of the ethics of care of others situates this as universally human: that we are all dependent on others and caretaking is not just a gendered activity that takes place at the end or beginning of life. The form of comics is a burgeoning field of artistic, literary and scholarly inquiry, no longer exclusive to superheroes and horror. Comics are unique precisely because they can serve as visual witness to the embodied lives lived outside the normative social structure and can work to make space for subjugated knowledge. When they are used for testimony of the self or others, for witnessing, and to recall and situate memories, specifically those who have been marginalized by society for their race, culture, disability, gender, sexual identity or orientation they become part of the larger scholarship project, *Graphic Medicine*.

Learning Objectives:

- i. To introduce two graphic narratives that are part of the rapidly expanding and innovative scholarship project of Graphic Medicine.
- ii. To demonstrate how comics can work to disrupt dominant narratives and have become a powerful social activist art form.

(6) Embracing the Inclusion of Women Who've Survived Non-State Torture: Beyond Professional-Societal Silencing. Jeanne Sarson, MEd, BScN, RN (retired) and Linda MacDonald, MEd, BN, RN

BIO: Jeanne Sarson and Linda MacDonald have, since 1993, concentrated predominately on non-State torture (NST) victimization, sexualized human trafficking, and exploitation organized within the context of family relationships, connected to likeminded others locally, nationally or internationally. Awarded Women of Peace Awards for their work at the UN in New York, Geneva, Switzerland, and Vienna, Austria; in 2018 being awarded a civil society responsibility to give an [oral statement](#) to the UN Human Rights Council; in October being panelist and reading of an [oral statement](#) at 9th session of the Conference of the Parties to the UN Convention against Transnational Organized Crime; in November presented a shadow report to the UN Committee against Torture addressing the need for Canada to name and criminalize torture perpetrated by non-State actors.

ABSTRACT: Nurses have long been involved in the caring of persons who had survived State-inflicted torture; however, little has been written about nursing care of women who survived torture inflicted in the private domestic sphere, perpetrated by family members, spouses, human traffickers, pimps and buyers, or strangers, for example. Our presentation will break this silencing. We will share our innovative-based practices that have captured our focus since 1993 when our nursing knowledge was forever transformed by a woman so tortured who sought our support. We will define the meaning of torture inflicted by private actors which is known as non-State torture in human rights language, share participatory research, explain how cellular memories or "body talk" is re-remembered thus needs to be viewed as normal responses, explain how developmental gaps can arise and be addressed during recovery, and explain conditioned suicidal-femicide. Sharing resources and promoting a feminist human-right equality approach has meant being involved in social activism nationally and internationally, examples of this work and outcomes will also be discussed. Nursing ought to consider promoting social justice change such as a practice of creating a nursing diagnostic process starting with a position statement to promote women's dignity and break the silence by responding with informed care to women who disclose surviving non-State torture (NST) victimization.

Learning Objectives:

- i. Attendees will leave knowing what non-State torture (NST) is when perpetrated within the domestic private sphere and the need for social justice efforts for change in nursing practices.

- ii. Attendees will leave with insights about normal survival responses of women who have survived non-State torture whether inflicted in childhood or adulthood.

(7) Lessons Learned in Nursing Advocacy for Voting Rights.

Dr. Abe Oudshoorn, RN, PhD, Assistant Professor, School of Nursing, Western University

BIO: Abe Oudshoorn is an Assistant Professor at Western University in London. In addition to teaching Nursing at the undergraduate and graduate levels, Dr. Oudshoorn serves as Chair of the London Homeless Coalition and on the Steering Committee of the Centre for Research on Health Equity and Social Inclusion.

ABSTRACT: The purpose of this presentation is to share lessons learned from advocacy on voting rights for persons experiencing homelessness in Canada. As Chair of the London Homeless Coalition, I have had the opportunity to address federal elections policy from draft reform, to policy implementation, to a legal case against the legislation, to ultimate changes under a new government. This process started with the draft of the 'Fair Elections Act' proposed by the Conservative government that would increase the identification requirements for voting in Canada. Knowing that this would negatively impact people experiencing homelessness, the London Homeless Coalition under my leadership confronted this reform. We had an opportunity to present to Parliamentary Committee on the legislation, and when unsuccessful, joined a legal suit against the new Act. Under the Liberal government, we have seen some of the harmful elements of this legislation recently reversed. Through this presentation I will present the variety of tactics employed to influence and then combat legislation, where wins and losses occurred along the way, and what nurses should know about sustained influence on legislation. These lessons should support nurses in their own policy advocacy.

Learning Objectives:

- i. The diverse approaches available to influencing policy.
- ii. Understanding how policy change occurs over time.

(8) The Indispensability of Critique: Reflections on bearing witness to mental health care.

Simon Adam, RN, PhD, Cheryl van Daalen-Smith, RN, PhD & Linda Juergensen, PhD(c)

BIO: Dr. Adam is an assistant professor in the School of Nursing at York University. He is a social scientist in nursing. His work focuses on the mental health industry, its various institutional and discursive dimensions, the consumer/survivor/mad experience, and alternative and counter-hegemonic ways of conceptualizing human illness, suffering, and crisis. Dr. van Daalen-Smith is an associate professor in the School of Nursing at York University and founder of Witness: The Canadian Journal of Critical Nursing Discourse. She is a feminist nurse researcher and long-time community health nurse. Her interests lay in the health and quality of life of girls and women, with a particular interest in the role of gender-based oppression on well-being. Linda Juergensen, RN, PhD(c) is a lecturer in the School of Nursing at York University. Linda's interest is in the sociopolitical context of health. As a former public health nurse, she has lived and worked in Canada, Africa and the Middle East. She is a critical theorist and a community health/public health expert.

ABSTRACT: Reflecting on two mental health examples from our practice, we demonstrate how in the instances that critique is absent, the results can be catastrophic. Drawing on Foucauldian theory, we propose the idea of critique, known as the vigilant tempering of governance (or the 'conduct of conduct'). We advance that critique is an indispensable health resource for the practicing mental health nurse and for nursing more broadly, without which nursing risks participating in the reproduction of hegemonic discourses and practices. Critique, in this presentation, is theorized as a tool to be included in the nurses' repertoire, that which can unlock a variety of ontological and epistemological possibilities. Critique is likewise a vital ingredient needed in social justice work. We discuss some reasons why nursing critique is constrained and offer questions for further reflection and critical consideration.

Learning Objectives:

- i. Discuss the concept of critique and its importance for nursing
- ii. Examine discursive and institutional biomedical hegemony in mental health

(9) Deconstructing the Caged Identity of Racialized Youth' Involvement in Gun Violence

Dr. Annette Bailey, RN, PhD; Daphne Cockwell School of Nursing; Divine Velasco, RN, MN; & Leo Cho, RN, MScHQ, CON(C).

BIO: *Annette Bailey* holds a PhD in Public Health Science. Her research explores gun violence prevention and survivorship, with a focus on understanding the grief and trauma experiences of survivors of gun homicide. She has explored the experiences of Black mothers who lost children to gun violence, as well youth who lost friends and siblings to gun homicide in Toronto. **Divine Velasco** holds a master's degree in Nursing. She has co-authored book chapters and journal articles that explore gun violence in Canada, as well as grief and trauma experiences of survivors of gun homicide in Toronto. **Leo Cho** is a Professional Practice Leader at Markham Stouffville Hospital for the Oncology program. His research area of interests includes addressing gaps in healthcare at the systematic level, optimizing model of care, and enhancing patient safety. He holds a Master of Science in Healthcare Quality and is actively engaged in research involved in improving patient care.

ABSTRACT: Gun violence arises from a complex system of social structural issues, with progressive and detrimental public health consequences. This modern epidemic has surpassed other forms of violence in its impact on the mortality and morbidity of racialized youth. Increasingly, evidence indicates these youth are overwhelmingly burdened with exposure to gun violence death, resulting in debilitating traumatic grief and social stagnation. Despite the socio-economic influences on gun violence today, the issue is primarily framed within the lens of social delinquency, race-based stigma and criminality. Such perspectives have not fostered opportunities to deconstruct the intersection of social determinants that co-exist with gun violence. A shift in our perspective should be informed by an understanding of how the intersection of structural oppression, trauma, race, and masculinity influence the occurrence, and proliferation of gun violence. This critical analysis explores this intersection, using firsthand insights from stakeholders working closely with marginalized youth, as well as results from research with youth survivors of gun violence. A model of the 'caged identity' is used to conceptualize the intersections of oppression, trauma, identity, and masculinity, in racialized youth involvement with gun violence. Underpinned with public health's values, this analysis is meant to challenge traditional patterns of thinking that have influenced patterns of actions, decisions, and systems around gun violence. With the alarming increase in proliferation of gun violence, this critical analysis calls for social change rooted in a public health approach.

Learning Objectives:

- i. To increase understanding of the social and structural factors that intersect in racialized youth's experience with gun violence
- ii. Discuss strategies for mediating the impact of the intersections of injustices in racialized youth' experience with gun violence.

(10) Gender and Experiences of Family Homelessness

Fawziah Rabbiah-Mohammed, MScN, Arthur Labatt Family School of Nursing, Western University; Abe Oudshoorn, RN, PhD, Assistant Professor, Arthur Labatt Family School of Nursing, Western University; Cheryl Forchuk, RN, PhD, Beryl and Richard Ivey Research Chair in Aging, Mental Health, Rehabilitation and Recovery.

BIO: *Fawziah Rabbiah-Mohammed* is a PhD student at Western University in London, Ontario.

ABSTRACT: Family homelessness is a growing social challenge throughout the developed world. The purpose of this study was to understand the experiences of family homelessness in a mid-sized Canadian city and,

particularly, the role that gender plays in these experiences. This project was a secondary analysis situated within a critical theoretical perspective. The data for this study, consisting of 4 focus groups, were extracted from a primary study that focused on diversion from family homelessness. Qualitative thematic analysis was utilized with data being managed and themed with the assistance of Nvivo. Four themes were generated: scarcity of resources; relationship breakdown; living with precarious mental health; and a common experience. The first three themes reveal distinct differences between men and women on their pathways into homelessness, where the last theme highlights that during times of extreme crisis and housing loss, men and women who are parenting undergo very common experiences and challenges related to meeting housing needs and supporting their children. Pathways into homelessness are gendered, and it was noted in this analysis the unique challenges that mothers face in relation to poverty, conflict, and mental health. Therefore, services need to be geared to support the unique needs of women and mothers. The Ottawa Charter for Health Promotion determines shelter, social justice, and equity as prerequisites of health (WHO, 2016). Housing is one of the human rights as declared by the United Nations General Assembly (2015). If nurses are to live up to the requirement of the Canadian Nurses Association (2017) to advocate for social justice, then they need to understand how to do so, and how ensuring access to housing is a part of this endeavor. Therefore, this study lies under a critical analyses of health inequities and the role of nurses/nursing.

Learning Objectives:

- i. It is as relevant as ever at a provincial level to make sure that social assistance rates for families are reflective of the true costs of housing as the primary concern was financial resources and the primary source of income for families was social assistance.
- ii. Nursing students should develop a complex understanding of how social injustices and inequities cause homelessness. Coursework should cover how health is altered by external factors such as politics, economy, environment, social norms and traditions, religion, work force, prejudice and racism, and where nurses could position themselves in order to change these factors.

(11) A Qualitative Examination on Older Chinese Immigrants' Contributions to Canadian Society

Ping Zou RN, PhD, Associate Professor, School of Nursing, Nipissing University

BIO: The purpose of Dr. Zou's research is to develop culturally sensitive interventions to support Chinese Canadians managing their chronic illness in community. Supported by Heart and Stroke Foundation of Ontario and Canadian Council of Cardiovascular Nurses research grant, Dr. Zou designed and tested the Dietary Approach to Stop Hypertension and Sodium Reduction for Chinese Canadian (DASHNa-CC), a dietary intervention incorporating Traditional Chinese Medicine to treat hypertension in Chinese Canadian community. Dr. Zou is currently working with professionals in nursing, nutrition science, Traditional Chinese Medicine, sociology, and information technology to further explore innovative and effective community interventions for chronic illness management.

ABSTRACT: Despite the fact that older immigrants consistently support their children, grandchildren, families and communities, there is a lack of research on older immigrants' contributions. A qualitative study comprised eight one-on-one telephone interviews and two focus groups in a community center (10 participants each group). Using non-probabilistic convenient sampling, 241 older Chinese immigrants were recruited in community for a survey. Among these 214 participants, 28 were recruited for the interviews and focus groups. Four themes were identified. Theme one was current health status and health care challenges. Majority of participants perceived their health status to be good. Four challenges of health care which they encountered in Canada, including language and communication, waiting time and inability to navigate the health care system, future concerns, and winter challenge. Theme two was working at Home. Older immigrants supported their families through caring for their grandchildren, assisting with housework, supporting family financially, and resolving family conflicts. Theme three was working outside of the Home. Related subthemes included taking on any available job, transferring knowledge and skills to a Canadian context, and not being satisfied with job opportunities in Canada. Theme four was volunteering in the community. Older immigrants' volunteer experiences revolved around peer support, taking on leadership roles in non-profits, enriching Toronto's

multicultural environment, and their motivation to contribute. The findings of this study will enhance understanding of older immigrants' roles in our society, promote respectful social environments, reduce discrimination, and better integrate older immigrants into Canadian society.

Learning Objectives:

- i. To describe older immigrants' contribution to our society and enhance the understanding of older immigrants' roles in our society.
- ii. To brainstorm the strategies to promote respectful social environments, reduce discrimination, and better integrate older immigrants into Canadian society.

(12) Exploring Western and Indigenous research methods to facilitate engagement of underrepresented female cancer survivors in studies of CAM therapies.

Marian Luctkar-Flude, RN, PhD, Queen's University, School of Nursing.

BIO: Dr. Marian Luctkar-Flude is an Assistant Professor at Queen's University School of Nursing with over 30 years nursing experience including surgical oncology. Her research interests include nursing education and clinical simulation, as well as cancer survivorship care. Her cancer survivorship research focuses on supporting primary care providers and breast cancer survivors to enhance the quality and comprehensiveness of survivorship care, through knowledge translation interventions, as well as studying innovative interventions for cancer fatigue and post-cancer cognitive impairment. Specifically, she is interested in examining the effect of neurofeedback on persistent symptoms in cancer survivors and exploring research approaches to engage Indigenous women in trials of novel interventions from which they might otherwise be excluded.

ABSTRACT: Many cancer survivors report persistent distressing symptoms such as cognitive impairment and distress following cancer treatment. Cancer survivors often turn to Complementary and Alternative Medicine (CAM) therapies for symptom management; however, little CAM research involves Indigenous women, who are underrepresented in clinical trials and on research teams. As traditional Western medicine is not always embraced by Indigenous communities, effective CAM therapies may be better accepted. Parallel feasibility studies, one using Indigenous research methods and one using Western research methods, will be conducted to determine best approaches to involve Indigenous and nonindigenous women in CAM therapy, using neurofeedback (NF) as an exemplar. Neurofeedback is a non-invasive form of brain training used primarily in the field of psychology. Preliminary studies show promising results in improved cognitive and affective symptoms, yet NF has not been widely adopted as a therapy for cancer survivors. The proposed research will be conducted by an interdisciplinary team of Indigenous and nonindigenous researchers and clinicians from nursing, psychology, sociology, rehabilitation sciences and medicine. *Research objectives:* 1) to explore Indigenous and Western research methods to facilitate engagement of female cancer survivors in studies of CAM therapies; and, 2) to explore feasibility, acceptance and promise of a NF intervention for persistent cognitive and affective symptoms in Indigenous and nonindigenous female cancer survivors. The use of NF with Indigenous and nonindigenous cancer survivors is novel. Using an advanced, holistic, user-friendly form of NF in cancer care and community settings represents a significant paradigm shift in cancer survivorship care. Importantly, this study addresses inequities in cancer survivorship care and research, and is uniquely positioned to systematically examine how NF will be received by Indigenous female cancer survivors. Findings will contribute new knowledge about engaging Indigenous women in CAM therapies and research studies from which they might otherwise be excluded.

Learning Objectives:

- i. To understand underrepresentation of women and Indigenous persons in clinical trials of novel interventions, and within research teams
- ii. To describe approaches for engaging Indigenous women in research from which they might otherwise be excluded

(13) n/a

(14) Managing Ethical Conflicts that Arise from the Social Justice Mandate.

Dr. Caroline Porr PhD, RN Memorial University of Newfoundland. **Dr. Alice Gaudine** PhD, RN , professor and the dean of the Faculty of Nursing at Memorial. **Dr. Kevin Woo** PhD, RN, NSWOC, WOCCC(C), FAPWCA Queen's University. Dr. Woo is an associate professor in the School of Nursing and School of Rehabilitation Therapy. **Ms. Joanne Smith-Young** MN, PhD(C), RN Memorial University of Newfoundland. Ms. Smith-Young is the Research Coordinator of the Faculty of Nursing Research Unit. **Ms. Candace Green** BN (Student), Memorial University of Newfoundland. Ms. Green is a fourth-year baccalaureate nursing student in the Bachelor of Nursing (Collaborative) Program.

BIO: Dr. Caroline Porr is an associate professor in the Faculty of Nursing at Memorial University in NFLD.

ABSTRACT: All Canadians have a right to good health!—just one of the key social justice principles to which public health nurses align and that guides their day-to-day practice. However, viewing individual clients, families, communities and populations through a social justice lens and carrying a social justice mandate can prove challenging. Our team of nurse researchers investigated the challenges faced by public health nurses and home care nurses while providing preventative and restorative care in community settings. Many participants shared how they found themselves caught in an ethical dilemma when their strong social justice values were undermined by agency policies, societal beliefs, and, or, routine health care practices. In fact, some shared how they experienced moral distress which we know from previous research can adversely impact one's work-life conditions, health and well-being, and ultimately, quality of care delivery. During this oral presentation we will explicate the processes by which public health nurses and home care nurses manage ethical conflicts. Moral Compassing is the explanatory model that emerged from our study that consists of several processes: Undergoing a Visceral Reaction, Self-Talk, Seeking Validation, and Routing Support for Action or Inaction. Included in our presentation is discussion of Moral Residue, the process of continuing distress that is experienced by some when conflicts are unresolved. Following a fulsome description of Moral Compassing are calls for action for appropriate supports and resources to assist public health nurses and home care nurses in their attempts to manage ethical conflicts.

Learning Objectives:

- i. To advance understanding how ethical dilemmas can personally affect public health nurses and home care nurses.
- ii. To identify strategies that public health nurses and home care nurses implement when faced with ethical challenges in community-based health care settings.

(15) Understanding and Acting on the Challenges Facing Indigenous Women who Smoke during Pregnancy.

Dr. Sandra Small PhD, RN Memorial University of Newfoundland. **Dr. Caroline Porr** PhD, RN Memorial University of Newfoundland & **Dr. Cindy Murray** PhD, RN Memorial University of NFLD.

BIO: Dr. Caroline Porr is an associate professor in the Faculty of Nursing at Memorial University in NFLD.

ABSTRACT: Pregnancy, childbirth, and assuming the mothering role and responsibilities are exciting and at the same time can be incredibly stressful life events! Context, circumstances, and support are significant factors that can buffer or compound the stress. For some women, cigarette smoking is an effective coping mechanism to manage stress, particularly during pregnancy. A disproportionate number of Indigenous women in Canada find themselves needing to smoke during pregnancy which may cause public health nurses to question whether, from a social justice ethic, standardized smoking cessation programs are appropriate. That is, will contextual factors be addressed? Despite the evidence that smoking during pregnancy has deleterious effects for the mother's health, for the fetus, and for the child after birth (including pre-term delivery, low birth weight, sudden infant death, and impaired lung function) there is a dearth of research to guide practice to ensure

contextually relevant and culturally sensitive cessation interventions are implemented. We are a team of nurse researchers who conducted a phenomenological study of the experiences of Indigenous women who smoked during pregnancy to address this practice gap. Twenty-six interviews with 15 Indigenous women provided rich data about the lived experiences of smoking during pregnancy and reasons for quitting or continuing to smoke. We will present the results of our thematic analysis along with calls for action on how to better support pregnant Indigenous women, generally, and in terms of resources to enable smoking cessation.

Learning Objectives:

1. To gain understanding of client perspectives, experiences and recommendations regarding smoking cessation to inform public health nursing practice.
2. To gain awareness of the layers of complexity inherent within smoking cessation interventions/programs when operationalizing social justice principles.

(16) Ruffling Feathers: Nursing Students for Social Justice. Presented by Ryerson Nursing Students for Social Justice: Hannah Stahl, Maria Kashif, Rezwana Rahman, Annita Velasque and Dana MacLean.

BIO: **Maria Kashif** is a 2019 BScN graduate and an executive member of the Nursing Students for Social Justice affiliate group at Ryerson University. Her passion for nursing activism is embedded in the belief that when people support each other, incredible things can happen. **Hannah Stahl** is a founder of Nursing Students for Social Justice, currently wrapping up the final semester of her BScN. She is a firm believer in the power of grassroots and nursing activism, driving her enthusiasm for student health equity advocacy. Hannah is currently documenting approaches to trauma informed care with community agencies in Queens, New York and conducting research out of the Federal University of Rio de Janeiro, to explore experiences of violence against women. **Dana MacLean** is currently a 3rd year nursing student at Ryerson University and a member of the Nursing Students for Social Justice. Dana's focus is on reducing barriers to care for marginalized populations. She has a keen interest in harm reduction strategies as well as supporting people living with HIV.

ABSTRACT: Nursing Students for Social Justice (NSSJ) is a recently inducted, official affiliate group of the Daphne Cockwell School of Nursing at Ryerson University. Formed by fourth year students in September 2019, the mission of NSSJ is the create a space where nursing students can come together to learn about, engage in, and lead social justice initiatives outside of the classroom. As a student-operated collective, NSSJ enables nursing students to network with similarly interested peers and nurse leaders in order to actualize their ideas and goals for health equity action. Without funding, the group's burgeoning success is solely attributable to the support of local nurse leaders and the shared passions of its members. Unlike many nursing student groups, NSSJ does not shy away from politicizing topics, actively encourages its members to challenge the status quo, and seeks out opportunities to get students on the frontlines of collective action. NSSJ was created with the core belief that nurses hold a unique and fundamental role in challenging health disparities across communities and populations. This conviction is rooted in the notion that nurses have a relevant knowledge base, applicable skills and social responsibility to care for marginalized persons in society. The three main areas of action NSSJ strives towards are: community contribution, professional development and political engagement. NSSJ takes actions in these key areas to promote health through social justice, whether the outcomes are big or small, as long as the impact is meaningful. In the past year NSSJ executed many different initiatives including donation drives for local organizations, university-wide naloxone training, workshops on 2SLGBTQ+ health and corrections health, a student conference and panel series on health and social justice topics, and smaller, regular student-led outings to local events such as the Toronto Homeless Memorial, community vigils and demonstrations, and trips to Toronto City Hall.

Learning Objectives:

- i. Embolden nursing students in other institutions towards empowerment and collective action for social justice initiatives.
- ii. Spur nursing leaders in education and social justice to front a heightened commitment towards mentorships and partnerships with students.

(17) Mobilizing Asian Gay and Bisexual Men to Address Intersecting Stigmas: Insight from the Toronto–Strength in Unity Project. Josephine Wong, RN, PhD & Yan Wei Mok, RN, MN(c)

BIO: Josephine Wong is a Professor with extensive experience in critical public health. She was instrumental to the development of the Access and Equity Policy and the Practice Framework at Toronto Public Health. Her program of research is underpinned by the principles of social justice and equity. She is committed to doing research “with” and “not for” affected communities. She seeks to go beyond asking the “so what” question to identify “what is possible” through research in the areas of identity construction, migration, HIV, mental health and stigma reduction. She works closely with affected communities to translate research results into socially innovative strategies that promote collective resilience and social change. Yan Wei (Andy) Mok is a first year MN student at U of Toronto. He is well-recognized for his leadership and contributions to the wellbeing of nursing students at the regional and national level. He is committed to making a positive impact in the Canadian health care system by advocating for equitable rights and fair treatment of marginalized groups such as LGBTQ+ and people living with mental illness and/or HIV/AIDS. Working in the community setting, Andy proactively raises public awareness of the negative impact of stigma on the health of affected individuals and communities. He engages in stigma reduction training with the goal of becoming a nursing leader and champion to address social stigma and health inequities.

ABSTRACT: Mental illness stigma contributes to silence, denial, social isolation, and barriers to help-seeking. Asian gay and bisexual (GB men) in Canada face additional challenges related to racism and homophobia. Silos in health care services further create access barriers faced by Asian GB men living with HIV and/or mental illness. *Background/rationale:* In 2015, a multidisciplinary research team engaged Asian GB men in an evidence-informed intervention study to address mental illness stigma and mobilize them to become Community Mental Health Ambassador. Asian GB men were recruited through community partnerships and networks. Participation criteria were: aged 17 and over; self-identified as an Asian GB man; living with or affected by mental illness; or interested in reducing mental illness stigma. In Toronto, we engaged 79 self-identified Asian GB men in stigma reduction training. Qualitative data provided rich descriptions on the effects of the interventions: (1) decreased internalized stigma and shame; (2) increased openness to challenge gender norms and express emotions; (3) recognition of the importance of self-compassion; (4) increased readiness/motivation to engage in community advocacy. In summary, the combined use of psychological interventions and empowerment education are effective in reducing not only stigma of mental illness but also stigma related to homophobia and racism. Since Asian GB men face complex challenges related to intersecting marginalization, the use of a synergistic approach to stigma reduction is critical.

Learning Objectives:

- i. identify the effects of intersecting stigmas experienced by Asian gay and bisexual men;
- ii. name the characteristics of effective interventions to reduce stigma; and
- iii. relate stigma reduction strategies in their nursing practice.

(18) A critical examination of the leadership experiences of African Nova Scotian nurses in health care practice. Keisha Jefferies, RN, MN, PhD (c). Dalhousie University

BIO: Keisha Jefferies is a registered nurse and PhD candidate in the School of Nursing at Dalhousie University. Her PhD research involves a critical examination of leadership experiences amongst African Nova Scotian nurses in Canadian health care practice. Keisha is an emerging Black Feminist scholar who uses a combination of theory and praxis to challenge health inequity and social injustice against Black peoples. Keisha also has policy analysis and clinical experience in neonatal nursing, maternal and newborn health as well as breastfeeding.

ABSTRACT: Black nurses are underrepresented in nursing and in advanced practice including specialty units and leadership. Research across Canada reveals that Black nurses encounter racism from patients, colleagues and

superiors. Examples of racist encounters include patients refusing care from a Black nurse and the use of racial slurs by colleagues. Everyday experiences of racism in the workplace are harmful to the mental and physical wellbeing of Black nurses. Additionally, Black nurses describe feeling as though they are practicing on the margins of the nursing profession. My research examines the leadership experiences of African Nova Scotian (ANS) nurses. ANSs are a distinct and highly stigmatized group within the Black Canadian population. ANSs experience racism in combination with a legacy of trauma, resulting in a unique experience of Blackness. Moreover, as the largest group of visible minorities in Nova Scotia, an examination of the leadership experiences of ANS nurses is essential to address the growing health concerns within the community. I use Black Feminist Theory and Critical Discourse Analysis to examine power through discourse and intersections including race, class and gender. My presentation also describes an initiative in the Dalhousie School of Nursing. The Community of Black Students in Nursing is a student-led peer-mentoring group for Black nursing students that hosts events to foster personal and professional development, academic excellence, community engagement and research interest.

Learning Objectives:

- i. To describe the evidence related to Black nurses in Canadian healthcare.
- ii. To discuss an initiative designed to support Black nursing students in predominantly white institutions.
- iii. To propose strategies for challenging harmful policies and practices that marginalize Black nurses within organizations and institutions.

(19) *"I'm woke...now what?": The tensions of teaching social justice in nursing education.*

Maki Iwase, RN, PhD

BIO: Dr. Maki Iwase is an Assistant Professor in the Teaching Stream at the Lawrence S. Bloomberg Faculty of Nursing. She teaches in both the undergraduate and graduate nursing programs. Her pedagogical praxis draws upon her clinical background as a home care nurse and diabetes educator. Her scholarship is informed by critical social theory and feminist anti-racist literature and activism.

ABSTRACT: In response to the second theme of the conference: *Social Justice Strategies to challenge marginalizing beliefs and actions*, I reflect upon my pedagogical praxis with undergraduate students in an accelerated BScN program to discuss the possibilities and limits of teaching social justice in nursing education. I focus on three productive yet problematic tensions that arise in classroom discussions about nursing's role in social justice: positionality-complicity, liberalism-radicalism, and professionalism-activism. Calling upon students to critically reflect upon their own positionality (intersecting identities of power and privilege) alongside their complicity in perpetuating social inequities in clinical encounters gives rise to disorienting discomfort, anger, guilt, and/or hopelessness which limits the possibilities to collectively engage in social justice movements. These affects and emotions are further complicated by ideological tensions between liberalism and radicalism. Nursing's historical leanings towards liberalism has had the unfortunate effect of reducing social justice to philanthropic work that flows from the charity model of social change. Not only does this exalt our positional superiority over marginalized populations while masking our embeddedness in a colonial-capitalist system, nursing's commitment to liberal egalitarianism has narrowed the possibility for radical change that gets at the root of underlying systemic and structural oppressions. What's more, prevailing discourses of professionalization (i.e. rhetoric of 'readiness to practice', clinical competency and NCLEX preparation) squeeze out any space for activism or subversive action that challenges the established order and transgresses our professional identity as agents of the state. We need to take seriously the uneasy tensions of teaching social justice from a critical perspective. Sidestepping these critiques have serious implications not just for teaching social justice in nursing education but nursing's role in enacting meaningful social change at the societal level.

Learning Objectives:

- i. Identify three tensions of teaching social justice in nursing education.

- ii. Examine possibilities and limits of nursing's role in challenging marginalizing practices and enacting social change.

(20) Preparing the next generation: the need for socially just RNs. Kim English, RN, BScN., M.N.

BIO: Kim is a faculty member with the School of Nursing at Trent University and has been engaged in leadership and social justice activities with undergraduate students for many years. Her other areas of research included rural and remote nursing practice and curricular approaches to LGBTQ health. In July 2018, she along with four other Canadians attended the first Nurse Activist Think Tank.

ABSTRACT: Nurses are socialized to see themselves as advocates, most specifically for patients. What is not always made clear to nurses, particularly new nurses, are the crucial role nurses play in advocacy beyond the individual patient. There are layers of complexity when it comes to advocacy, perhaps hindered to some extent by the introduction of formal "Nurse Advocate" roles within institutions in North America. Part of the challenge in enacting activism and social justice efforts in our practice may come from a lack of understanding regarding those particular concepts. Historically, nursing has been challenged by images projecting docile women, who are conciliatory to the male physicians they work with, rarely challenging decisions made. As a professional group, nurses have been challenged to "find their voice" and "speak their truth". While many nurses would not dispute this need, they would also articulate a sense of not feeling prepared to take on this work. Oftentimes, nurses speak of "growing into" an ability to take on an advocacy role, frequently this happens as part of their own social development or is related to their current practice area. Nurse educators may feel challenged to teach nursing students the importance of social justice and advocacy as a key nursing role, when students are more interested in and excited to learn psychomotor skills. There is a need to challenge the notion that nurse advocacy is limited to particular practice areas, for example, public health. Current sociopolitical environments prompt an even greater need for RNs to "speak their truth". This presentation will discuss ways and means to support the socialization of student nurses within social justice frameworks, sharing findings from the first *Nurse Activist Think Tank* held in 2018.

Learning Objectives:

1. To analyze nursing student engagement in social justice practices during undergraduate education.
2. To explore the outcomes of the Nurse Activist Think Tank from 2018.

(21) Prison palliative care as harm reduction work. Helen Hudson, MSc(A), University of Ottawa

BIO: Helen Hudson is a first year PhD student at the University of Ottawa School of Nursing, and a member of that department's Nursing Palliative Care Research and Education Unit (NPCREU). She has collaborated with prisoners on social justice projects for nearly 20 years. Her planned doctoral research will examine dying and palliative care within the Canadian federal prison system.

ABSTRACT: As the prison population ages, there is a growing recognition of the need for palliative care services for prisoners. The ethical and practical challenges of providing palliative care to prisoners are well documented. Less explored in the health literature is the way that the social injustices of mass incarceration impact end-of-life behind bars. As neoliberalism has caused a widening health equity gap, it has also brought about an ever-increasing criminalization of marginalized communities, such that those with the least access to the social determinants of health are the most likely to live out their final days in prison. Critical scholars have argued that prison palliative care services uphold mass incarceration by normalizing end-of-life behind bars, yet access to a good death is undeniably a social justice issue. This presentation argues that the work of prison palliative care nursing is therefore best approached as harm reduction. That is, there is an ethical imperative to attend to the needs of prisoners at end-of-life, despite the potential risk of naturalizing death behind bars in doing so. The clinical work of prison palliative care is therefore inextricably linked to the political work of reversing the trend of increased aging and dying in prison.

Learning Objectives:

- I. To understand the political dynamics underpinning the trend of increased end-of-life behind bars.
- II. To articulate a harm reduction lens through which to advocate for access to high quality palliative care that addresses the specific needs of those facing death and dying in prison.

(22) Negotiating identities: Growing up experiences and mental health vulnerabilities of young Asian women. Maria Krisel Abulencia, RN, MN (c), Josephine Wong, RN, PhD, Mandana Vahabi, RN, PhD & Cora Lee McLaren, RN, PhD ... all from Ryerson University in Toronto, Canada.

BIO: Krisel Abulencia is a registered nurse with experience in critical care, clinical research, and community health. She is completing her thesis work as an MN student at Ryerson University. Her thesis is focused on the acculturation experiences of young Asian women and how it impacts their mental health. Krisel's research and practice centralizes power relations and social inequities and how they shape the mental health of racialized communities. She is committed to de-/re-constructing knowledge to promote other ways of knowing and collective resilience. **Josephine P. Wong** is a Professor with extensive experience in critical public health. She was instrumental to the development of the Access and Equity Policy and the Practice Framework at Toronto Public Health. Her program of research is underpinned by the principles of social justice and equity. She is committed to doing research "with" and "not for" the affected communities. She seeks to go beyond asking the "so what" question to identify "what is possible" through research in the areas of identity construction, migration, HIV, mental health, and stigma reduction. She works closely with affected communities to translate research results into socially innovative strategies that promote collective resilience and social change. **Mandana Vahabi** is a professor at Daphne Cockwell School of Nursing and co-director of the Centre for Global Health and Health Equity. Her research and scholarship focuses on health equity and social determinants of health, particularly in the areas of cancer screening, food security, mental and sexual health. Drawing on her extensive experience in social epidemiology and community health, she works closely with multidisciplinary teams and community stakeholders to develop research underpinned by the principles of cultural congruence and meaningful engagement. **Cora Lee McLaren** is an assistant professor at the Daphne Cockwell School of Nursing and an adjunct scientist at Bloorview Research Institute, Holland Bloorview Kids Rehabilitation Hospital in Toronto. Combining postmodern theory with artistic and empirical methods, her research seeks to gain critical insights into the relationship between movement and cognition in children with diverse abilities and optimize their interactions at school. This work draws on her former career with the Toronto Dance Theatre and teaching experience at the associated School, York and Ryerson University Dance Departments.

ABSTRACT:

Young Asian women's emotional well-being and mental health are influenced by their gendered and racialized experiences. De-centering and interrogating discourses of "culture" constructed based on Whiteness and unequal power relations are critical for ethical and inclusive nursing practice. *Background:* Nurses are called to acquire "cultural competence" with the goal to improve care of clients from diverse ethnocultural backgrounds. However, the theoretical assumptions behind cultural competence negate how power relations in client-nurse and/or client-institution contexts impact the provision of care. To achieve structural competence, it is important to interrogate how "cultural characteristics" have been constructed to (re)produce stereotypes and perpetuate social and health inequities. For instance, existing literature on mental health of Asian women in diaspora tend to attribute their mental disparity to "traditional Asian" values that emphasize familial harmony, emotional restraint, and subservience. Few studies interrogate how discourses based on Whiteness, colonialism, and gendered racism influence young Asian women's mental health. Our current study showed that young Asian women: (1) engaged in constant negotiation and reconciliation between mainstream and heritage contexts; (2) constructed their gendered-racialized identities based on dominant Western benchmarks; (3) experienced varying degrees of stress related to identity tensions and contradictions; and (4) sought harmony and balance by leading a double life.

Learning Objectives:

- i. Deconstruct how structural inequality and asymmetrical power relations discourses of "culture", "acculturation" and "enculturation", and how these impact young Asian women's mental health.
- ii. Identify opportunities for nurses/nursing students to challenge their current assumptions about "culture" and their knowledge about power relations and gendered-racism that shape identities and health outcomes.

(23) Understanding compassion in mental health care from the perspectives of culturally diverse patients and families.

Principal Investigator: **Elsabeth Jensen**, RN, PhD, Associate Professor, School of Nursing, York University and Director, York-CAMH Collaborative; Co-Investigators: **Rani Srivastava**, RN, PhD, Chief Nursing Executive and Chief of Professional Practice, CAMH; **Ann Pottinger**, RN, MN, Assistant Lecturer, School of Nursing, York University; **Dr. Nicole Thomson**, Director of Practice Innovation and Research, CAMH; **Sean Patenaude**, Coordinator for Risk Management, CAMH; **Nadia Green**, RN, MN, Aboriginal Knowledge Exchange Coordinator, Aboriginal Engagement and Outreach, CAMH.

BIO: Dr. Elsabeth Jensen, presenting author, is an Associate Professor at the School of Nursing at York University. She also holds the position of Director of the York-CAMH Collaborative. Her areas of research expertise include Nurse Practitioner education, mental health, childhood abuse, housing, discharge models, program evaluation, and knowledge translation. She has been involved in over \$895,000 worth of funded research projects and is skilled in qualitative, quantitative and mixed research methods. She has authored 17 book chapters, 22 peer reviewed papers, 3 technical reports and co-edited a book on mental health and housing. She has presented 66 scientific papers and 10 scientific posters all over the globe.

ABSTRACT:

Compassionate care is considered a fundamental characteristic of quality care. The need for compassion in care is not new, however understanding compassion and, translating the knowledge into action, remains a challenge. Few studies have focused on patient and/or family definitions of compassion or assessed outcomes in relation to desired health outcomes. This gap is even more significant in mental health. Another major gap in the current literature on compassion is a lack of discussion of how culture influences the understanding, enactment, and expectation of compassion. While the dominant culture is Caucasian, two population groups are seen to be more prevalent in the population of people with mental illness than in the general population and need to have voice. These are indigenous people and people with African heritage. To understand the similarities and differences in the meaning and experience of compassion in care these voices must be included. The study examines how compassion is experienced and understood by patients and families in a mental health context and explores if and how the understanding and experience of compassion varies across culturally diverse or racialized groups. Interpretive Descriptive design, using stratified focus groups will be used to address the knowledge gap identified by answering the research questions. By improving the ways compassion is understood and experienced by patients and families can guide health care providers to personalize care delivery and to deliver culturally appropriate, equitable care. The study is currently underway.

Learning Objectives:

- i. Improve understanding of the part culture plays in understanding 'compassionate care' through hearing the voices from those cultures.
- ii. Acquire knowledge regarding how to improve compassionate care to culturally diverse patient populations.

(24) Social Justice and End-of-Life Care: Lessons from Journey Home Hospice

Felicia Kontopidis, RN, BScN,, Advanced Practice Leader , Morgan – PSW , Bobbie Morton PSW & Nicole Coffrey – PSW Journey Home Hospice, Saint Elizabeth Health Care

BIO: Felicia has worked in the home and community care sector for 9 years. She attributes the majority of her experience, to her work as a visiting nurse in downtown Toronto. Throughout the years, Felicia has provided nursing care within the local community in various settings such as shelters, drop-in centres, and many other dynamic settings in which people call their homes. Applying her learned experiences gained from working the front line, Felicia transitioned to the role of Clinical Practice Coach. She supported frontline nurses, as well as offered clinical support to leadership teams to promote excellence in clinical practice. With her developed community expertise, Felicia has provided real time clinical support to community nurses nationally within SE Health, through remote and virtual coaching. She continues to share her insights within the home and community sector to support the development and improvement of new and existing initiatives. Currently, Felicia is the Clinical Lead for Journey Home Hospice, which is a setting meant to improve equitable access to hospice palliative care for Toronto's homeless community. She is currently the Policy and Political Action representative on the Board of Directors for CHNIG (Community Health Nurses Interest Group). She completed an RNAO Advanced Clinical Practice Fellowship on enhancing patient- and family-centered care amongst the underserved and disenfranchised. Her goals are to impact community nursing in innovative, active and encouraging ways.

ABSTRACT: Social justice practice for nurses holds individuals at the heart of care and is the guiding belief at Journey Home Hospice. In practice, socially just health care acknowledges the unique circumstances, experiences, traumas, and history of each patient without the application of judgement or stigma. Journey Home Hospice in Toronto, offers 24/7 hospice palliative care for patients who have experienced homelessness or been vulnerably housed at no cost to users, overcoming one of the most significant barriers to care. The interprofessional care team includes nurses, PSWs, psychosocial and holistic care, as well as physicians.

This panel presentation will examine real-life experiences learned through care and advocacy at Journey Home Hospice. Providing a critical analysis of health inequities, the role of nurses / nursing, as well as innovations in practice, policy, education, and research, the presenter will offer salient examples of the social determinants of health and the role of the nurse in breaking barriers to care. Barriers may include social isolation from friends, family, and basic health care, directly and indirectly caused by mental health challenges, addiction, difficulty coping, difficulty making informed health decisions, low literacy, and a history of experienced trauma.

The role of the nurse in supporting vulnerable and disenfranchised populations will be a central theme including practical suggestions for using creativity and innovation to build trust amongst vulnerable populations as a bridge to meaningful health care. Strategies discussed will include patient-centred care plans, harm reduction protocols, the application of trauma-informed care principles, and the importance of community partnerships to ensure care continuity. This will also include a balanced assessment of the professional and ethical duties nurses have to minimize and prevent harm, while also respecting the desires and history of individual patients.

Learning Objectives:

- i. Expand their understanding of patient centred care that enables the delivery of compassionate, ethical, relevant and effective care to vulnerable and disenfranchised populations.
- ii. Develop understanding of the important role played by nurses engaged in addressing inequities in health care, and breaking barriers to care.

(25) Nurse Leaders Promoting Social Justice: Stories from the Peace Summit.

Sylvia Cieszar Andersen, RN, PhD Student, Kirnvir Dhaliwal, RN, PhD Candidate, & Dr. Sandra Davidson, RN, PhD, Dean, Faculty of Nursing, all from the University of Calgary.

BIO: not provided.

ABSTRACT:

Nurse leaders have a unique insight into the distribution of society's benefits and their consequences, and have a responsibility to challenge the causes of inequities and find creative ways for eradication. To promote socially just societies, nurses must lead by giving voice to those who cannot speak for themselves; a journey that begins early in the nurses' education. This perspective continues during nurses' careers as they make links from

individuals to populations, and from the local to global context. Aligning with this, the University of Calgary's Faculty of Nursing sent two graduate and two undergraduate student nurses to the Peace Summit of Emerging Leaders in Thailand (United Nations Center) in 2018. The students were named Humanitarian Affairs Peace Ambassadors and committed to promoting social justice. The experience was life-altering, and demonstrated how nursing leadership can pioneer change; the only nurses from over 300 international emerging leaders. During one team challenge, a graduate nurse coordinated the team's performance using nursing skills such as advocacy and negotiation. Upon winning the challenge, everyone was surprised to learn that the group leader was a nurse, allowing her to showcase the power of a nurse leader at the decision-making table. The Peace Summit aligned with a priority area of our Faculty's strategic plan; to foster excellence in nursing leadership and provide enrichment opportunities for emerging nursing leaders. As Peace Ambassadors, the nurses have been fundraising for local and international organizations, including the Calgary Veteran's Food Bank, and in support of education efforts in Cambodia and fighting global child sex trafficking. The Summit was an extraordinary opportunity for growth provided by a Faculty that nurtures its students to become leaders. The students are using their learnings to convey that nursing is perfectly positioned to promote social justice.

Learning Objectives:

- i. To identify the nursing leadership role and responsibility in the promotion of social justice.
- ii. To discuss peace-building efforts, both local and global, in the context of the nursing profession.

(26) Exploring the influence of socio-cultural factors on equitable access to social participation in dementia support programs among Canadian immigrant and refugee populations. Dr. Winnie Sun, RN, PhD & Srija Biswas, BSc, MHS (candidate) UOIT.

BIO: Dr. Sun is an assistant Professor in the Faculty of Health Sciences at the University of Ontario Institute of Technology. An expert in gerontology and community health nursing, Dr. Sun focuses her research on patient safety in home care, self-care in chronic disease management, and the use of information communication technologies, particularly among older adults whom she is passionate about helping them live independently at home for as long as possible. Srija Biswas is a community health enthusiast, currently completing her Master of Health Science degree in Community Health stream from University of Ontario Institute of Technology. She has completed her Bachelor of Science degree in Global Health and Human Biology from University of Toronto. Srija's Research interests include gerontology, person with dementia and caregivers, community health, and health of marginalized population. She is currently conducting a qualitative interpretive study on person with dementia and caregivers from immigrant and refugee population living in Toronto and greater Toronto area to identify the socio-cultural barriers faced by this subgroup in accessing to dementia support programs and services. Srija's latest research also includes evaluation of programs aimed at promoting social inclusion and living well with dementia at Alzheimer Society Durham Region. Srija has over 4 years' experience working with marginalized and vulnerable population. Srija is passionate about advocating for marginalized subgroup in Toronto and Greater Toronto Area to promote equitable access to community care and support programs.

ABSTRACT: Critical analysis of health inequities was conducted by exploring the factors leading to reduced access to dementia support programs among person with dementia and caregivers from recent and non-recent immigrant and refugee populations. Six themes were identified that are acting as socio-cultural contributors in reduced access among these particular subgroups: 1) normalization of symptoms of dementia, 2) difficulty with identifying existing support programs, 3) fear of being stigmatized and discriminated for experiencing dementia, 4) preference of practicing culturally preferred coping strategies, 5) language barrier, and 6) lack of cultural and financial sensitivity in existing programs. Currently there is 564,000 Canadians living with dementia, doubling by every 20 years (Alzheimer Society Canada, 2017). In addition, there has been a shift in age distribution of Canadian population with a significant rise in individuals reaching the age 65 and up, which is the most vulnerable stage of life to develop dementia (Wong, Gilmour, & Ramage-Morin, 2016). Migratory increase has been identified as the major driving force of population growth in Canada, indicating an ongoing increase in

cultural diversity, especially in Toronto and Greater Toronto Area (Statistics Canada, 2017). Understanding the socio-cultural facilitators and barriers that influenced equitable access to dementia care will contribute to the development of culturally inclusive programs for the marginalized immigrant and refugee populations, as well as supporting persons with dementia in accessing timely and appropriate dementia care and support services that adequately meet their cultural needs.

Learning Objectives:

- i. To explore the socio-cultural factors leading to inequitable access to dementia support programs among immigrant and refugee populations living in Toronto and Greater Toronto Area (GTA).

(27) Moving beyond tokenism: Working together to improve health equity.

Michael Creek, Director of Strategic Initiatives, Working for Change & **Lynn Anne Mulrooney**, RN, MPH, PhD, **BIO: Dr. Mulrooney** is Senior Policy Analyst, Registered Nurses' Association of Ontario (RNAO), Adjunct Faculty, Faculty of Nursing, University of Toronto. **Michael Creek** is the former coordinator of the Toronto Speakers Bureau, Voices from the Street, where he has learned research, public policy and public speaking. Michael sits on the board of the Toronto PWA Foundation. In 2014, Michael was presented with the Honoured Friend of Nursing award from RNAO. He is a past member of the Ontario government's Expert Advisory Panel on Homelessness. He was an original member of the steering committee on the City of Toronto's TO Prosperity Poverty Reduction Strategy. Michael was a member of the Ontario Mental Health and Addictions Council's person with lived experience panel.

ABSTRACT: People who are marginalized by poverty die years and even decades sooner than those who are more affluent. These avoidable deaths are not random bad luck but the predictable result of our economic, political, social, and cultural systems that disadvantage some populations. Given that "social injustice is killing people on a grand scale" (WHO, 2008), civil society, including nurses as health professionals, citizens, and human beings, has an ethical obligation and self-interest in building a province where all people can reach their full potential. For more than a decade, a community-based organization that provides training and employment opportunities to people who have been marginalized by mental health/addiction challenges, poverty, homelessness, and other forms of discrimination has been working with a provincial nursing association to improve health equity. These two organizations comprised of and representing people with lived experience and nursing respectively have intentionally joined forces to challenge social beliefs, policies, and health care practices that contribute to health inequities. A wide range of examples will be given of collaboration to promote social justice and equity in practice, education, and policy. Lessons learned will include discussion of opportunities and challenges to advancing healthy public policy in the context of different political regimes and how to be better allies and collaborators.

Learning Objectives:

- i. Participants will identify approaches used by people with lived experience and registered nurses to improve health equity through meaningful collaboration;
- ii. Participants will discuss lessons learned through this example of nursing-involved social activism, including how to be better allies and collaborators with people with lived experience

(28) Does Heteronormativity Exist in Nursing Research that Strives to be Inclusive?

Roya Haghiri-Vijeh, MN (Hons), BN, RN & **Annalee Lepp**, PhD, Associate Professor, Department of Gender Studies, University of Victoria.

BIO: Roya Haghiri-Vijeh is an active member of RNAO's Rainbow Nursing Interest Group. Roya, the Principle Investigator, is a nursing PhD student at University of Victoria with a focus to enhance and advance the health and social care of the diverse gender, sex, and sexual communities. Roya has been involved as co-investigator in

several research projects on topics of policy, online education, simulation, and peer mentorship for nursing students.

ABSTRACT: Nursing scholars and allied health care professional researchers have conducted studies that assess the education students and practitioners receive about diverse gender, sex, and sexual communities (DGSSCs). They found that professionals working in these fields are not sufficiently educated in how to provide safe and sensitive care to DGSSCs nationally and globally. In an effort to investigate whether binary or heteronormative assumptions may account for this trend, we used an inductive method to analyze how gender, sex, and sexuality were conceptualized in fifteen nursing articles. These articles included national and international publications that specifically focused on creating a more inclusive healthcare environment for DGSSCs and addressed the lack of social justice for this community. Based on this analysis, we provide recommendations on the use of more inclusive language and thinking, as they relate to diverse client populations, nationally and globally. Our aim in this presentation is to demonstrate that, even articles that attempt to be inclusive and address the lack of social justice of DGSSCs, are influenced by heteronormative language. After the presentation of the above findings, we will ask audience members some questions to elicit discussion about how researchers can be more inclusive of DGSSCs in their research processes, which have social justice implications for nursing education, practice, and policy. For example, are researchers using terms, such as LGBTQ, that exclude those who do not identify as LGBTQ?

Learning Objectives:

- i. Participants in this session will be introduced to an effective tool to address inclusivity in research and education.
- ii. Participants in this session will learn about the findings of the study that critically analyzed the use of discourse in nursing literature that attempted to be inclusive.

(29) Engaging in Cultural Humility through a Global Health Service-Learning Experience to Support Equity and Social Justice. Stephanie Atthill RN, PhD & Alicia Sedgwick, MScN, NP.

BIO: **Stephanie Atthill** has been a full-time nursing professor in the BScN program at Georgian College since 2016. She completed her PhD at Western University where she focused her dissertation on how nursing informatics competencies are integrated within a nursing curriculum. Her research background and interests focus in nursing education, curriculum development, and nursing informatics. **Alicia Sedgwick** has been a full time nursing professor at Georgian College since 2001. In addition to her teaching responsibilities, she has coordinated the Collaborative York Georgian BScN and VOIT Georgian RPN to BScN programs. In 2010, she was co-lead on the Indigenous Voices project which led to the development of an Aboriginal Pre-Health Science program stream. Since 2008, she had been a trip leader for the School of Health, Wellness and Sciences annual Interprofessional Cultural Awareness trip.

ABSTRACT: Given the diversity and the patterns of health disparity in the Canadian population, education and experiences that support the development of cultural humility are important features of undergraduate nursing education. Cultural humility can assist students and nurses to address the complex care needs of equity seeking groups. Developing the attributes of cultural humility supports nurses to reflect on their own culture, inherent ethnocentricities, and power structures that impact professional relationships. Cultural humility can assist practitioners to contribute to social justice and equitable care environments. While there are many benefits to cultural humility, little is known about how to structure clinical learning in ways that assist students to develop into culturally humble practitioners. This presentation will focus on an innovative educational opportunity aimed at promoting the development of healthcare practitioners who can promote equitable and socially just care. Specifically, it will address how a Global Health Service Learning (GHSL) experience supported the development of cultural humility and how these attributes promote equity and social justice. Mezirow's Transformative Learning Theory and interpretive phenomenology were used to explore the development of cultural humility within a student population. Eight students participated in the study through written

reflection and post-trip semi-structured interviews. Thematic analysis was conducted and resulted in the development of themes. Students perceived the GHSL experience to be challenging, eye-opening, and an opportunity to learn with and from the recipients of their care. GHSL was a transformative experience which prompted the students to challenge previously held norms, beliefs and values, and fostered the attributes of cultural humility. GHSL supported students to reflect on their own culture, develop an openness and awareness of the importance of difference, and to engage in the lifelong process of cultural humility. The development of *cultural humility* can support students to engage with individuals and populations to support equity and social justice.

Learning Objectives:

- i. Understand how cultural humility can assist nurses to address social justice and provide care to equity seeking groups.
- ii. Understand how the use of a GHSL experience can support the development of practitioners become culturally humble and promote equitable and socially just care.

(30) "You can't see mental illness": Perceptions on mental illness and related stigma among Asian men in Toronto, Canada. Jovana Miholjic, Dr. Josephine Wong & Valerie Tan.

BIO: **Jovana Miholjic** graduated from the Daphne Cockwell School of Nursing at Ryerson University in 2018. Working as a full time Registered Nurse at Toronto Western Emergency Department. Participated in research projects since 2016 under the supervision of Dr. Wong on HPV self-sampling and mental health stigma in Asian males, as well as a scoping review on the social integration of migrant caregivers in Canada with Dr. St-Amant. Passion for social justice is illuminated through volunteer efforts at Humewood House Maternity Shelter, the Red Cross First Contact Support Program and Eva's Place Youth Homeless Shelter; as well as through the aforementioned community-based research work. **Dr. Josephine Wong** is an Associate Professor at Ryerson University. **Valerie Tan** is a recent graduate of the Daphne Cockwell School of Nursing at Ryerson University, class of 2018. She is currently employed as a Registered Nurse within the Nursing Resource Team at the University Health Network. With strong mentorship from Dr. Josephine Wong, her primary undergraduate research involvements include projects related to HPV, mental health and migrant health. Her leadership endeavors included serving as an associate delegate for the Canadian Nursing Students Association, as well as a member of the Nursing Course Union at Ryerson, where she began developing her voice as an aspiring nurse. Valerie strives to advance social justice advocacy in the nursing profession through practice, research, and policy.

ABSTRACT: This presentation draws on the results of a Canadian study to illuminate the social processes of stigmatization and resulting effects on the health and wellbeing of Asian men in diaspora. It also highlights strategies recommended by Asian men to address mental illness stigma. Asians represent the fastest growing minority communities in Canada. Men in Asian communities face complex social and economic challenges associated with systemic racism and hegemonic masculine expectations. These challenges negatively affect the mental health of Asian men and shape their help-seeking behaviours. However, there is a paucity of research on Asian men and mental health. Between 2015 and 2017, a multidisciplinary team undertook an intervention study that mobilized Asian men to address stigma of mental illness in Calgary, Toronto, and Vancouver. Using a community-based action research approach, the Toronto-Strength In Unity Project (TO-SIU) engaged a total of 609 East, Southeast and South Asian men (17 to 65+ years) in the Greater Toronto Area. This presentation focuses on the participants' perspectives and experiences of mental illness stigma.

Learning Objective:

- i. acquire new knowledge on the perpetuating cycle of stigma and community denial of mental illness.

(31) "Not everything that glitters is gold": the "traps" involving the learning of social justice in the teaching of Community Mental Health. Debora Kirschbaum Nitkin, PhD, RN, Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

BIO: Debora Nitkin is a Lecturer at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto. She teaches in both graduate and undergraduate nursing programs. Her teaching is supported in her experience as a Mental Health Nurse and as a psychoanalyst, as well as by her previous work in research on deinstitutionalization of mental health services, mental health policies and organization of services and nursing education. Her areas of interest are construction of clinical case, body and medically unrecognized symptoms and mental health of immigrants.

ABSTRACT: Mental Health is a field that is intrinsically intersected by social justice issues given the experiences of social exclusion and health inequities to which persons living with severe mental health problems are exposed. In addition to the risk of experiencing disadvantageous circumstances such as homelessness, unemployment, limited educational opportunities, people grappling with mental health problems also need to deal with the demoralizing experience of being labeled and objectified by medical diagnosis that may obstruct their possibility of seeing themselves as worthy citizens and persons who are able to reach their full potential. In the last three decades, in order to counter these effects, scholars, health care activists and professionals inspired by post-structuralist and social-constructivist theories about identity have produced a significant body of knowledge that shows how people with mental health problems who belong to racialized and/or gendered social groups risk to be doubly marginalized. These theories alongside the conceptualization of social determinants of health have been systematically assimilated into health policies, clinical guidelines and nursing curriculum. This transformed intersectionality in a taken for granted topic in the teaching of Community Mental Health. The belief that this approach by itself ensures the understanding of one's unique experience of mental illness, beyond the limitations of the clinical model, and it is more aligned with social justice principles, is an idea that may be challenged in nursing education oriented to those principles. It is pivotal to critically reflect on whether or not the use of categories such ethnicity, gender, race and social class as a predicament that practically defines one's trajectory as identical to the other members of that group (e.g., indigenous people, LGBTQ community, women), may erase the possibility of capturing the uniqueness of a subject's experience and restore the same effects of labeling attributed to the clinical approach.

Learning Objectives:

- i. To explore the limitations of capturing the intersections between gendered, racialized identities and mental health problems exclusively from a social identity framework.
- ii. To analyze the challenges for awakening nursing students for the importance to use theoretical frameworks that draw upon social identity without exempting themselves of reflecting on a case-by-case basis.

(32) Reducing Health Inequities for the Trans* Community: Advocacy and the Role of Nursing. Shelley Evans, RN, MScN, PhD(s), Beckham Evans & Dr. Jamie Crawley, RN, PhD

BIO: Shelley Evans (she/her) is a clinical instructor in nursing at the University of Windsor, Windsor, Ontario, Canada. For 18 years, she has worked as an emergency room nurse at Henry Ford Hospital, Detroit, Michigan. Shelley is a full-time PhD student at the University of Windsor. Her dissertation work will focus on improving nursing care for members of the transgender population. Shelley is a proud mother of two children and an ally for the transgender community. **Beckham Evans**, (he/him) is currently attending Thompson Rivers University in Kamloops, British Columbia where he is working towards a Bachelor in Interdisciplinary Studies, with a focus in Adventure Therapy. He is the LGBTQ Student Council Representative for the university. In 2016, he was appointed Youth Ambassador for Parks Canada where he promoted youth engagement and environmental awareness in Canada for that year. **Dr. Jamie Crawley**, RN, PhD (she/her) is an associate professor with the Faculty of Nursing at the University of Windsor, Windsor, Ontario. For more than 25 years, her employment, teaching, research and service interests include working with marginalized populations to improve health and reduce health inequities. Jamie enjoys working with and learning from her students. She is humbled to be part of this meaningful presentation with Shelley and Beckham

ABSTRACT: Trans* or transgender is an umbrella term referring to people with diverse gender identities and expressions that differ from stereotypical gender norms. The trans* individual's healthcare needs are complex, and research suggests that nurses' express discomfort and confusion working with the transgender community (Carabez et al, 2016). Furthermore, transgender individuals anticipate insensitive reactions from nursing and health providers because of previous negative experiences (Crus, 2014). Nursing may feel ill-equipped to understand the dynamic health inequities that influence patient outcomes for their trans* clients. Marginalization of the trans* community, lacking access to equitable services, and overwhelming feelings of isolation (Bauer & Scheim, 2015) creates an epidemic, when 43% of transgender individuals have attempted suicide. There is general silence in nursing literature on the healthcare needs of the transgender client; therefore, advocating for the inclusion of terminology such as: 'gender diversity' and 'transitioning' are just the beginning concepts for promoting social change. Reducing health inequities for the trans* community can only occur when the voices of the transgender population are heard. This presentation will analyze health inequities for the trans* population and provide recommendations for improving the role of nursing. Nursing is one of the most influential professions when advocating for the protection and promotion of social justice. Research is needed for the future development of thoughtful and ethically-inclusive healthcare policies. These policies will be most effective, when nursing and the trans* community co-design these changes together – to improve health and reduce inequities.

Learning Objectives:

- i. Identify the influence of health inequities and disparities when seeking health care for the transgender population.
- ii. Recognize the role of nursing when advocating with the Trans* Community for social justice.

(33) Structural racism matters: Understanding the social and HIV vulnerabilities of heterosexual young Black men living in Toronto.

K. Robinson¹; J.P. Wong, RN, PhD^{1,2}; M. Vahabi¹; A. Bailey, RN, PhD¹; D. Miller¹; W. Husbands³.
1. Ryerson University, Daphne Cockwell School of Nursing, Toronto, Canada;
2. University of Toronto, Dalla Lana School of Public Health, Toronto, Canada;
3 Ontario HIV Treatment Network

BIO: Kimberly Robinson is a first year PhD student at the University of Toronto, Dalla Lana School of Public Health. She is also a Registered Nurse working in community health and holds a Master of Nursing degree from Ryerson University. Her research interests include social determinants of health, HIV, mental health, health promotion and racialized communities.

ABSTRACT:

Black people in Canada experience worse health than White Canadians. In 2016, Black people accounted for 22% of all reported HIV cases but made up only 3.5% of the Canadian population. Existing literature tends to suggest that the HIV vulnerability of HYBM is related to their individual sexual behaviours. Similarly, dominant sex education also emphasizes condom use and individual behavioral change. Our study with 15 HYBM showed that HIV vulnerabilities and social vulnerabilities are intertwined. Dominant racist stereotypes of Black 'hyper-sexuality' and 'hyper-masculinity' function in multiple ways to increase HYBM's vulnerabilities to HIV by: (a) imposing psychological pressure for some HYBM to enact these stereotypes; (b) creating obstacles for open dialogue about sex and sexuality between HYBM and their sexual partners; and (c) producing distrust that impedes the negotiation of safer sex practices between HYBM and their sexual partners. Participants identified social support, mentorship, access to equitable opportunities and having a safe space for critical dialogue, as conditions that reduce their HIV vulnerabilities and promote their collective resilience. Drawing on research data, this presentation will address how structural violence and anti-Black racism shape young heterosexual Black men's (YHBM) masculine identities, gender performance and contribute to their vulnerabilities to HIV.

Learning objectives:

- i. acquire a broader understanding of how structural conditions, such as anti-Black racism, hegemonic gendered expectations and socioeconomic marginalization, shape YHBM's HIV vulnerabilities and social vulnerabilities; and
- ii. identify inclusive and innovative approaches to HIV prevention and health promotion that address structural determinants of health.

(34) Stuck in the middle: Bicultural Stress in African Immigrant Youth Living in Canada

Omolola Olawo RN BScN, MScN

BIO: Omolola Olawo is a Registered Nurse currently working in Scarborough, Ontario. She completed her Masters of Science in Nursing at York University. Her thesis was titled: "Exploring the Attitudes, Beliefs and Practices Concerning Mental Health Amongst African Immigrant Youth Living in Canada: An Interpretive Description Study". She is quite passionate about working with marginalized populations, particularly immigrants and refugees. In her current practice, she works within an interprofessional team providing free interdisciplinary care to clients living with complex and chronic health conditions, with particular attention to mental health and addictions, as well as those with identified social economic stress risk factors.

ABSTRACT: This presentation will shed some insight on the impact of bicultural stress and cultural identity formation on the mental health outcomes of Black African immigrant youth. The mental health outcomes of Black African immigrant youth living in Canada is relatively understudied. In Canada, most research on Black populations perceive them as a homogenous group without much attention paid to different countries of origin and migratory experiences. In order to serve Black populations effectively and equitably, differences amongst immigrant groups must be acknowledged, because these differences lead to risk factors that could potentially impact their mental health. For Black African immigrant youth, their mental health outcomes and health behaviors cannot be explained by a simplistic view of culture, as it is much more complex and multidimensional than ethnicity and country of origin. Risk factors for mental health are intertwined with one's race, gender, immigration status, sexual orientation, religion and more. Furthermore, youth are in a phase of life where they are forming their individual identities and psychosocial development is key in this process.

This presentation will cut across two themes of the conference: "Critical analyses of health inequities and the role of nurses/nursing," as well as, "Strategies to challenge societal beliefs, policies or health care practices which contribute to the marginalization of populations." If one works in a setting where they would encounter Black African immigrant youth presenting with mental health challenges, this presentation can offer insight into their experiences. It calls on the nurse to be aware of larger socio-political factors that could impact their patients' access to services, response(s) to treatment and even willingness to seek and accept help. It also invites nurses to ask critical "why questions" and help nurses advocate for equitable care.

Learning Objectives:

- i. This presentation will provide some historical and socio-political context for bicultural stress in African immigrant youth living in Canada.
- ii. Strategies to advocate effectively for patients/clients in this demographic

(35) Own your Privilege and Speak Up: Stop Workplace Incivility aimed at Internationally

Educated Nurses. Ramesh Venkatesa Perumal, RN, MSc N, CCNE, CNCC (C), Ph.D Nursing Student, York University

BIO: Ramesh is an Internationally Educated Nurse and an Alumni of York University's IEN program. He is currently pursuing a Ph.D. in nursing at York University. He has more than 20 years of nursing experience in his country of origin and is currently a certified critical care nurse in Canada. Learning the values of critical

perspectives at York University has created a keen interest in the areas of equity and social justice and he would very much like to continue exploring this broad area further.

ABSTRACT: Nurses are at the forefront facing incivility from coworkers. A nurse who does not feel safe at work will not be able to provide quality care to patients and this will affect patient outcomes (Moffa & Longo, 2016). Internationally Educated Nurses (IENs) often feel vulnerable and powerless in a new country. IENs often face micro-aggressive behaviours such as verbal snubs or insults and derogatory messages only because of their vulnerable status in a new country (Baptiste, 2015). A nurse who is humiliated at work will not be able to concentrate and provide the optimal care required for the patient's wellbeing (Moffa & Longo, 2016). Workplace incivility is an offence on human rights and if not addressed it can cause huge psychological trauma to IENs. Creating a respectful culture and a culture of safety is the most important strategy against workplace incivility. In an environment where nurses are mindful of their own behaviours and interact with colleagues in a respectful manner, there will be less turnover and increased patient safety/security. Being a Canadian Educated Nurse (CENs) itself has certain privileges over IENs. While CENs experience other forms of discrimination at work rooted in ageism, ableism, racism, heterosexism, sexism and others, they also enjoy unquestioned credential validity. To that end, understanding the shared experience of marginalization will enable CENs to speak up and stand up for IEN. This presentation will also address additional strategies that are unique in dealing with incivility issues faced by IENs.

References:

Baptiste, M. M. (2015). Workplace Discrimination: An Additional Stressor for Internationally Educated Nurses. *Online Journal of Issues in Nursing, 20*(3), 8. <http://doi.org/10.3912/OJIN.Vol20No03PPT01>

Moffa, C., & Longo, J. (2016). Social justice as a lens for understanding workplace mistreatment. *Advances in Nursing Science, 39*(3), 216–223. <http://doi.org/10.1097/ANS.000000000000124>

Learning Objectives:

- i. Describe workplace incivility acts experienced by Internationally Educated Nurses (IENs)
- ii. Describe social justice strategies aimed at addressing workplace incivility

(36) Apprehension of a newborn at birth: Maternal experiences. Natasha Parmar, BSc.N, MSc.N (c), Dr. Wendy Peterson, BScN, PhD (supervisor), Dr. David Kenneth Wrigth, BScN, MScN, PhD, Postdoctoral Fellowship Biomedical Ethics & Dr. Wendy Sword, BScN, MScT, PhD.

BIO: Natasha Parmar is a registered nurse, specializing in the fields of psychiatry and community health nursing. Her passion lies in advocating for principles of social justice and health equity to improve standards of care for marginalized populations. Currently, Natasha is enrolled at the University of Ottawa, Masters of Science in Nursing thesis-based program. She has found interest in working with qualitative research underpinned within a constructivist paradigm, associated with an interpretive descriptive methodology. She believes as interpretive description grounds itself within a nurse's epistemological frame, it can illuminate the uniqueness of the nursing discipline and thus produce meaningful research that can inform practice. Ultimately, Natasha begins as a novice researcher; however, she hopes to continue creating research that can impact system-level changes to better support those most vulnerable.

ABSTRACT:

In Ontario, one percent of women who give birth have their newborn apprehended by child protection agencies. When apprehension occurs at the hospital, perinatal nurses are in a unique position to support birthmothers as they can help advocate and build opportunities for health promotion and health equity. Although research delineates that birthmothers incur significant trauma and a problematic grief, little research has been conducted to understand their overall experiences and the nursing roles with respect to care. Therefore, the purpose of this study was to explore the experiences of birthmothers who have had their newborn apprehended at birth.

Methods: Birthmothers who had experienced newborn apprehension in the last 10 years were recruited from a Community Health Center in Ontario. Nine individual in-depth, semi-structured interviews were conducted. Thorne's Interpretive Descriptive approach was used to complete the thematic analysis. *Findings:* The thematic

analysis resulted in five themes: not good enough, experiences with nurses, every day I live like I'm grieving, hope, and what women want. The findings illuminate the imbalances of power that birthmothers face when experiencing newborn apprehension. Foremost, described was an overwhelming amount of prejudicial attitudes displaced onto the women, causing an inequitable distribution of health care resources. With minimal supportive structures available, the birthmothers expressed developing poor physical and mental health. However, participants also identified their strengths, and strategies used to promote recovery. Finally, birthmothers shared their desire for ethical, care to be delivered by both health and social service providers. *Conclusion:* Fear in accessing supportive resources is expressed throughout each narrative. The harm the health care system has caused towards these birthmothers suggests the ethical imperative in advocating for social justice. The findings of this study will therefore inform practice and policy within perinatal nursing, by developing effective nursing interventions that can better support birthmothers facing newborn apprehension.

Learning Objectives:

- i. How do birthmothers describe the experience of having their newborn apprehended at birth?
- ii. To what extent does the disenfranchised grief framework account for the experiences described by birthmothers?

(37) It's in the Works! This presentation has been prepared by the nursing team at the Works at Toronto Public Health, including: Gemma Georgina Bisessar, Emilie Frenette, Maria Elisa Maltese & Ingrid Vander Kloet

BIO: not provided.

ABSTRACT: This panel presentation will discuss issues and opportunities for harm reduction nursing practice based on the experience at The Works at Toronto Public Health, Toronto's busiest supervised injection site, with comprehensive wrap-around programming. The Works co-ordinates street outreach, a needle distribution program and a methadone clinic serving over a hundred individuals. Since opening in August 2017, the supervised injection service has had 37,500 visits and reversed 700 overdoses. This presentation will build on existing literature on the role of nurses in harm reduction by outlining the scope of nursing practice at the Works (CNA, 2017; RNAO, 2018). Analyzing program data from the Works, we will outline the scope of services offered to clients who use drugs at the Works, including wound care, safer injection education, mental health supports, case management and sexually transmitted infections (STIs) testing. Qualitative input from nurses regarding the opportunities and challenges of providing nursing care in a harm reduction environment will be explored. This information will be used to map out the scope of nursing practice and barriers to care for people who use drugs. Access to primary/tertiary care, withdrawal management and treatment services, opioid agonist therapies (OAT), and mental health will be discussed. Using concepts from the social determinants of health (SDOH), we will discuss the experience of harm reduction nursing in Toronto within the policy context of Toronto's Overdose Action Plan (2017) as part of the ongoing opioid crisis in Canada. This discussion will highlight the impact of stigma and structural barriers influencing access to health care and the role of nursing in mitigating the crisis in a low-barrier community setting. In addition, we will identify areas for potential research and development in the field of harm reduction nursing.

References

- Canadian Nurses Association. (2017). Harm reduction and illicit substance use: Implications for Nursing. Ottawa, ON: Author. Retrieved from <https://www.cna-aiic.ca/en/policy-advocacy/harm-reduction>
- Plaza, A., Oviedo Joekes, E., & March, J.C. (2007). Nursing in an intervenous heroin prescription treatment. *Journal of Addictions Nursing*, 18, 13-20.
- Registered Nurses Association of Ontario. (2018). *Implementing supervised injection services – Best Practice Guideline*. Author: Toronto, ON. Retrieved from <https://rnao.ca/bpg/guidelines/implementing-supervised-injection-services>
- Wood, R.A., Wood, E., Lai, C., Tynall, M.W., Montaner, J.S., & Kerr, T. (2008). Nurse-delivered safer injection drug users: Evidence from the evaluation of Vancouver's supervised injection facility. *International Journal of Drug Policy*, 19, 183-188.

Learning Objectives:

- i. Profile the current policy context of opioid crisis response in Toronto, Ontario and the health care gaps and barriers for individuals who use drugs.
- ii. Delineate the scope of harm reduction nursing practice and identify structural barrier to health care for people who use drugs based on experience at the Works.

(38) Resistance and Solidarity in Ontario's First Overdose Prevention Site.

Erin Telegdi, RN, Hon.BA, Hon.BScN., **Jennifer Ko**, RN, BScN, M.Ed., **Jeffrey Reinhart**, RN, BA, BScN & **Keren Elumir** BSN, RN

BIO: **Erin Telegdi** is an RN working at the Moss Park Overdose Prevention Site in Toronto's East Downtown neighborhood. Erin works in solidarity with a vibrant community to advocate for and support the health and wellbeing of people who use drugs. Erin has a background in HIV nursing and is a member of the Harm Reduction Nursing Association, the Canadian Association of Nurses in AIDS Care, the Street Nurses Network, and the Toronto Overdose Prevention Society. **Jen Ko** is a registered nurse, the co-coordinator of the Moss Park Overdose Prevention Site and a member of the coordinating committee of the Toronto Overdose Prevention Society. Jen has had a varied employment history, working in the service industry, arts and education before becoming a nurse. Throughout, Jen has been involved in advocacy and social justice, and learned of the pop-up OPS in Moss Park through a friend. She started volunteering with the Toronto Overdose Prevention Society in the early days of tents and became more involved over the 11 months spent in the park operating the service. Working alongside incredible harm reduction advocates in Moss Park and through TOPS has transformed Jen's understanding of healthcare, nursing and social justice, and motivates Jen to continue to fight for just treatment of people who use drugs in healthcare and the wider community. **Jeff Reinhart** works as a registered nurse in the LGBTQ2S Primary Care program at Sherbourne Health Centre in Toronto. There, the majority of his clients are lesbian, gay, bisexual, trans and other queer-identified people, and he provides nursing care to Sherbourne's HIV Clinic—a low barrier, drop-in-based primary care clinic for people living with HIV. Jeff currently serves on the board of the Canadian Association of Nurses in HIV/AIDS Care (CANAC) and works part-time at the Moss Park Overdose Prevention Site in Toronto. **Keren Elumir** graduated from Lake Superior State University. Keren worked in Romania for 2 years with street youth and then in Toronto with Sanctuary for 14 years where she was invited to develop a clinic for individuals experiencing homelessness. Since then Keren has been working for a family health team in North York where a large percentage of clients are newcomers to Canada. In the fall of 2017, Keren was excited to volunteer at Moss Park in the safe injection tent and is delighted to now be working with the OPS.

ABSTRACT: In August 2017, harm reduction workers, people who use drugs, and allies in the registered health professions opened an unsanctioned overdose prevention site (OPS) in downtown Toronto's Moss Park in response to the increasingly urgent opioid overdose crisis. Their advocacy resulted in the expedition of Supervised Consumption and Overdose Prevention Sites across the province of Ontario. In July of 2018, the Moss Park OPS received government funding to operate as a sanctioned site, as a satellite of South Riverdale Community Health Centre. The Moss Park OPS has provided an opportunity for its volunteers, several of whom are now staff, to upend the biomedical hierarchy of conventional health care settings, which serves to erase the voice and autonomy of people who use drugs. RNs practicing in the radically reimagined political structure of the OPS have the opportunity to engage and enact the concepts of best practice, professional standards, and the meaning of nursing care in ways that challenge the status quo of the larger health care system. Drawing from critical social theory as well as reflective practice and personal experience, this session will explore 1) how the unique model of care at the Moss Park OPS provides a powerful example of resistance to the hegemony of medicalization, and 2) the imperative for nurses to reflect critically on their professional roles and identities to act in solidarity with people who use drugs.

Learning Objectives:

- i. Explore the ways in which models of care can serve as resistance to the medicalization and oppression of people who use drugs.

- ii. Identify the ways in which nurses' professional roles and identities must be critically analyzed and reimagined to act in solidarity with people who use drugs.

(39) Highlighting reproductive justice issues through Canadian women's contemporary abortion access narratives. Margaret Lebold, RN, BScN, BA, BSc, MScN Student, York University.

BIO: Margaret is a Master of Science in Nursing Student at York University, currently completing my thesis research on women's experience of abortion access, a study which is supported by the Canadian Nursing Foundation (CNF). For the last seven years, she has worked as a Public Health Nurse in Southwestern Ontario and the Greater Toronto Area in sexual health and reproductive health. Her current nursing position with the Social Determinants of Health Nursing Program focuses on access and equity in policy and program development. She also has completed undergraduate degrees in Women's Studies (Laurentian University, 2014), and Biopharmaceutical Sciences (University of Ottawa, 2007).

ABSTRACT: This presentation will highlight women's social justice narratives from my in-progress Master of Science in Nursing thesis project – Canadian Women's Contemporary Experiences Accessing Abortion. While abortion remains a common experience for Canadian women, many barriers to abortion access are known to exist and continue (Sethna & Doull, 2013; Cano & Foster, 2016). Substantial changes to the Canadian abortion landscape began in 2015 as Health Canada approved and later began distribution of the long-awaited gold-standard abortion pill, mifegymiso (RU-486) (Grant, 2017). These long-awaited changes raised hopes of increased reproductive health justice for many Canadian women. My thesis study uses qualitative, critical feminist, and narrative methodologies to examine women's stories about accessing abortion. Seven Canadian women, from various cities, across three Canadian provinces, who had abortions between July 2015 and July 2018, participated in hour-long interviews, exploring their contemporary experiences accessing abortion. Findings and analysis that exemplify the connections between abortion access and reproductive justice will be presented. Evidence of increased social justice is celebrated, including participants stories accessing mifegymiso. At the same time, persistent gaps in women's reproductive justice are also noted. Women's experiences of abortion silence and stigma will be presented as possible contributors to sustained reproductive injustices. An overarching theme of women's limited opportunities for reproductive justice, as exemplified through women's dialogue of their abortion experiences, is also presented. Nurses and the health systems in which we work, are inextricably linked to achieving reproductive justice. Understanding Canada's current abortion landscape, and how nurses can act as facilitators of women's social justice, are key contemporary issues for nursing in Canada. Opportunities to further increase women's reproductive health justice, are presented and solicited.

References

- Cano, J. K. & Foster, A. M. (2016). "They made me go through like weeks of appointments and everything": Documenting women's experiences seeking abortion care in Yukon territory, Canada. *Contraception*, 94, 489-495.
- Grant, K. (2017, April 19). Abortion pill's Canadian launch delayed by lack of coverage, distribution rules. *The Globe and Mail*. Retrieved from: <https://www.theglobeandmail.com/news/national/abortion-pills-canadian-launch-delayed-by-lack-of-coverage-distribution-rules/article34181063/>
- Setha, C. & Doull, M. (2013). Spatial disparities and travel to freestanding abortion clinics in Canada. *Women's Studies International Forum*, 38, 52-62.

Learning Objectives:

- i. To gain an understanding of some contemporary social justice experiences and perspectives of Canadian women who access abortion.
- ii. To reflect about personal, social, and structural changes nurses may be able to influence to increase women's reproductive health justice.

(40) Attending to the bereavement needs of prisoners.

Helen Hudson, RN, MSC(A) University of Ottawa School of Nursing

Bio: Helen Hudson is a first year PhD student at the University of Ottawa School of Nursing, and a member of that department's Nursing Palliative Care Research and Education Unit (NPCREU). She has collaborated with prisoners on social justice projects for nearly 20 years. Her planned doctoral research will examine dying and palliative care within the Canadian federal prison system.

ABSTRACT: Incarceration is associated with many losses—loss of freedom, relationships, privacy, autonomy—and thus brings about feelings of grief. A small body of research indicates that prisoners have a higher burden of bereavement prior to imprisonment than the general population. Other scholars have explored the barriers to grieving the loss of a loved one while incarcerated. The harsh and restrictive environment of prison poses great challenges for prisoners faced with the intertwined grief processes of incarceration and bereavement. In addition, as the prison population ages, an increasing number of prisoners are expected to face end-of-life behind bars. The need for nurses to attend to grief can therefore be expected to grow as more prisoners face the deaths of their peers; participate in end-of-life care through work assignments, volunteering or informal caregiving; and experience anticipatory grief in the context of their own life-limiting diagnoses. This poster presents an overview of the literature on grief and bereavement among prisoners and makes the case that bereavement care is a key site where nurses can intervene in the social injustice of incarceration by interrupting the spiral of compounding losses faced by prisoners and their loved ones.

Learning Objectives:

- I. To understand the intertwined nature of the grief processes associated with incarceration and bereavement.
- II. To articulate the place of bereavement care within a larger strategy of challenging the social injustices faced by prisoners.

(41) Fostering cultural competence through interprofessional collaboration as a strategy to promote social justice.

Deborah Kirschbaum Nitkin, PhD, RN, Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, **Stefanie Lys**, RN, CPMHN(C) Concurrent Disorders Clinician – Registered Nurse, **Tiago Real**, BScN Student, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, **Maria Benevides**, MSW, RSW, Clinician – UHN Centre for Mental Health–Portuguese Mental Health and Addiction Services

BIO: Deborah Nitkin is a Lecturer at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto. She teaches in both graduate and undergraduate nursing programs. Her teaching is supported in her experience as a Mental Health Nurse and as a psychoanalyst, as well as by her previous work in research on deinstitutionalization of mental health services, mental health policies and organization of services and nursing education. Her areas of interest are construction of clinical case, body and medically unrecognized symptoms and mental health of immigrants

ABSTRACT:

Refugees and immigrants experience a great risk of being marginalized or unable to effectively utilize health care services in the Canadian context when they are not fluent in English. The acquisition of cultural competence to perform concurrent disorder assessments is pivotal in the learning of the nurse's role in the community services, in particular in those where immigrants compose a major part of the clientele. The exposure to the performance of concurrent disorder assessments undergone by social workers speaking the client's mother tongue in addition to the nurse's interventions has a remarkable impact on a nursing student's learning of cultural competences that promote social inclusion. In particular, effectively assessing and establishing a positive rapport with patients who mostly are immigrants in a Toronto teaching hospital. The Portuguese Mental Health and Addiction Service (PMHAS) is an ambulatory clinic that provides culturally sensitive services in Portuguese and to the community. This opportunity optimized the student's experience with interprofessional collaboration and education by witnessing the culturally competent approaches to care. Over the clinical placement period, the

nursing student was able to participate in patient assessments provided in both English and Portuguese. In addition, the student was able to collaborate with the interprofessional teams to establish culturally appropriate plans of care for each patient, which decreased clients' experiences of social exclusion due to the lack of fluency in the host country official languages. Through the exposure of distinct nursing, social work and psychology models of care, the student identified different ways of capturing cultural perspectives and the effectiveness of the interventions. This experience has increased the student's awareness to the importance of being attentive to the nuances and singularity in which people express their cultural identity.

Learning Objectives:

- i. Explore the contributions that different members of an interprofessional team bring to the nursing student's process of acquisition of cultural competencies for performing concurrent disorder assessments and therapy in multilingual outpatient programs.
- ii. Understand the impact of these contributions to the student's culturally competent nursing practice.

(42) Culturally safe care for Indigenous mothers in Saskatchewan: Participatory and patient-oriented research approaches.

Angela Bowen, RN, BSN, MEd, PhD, Professor, University of Saskatchewan, Holly Graham, RN, BA, BScN, MN, PhD, R.D. Psychologist, Carrie Pratt, RN, MN (Student), College of Nursing, University of Saskatchewan and the Indigenous Birth Network Research Team of: Eileen Thomas, Veronica McKinney, Jessica Dieter, Janice Osecap, Teresa Wolf, Kyla Osecap, Johanna Bergermen

BIO: **Angela Bowen** is a Registered Nurse, trained midwife, with a PhD in Community Health and Epidemiology, with a focus on socially vulnerable, including Aboriginal, mothers. She has extensive clinical, educator, and administrator experience in Obstetrics and Mental Health and is a trained midwife. Her research projects which include Maternal Mental Health and culturally-secure Indigenous Birth, bring these areas together.

Dr. Holly Graham is a member of the Thunderchild First Nation. She has worked as a Registered Nurse (RN) in a variety of northern communities, in addition to various other health care environments since 1985. Holly is an Assistant Professor in the College of Nursing, at the University of Saskatchewan. She maintains an active practice as a Registered Doctoral Psychologist, working primarily with individuals who have experienced trauma and symptoms of posttraumatic stress disorder (PTSD). Holly's research is focused on Indigenous health, mental health, and well-being. **Carrie Pratt** is a Métis student from Birch Hills, Saskatchewan. She is in the 2nd year of the Master of Nursing Thesis program at the University of Saskatchewan. Her studies focus on improving Indigenous women's experiences giving birth in hospital. Carrie practices as a Registered Nurse in rural Saskatchewan in the area of homecare. She has experience working in acute care, as well as international experience in Uganda and Tanzania.

ABSTRACT: Colonization robbed many Indigenous mothers of their ability to know or experience their traditional birth and parenting teachings and ceremonies that has contributed to health disparities for Indigenous families. We believe that culturally safe nursing care will promote kinship and connection with community, which will help to close the gap in health disparities while helping to create a foundation for health child development and family wellbeing. Cultural safety in nursing involves social justice, education, and policies to ensure culturally competent practice. To determine the potential gaps in culturally safe maternity nursing care, we explored the lived experiences of Indigenous mothers who gave birth in a Saskatchewan hospital in the previous year. We developed an innovative research methodology that incorporates elements of narrative inquiry, participatory-action, and patient-oriented research approaches to guide data collection, analysis, and knowledge translation. Firstly, individual interviews were conducted with 26 Indigenous mothers from urban and rural Saskatchewan who gave birth between January 2017 and September 2018, within one year of the birth. Secondly, the transcripts were analyzed using a collaborative team approach that included an Elder, mothers, practitioners and researchers. Next, the themes unveiled will be shared in talking circles with the mothers interviewed for validation of the team findings. Finally, data from the talking circles will be used to develop a

Photovoice multimedia tool that will be used as a learning resource for maternity nurse and care providers, to promote cultural competence to better meet cultural needs of Indigenous mothers and their families giving birth in hospital. The Canadian Nurses Association Code of Ethics addresses the importance of nursing profession's commitment to social justice. This project emulates an innovative nursing research strategy using trusted methodologies within a participatory and patient-oriented approach to achieve social inclusion of mothers through Indigenous ways of knowing and sharing.

Learning Objectives:

- i. Participants will learn how colonization processes have influenced the experiences of Indigenous mothers when they labour and give birth in-hospital
- ii. Participants will be able to discuss innovative ways to achieve, participatory, patient-oriented research methodologies that incorporate Indigenous research ethics and values to reduce health disparities

(43) What influences the life satisfaction among the migrant elders in southern China?

Zhongqiu Lu, PhD, School of Nursing, Wenzhou Medical University, Yeqin Yang, School of Nursing, Wenzhou Medical University, and **Dr. Ping Zou**, School of Nursing, Nipissing University.

BIO: The purpose of Dr. Zou's research is to develop culturally sensitive interventions to support Chinese Canadians managing their chronic illness in community. Supported by Heart and Stroke Foundation of Ontario and Canadian Council of Cardiovascular Nurses research grant, Dr. Zou designed and tested the Dietary Approach to Stop Hypertension and Sodium Reduction for Chinese Canadian (DASHNa-CC), a dietary intervention incorporating Traditional Chinese Medicine to treat hypertension in Chinese Canadian community. Dr. Zou is currently working with professionals in nursing, nutrition science, Traditional Chinese Medicine, sociology, and information technology to further explore innovative and effective community interventions for chronic illness management.

ABSTRACT: Wenzhou is a well-known developed city with a large population of immigrants in Southern China. By the end of 2016, 3.52 million immigrants accounted for 38.2% of the total population (9.22 million) in Wenzhou. To take care of grandchildren and seek for care from migrated adult children, more and more elders have also migrated to Wenzhou from their hometown following their adult children. Objective: To investigate migrant elders' post migration life satisfaction and its influencing factors. Method: Using convenient sampling, 301 migrant elders from 9 communities in Wenzhou were recruited. Self-administered questionnaire, which contained demographic status, social economic status and life satisfaction digital scale, was delivered. T-test was used to determine the difference of life satisfaction comparing pre and post migration. Multiple Regression was used to find the significant influencing factors of life satisfaction after migration. Results: Post migration life satisfaction of migrant elders was higher than before migration ($p < 0.05$). In the regression model, five most important influencing factors included social economic status, spiritual support, health status, age, and marital status. These five variables explained 66.5% variance. Conclusion: Comparing with empty-nest life style at hometown, migrating to Wenzhou to live with their adult children is a better approach with higher life satisfaction among migrant elders.

Learning Objectives:

- i. To understand migrant elders' post migration life satisfaction
- ii. To examine the influencing factors of migrant elders' post migration life satisfaction

(44) Watson's Caring Science: A framework to advance inequities with Muslim patients in Canada.

Salma Juma Al-Mukhaini, PhD student, Dalhousie University, School of Nursing; **Dr. Lisa Goldberg**, Associate Professor, Dalhousie university.

ABSTRACT: In Canada, Muslims are considered a minority and marginalized group; thus, giving rise to systemic forms of discrimination and inequity within the Canadian health care system. Such inequity can negatively

impact their care provision and health outcomes. To provide equitable care that is holistic, compassionate, and reflective of an Islamic perspective, Watson's caring science is proposed as a framework to guide care provision for nurses working with Muslim patients. In so doing, practical steps are offered through an application of the 10 caritas processes™ to redress inequities and align nursing care with an Islamic perspective. This presentation therefore aims to highlight how Watson's caring science aligns with Islamic perspectives of care and how equitable care could be provided to Muslim patients. Additionally, it will offer new insights for advancing diversity, inclusivity, and equity within the Canadian health care system.

Learning Objective:

- i. To establish a model of care that enables health care providers to provide equitable care for Muslim patients

(45) Stakeholders' perceptions of barriers and facilitators to equitable access to naloxone in Ontario. Lucas Martignetti BSc, Biochemistry and Molecular Biology, Trent University, 2015

BIO: Lucas Martignetti is currently pursuing a MHSc in Community, Public and Population Health, University of Ontario Institute of Technology.

ABSTRACT: In 2017, there were over 1100 accidental opiate-related deaths in Ontario, an increase of more than 50% from 2016 (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2018). While the opioid crisis is affecting many socioeconomic groups and communities across Canada, not all are being affected equally. For example, First Nations and low-income individuals are more likely to experience opiate-related harm than non-First Nations individuals and high-income individuals, respectively (Belzak & Halverson, 2018; Cairncross et al., 2018). This inequality exists despite naloxone distribution programs being available to Ontarians. Significant knowledge gaps exist in regards to study and documentation of the experiences of stakeholders in Ontario's naloxone programs, including facilitators and barriers to equitable access. This research will use a descriptive phenomenological approach. Qualitative, in-depth interviews will be completed with stakeholders including physicians, pharmacists, policy-makers, administrators, and opioid users. Thematic analysis will be performed to identify themes related to access and services of naloxone programs for the treatment of opioid overdose. This information can be used to inform public health nursing practices and address inequities found in the Ontario Naloxone Program. It can also be used to inform and develop public health policy such that the identified barriers, facilitators, and inequity to Ontario's naloxone access can be addressed to improve health outcomes of opioid users.

Learning Objective:

- i. To examine social justice strategies that challenge the marginalized beliefs and barriers to equitable naloxone access for the treatment of opioid overdose.

(46) Book Launch: A Knapsack Full of Dreams. Memoirs of a Street Nurse. Cathy Crowe, RN, BAAN, M.Ed, Honorary Doctorate, York University.

BIO: Cathy Crowe is a long time Street Nurse and activist. She has co-founded numerous advocacy initiatives including the landmark campaign by Toronto Disaster Relief Committee to have homelessness declared a national disaster. She has received the International Centre for Nursing Ethics Human Rights Award and the prestigious Atkinson Economic Justice Award. Cathy is also an author (*Dying for a Home: Homeless Activists Speak Out*) and documentary filmmaker (*Home Safe Calgary, Home Safe Toronto*). Her work is the subject of a moving documentary 'Street Nurse' by filmmaker Shelley Saywell. 'A Knapsack Full of Dreams' is her memoir.

ABSTRACT: In *A Knapsack Full of Dreams. Memoirs of a Street Nurse* I recount various periods of my nursing career that were influenced by my mom (a nurse), feminism, the peace movement and the horrific

circumstances I witnessed as a young street nurse. Striving for social justice led me to work, as a nurse, on a range of issues including anti-apartheid and anti-war work, fighting the return of the death penalty in Canada, protecting Medicare and of course the growing homeless disaster. For thirty years as a Street Nurse I worked on homeless health care including working 'upstream' for public policy solutions such as a national housing program. During dark and challenging times, films inspired me. The title *A Knapsack Full of Dreams* is a nod to one of those films and one of my heroes. In the National Film Board documentary *Tommy Douglas: Keeper of the Flame* (1986), Tommy Douglas, who is widely considered the founder of Medicare in Canada, is described as having a 'suitcase full of dreams'. The title is also a reference to my street nurse knapsack, which journeyed from the Toronto squatter camp of Tent City to alleys and ravines to its ultimate home at the National Museum of History in Gatineau.

Learning Objectives:

- i. To encourage further learning and teaching regarding nursing's history of work on social justice.
- ii. To inspire nurses and students to recognize and value the way that art, in this case film, may factor into their lives, passions and future directions working for social justice.

(47) "We See and Are Not Silent! Nurses' Role in Social Justice: Lessons Learned from Nurses for Social Responsibility" Kathy Hardill, RN, MScN, NP & Cathy Crowe, RN, B.A.A.N., M.Ed.,

Honorary Doctorate (York University) Distinguished Visiting Practitioner, Politics and Public Administration, Ryerson University.

BIO: **Kathy Hardill** has been a Registered Nurse since 1987 and a Nurse Practitioner since 1997. She specializes in the health care of people who are homeless and others whose health is made vulnerable by structural risks. She has interwoven nursing and health activism through her involvement with Nurses for Social Responsibility; the Ontario-based Street Nurses' Network; the Toronto Disaster Relief Committee; and Health Providers Against Poverty – Ontario. She believes that health is political and that nursing, while frequently situated downstream, must work upstream to ensure access to the social determinants of health for all. **Cathy Crowe** is a long time Street Nurse and activist. She has co-founded numerous advocacy initiatives including the landmark campaign by Toronto Disaster Relief Committee to have homelessness declared a national disaster. She has received the International Centre for Nursing Ethics Human Rights Award and the prestigious Atkinson Economic Justice Award. Cathy is also an author (*Dying for a Home: Homeless Activists Speak Out*) and documentary filmmaker (*Home Safe Calgary, Home Safe Toronto*). Her work is the subject of a moving documentary 'Street Nurse' by filmmaker Shelley Saywell. Her nursing memoir 'A Knapsack Full of Dreams' will be released spring/summer 2019 and is being featured during our lunch break today.

ABSTRACT: Our presentation will highlight the history and contributions of the Ontario-based nursing social justice activist organization "Nurses for Social Responsibility" (NSR) which existed from 1985 to 1995. From 1992 to 1995 NSR published a magazine called "Towards Justice in Health" which provided a forum for adding the voice of politicized nurses to a variety of issues from anti-militarism to environmental destruction to women's reproductive choice. During our presentation we will outline the origins of NSR and describe the key political campaigns in which NSR participated with key allies outside of nursing. We will also discuss candidly the gaps in political and social justice awareness which existed at the time within mainstream nursing organizations. We will describe the origins of "Towards Justice in Health" and candidly discuss the challenges to sustainability of both the organization and the magazine. We will put these challenges in the context of emerging neoliberalism in Ontario and in Canada during the time period. We will provide examples of later social justice campaigns influenced by former NSR members drawing on their experiences in this important nursing activist crucible.

Learning Objectives:

- i. To learn about the history and contributions of the Ontario-based nursing social justice activist organization "Nurses for Social Responsibility" (NSR) 1985 – 1995.

- ii. To understand lessons learned around sustainability of activism in the context of growing neoliberal influences on the Ontario political context.
- iii. To learn about the legacy of nursing social justice activism indirectly influenced by the ground-breaking work of NSR from 1995 forward.

(48) **Radical Reconciliation: From Risks to Rights Without Having to Say We're Sorry.**

Dr. Lisa Bourque-Bearskin, RN, PhD

BIO: Dr. Bourque Bearskin a Cree/Métis Nurse from Beaver Lake Cree Nation, and Associate Professor at Thompson River University, School of Nursing, has devoted her life and career to improving Indigenous health. Dr. Bourque Bearskin's leadership in bringing together networks of community researchers is remarkable. She currently holds a number of grants funded by the Canadian Institute Health Research – Institute for Indigenous Peoples, the Michael Smith Foundation for Health Research and Thompson Rivers University where she initiates community-led research by Indigenous communities. She mentors students and faculty to advance Indigenous nursing research to promote reconciliation and decolonization. She conducts collaborative research with communities, students, and faculty to identify opportunities for meaningful health research that is driven by community-generated priorities. She leads political and social innovation through informal and formal nursing organizations to advance positive change in nursing using Indigenous pedagogies, ethics, and research to enhance understandings of Indigenous nursing knowledge, Indigenous social determinants of health and Indigenous wellness that maintains cultural integrity of nurses practice and supports Indigenous sovereignty. While Dr. Bearskin is humble, her peers celebrate her exemplary contributions in developing Indigenous-nursing knowledge through research, curriculum development, scholarship, and research to inspire positive change within our discipline and society. ve commenced in the school.

ABSTRACT: Social justice is the cornerstone of nursing care; it requires nurses to acknowledge that health risks are inherently tied to the environmental, cultural, social, economic, and political systems of personal agency. Nurses witness the outcomes of social injustice on a daily basis. Here in Canada, the legacy of colonization places the burden of illness and premature mortality on Indigenous peoples. Characterized by poverty, crowded housing, and lack of basic sanitation infrastructure, these social inequities lead to preventable and devastating injustices (Greenwood, 2019, Allen & Smylie, 2015). Marking a turn in Canadian's collective social consciousness and commitments to social justice, as demonstrated by the amalgamation of Health Canada's Indigenous Health Services program, adoption of new legislative Indigenous rights and language policy, and the development of tripartite provincial health care agreements show a transformed commitment to reconciliation. This presentation will focus on calls from nursing leadership for health systems to deliver high quality and culturally safe services through policy development when working with Indigenous populations in Canada. Rooted in authentic life-giving forces from Indigenous nurses' own experiences, language, and culture as touchstones to uncovering truth and dismantling systemic barriers to decolonization, and Indigenization while reconciling the ascriptions that have been embedded into the flesh of Indigenous peoples working toward "achieved wellness" (Dion Stout, 2012). Actions that will not further marginalize Indigenous knowledge systems but rather confront the political and ethical tensions poised in nursing practice will be explored.

Learning Objectives:

- i. What are the implications of reconciliation, decolonization, and indigenization in academia?
- ii. What are the challenges and successes of implementing the United Declarations on the Rights of Indigenous Peoples in Nursing Education?

(49) **ROOT: A rural approach to treating opiate use 'dis'order.**

Ashley White MD CCFP MPH , Melissa Holowaty PhD MD CCFP CISAM & Sean Lee-Popham RN

BIO: Sean Lee-Popham, has been an RN in the Bancroft area for 12 years. He has worked extensively in emergency room settings. While in the area he co-founded the substance use strategy network (SUSN) and has worked to reduce stigma and barriers to care for those using substances.

ABSTRACT: Although the effects of the opiate crisis are felt in all communities, funding for responses in rural areas has been significantly less in urban areas. The Rural Opiate Outpatient Treatment (ROOT) Program worked to respond to that by recreating an inpatient addiction treatment experience in a rural outpatient setting in Bancroft, Ontario. Our objectives were to: a) attain the remission of opiate use disorders in program participants at 0, 2, 4, 6, 8 and 12 months; b) enroll and retain program participants with hepatitis C in treatment and achieve remission at 6 and 12 months; and c) attain improved social stability and interpersonal functioning in program participants at 6 and 12 months. Six participants enrolled in this 12-week intensive peer-supported program featuring group counseling, which mirrored the Structured Relapse Prevention Program (CAMH), followed by nine months of aftercare. Evaluation included: Urine Drug Screens, Addiction Severity Index and WHO Quality of Life Score tools at 0, 6 and 12 months, attendance and peer-led qualitative interviews at the 0, 3, 6, 9 and 12 months. The pilot is complete and intake for the second group has started. Findings from the pilot include:

- 72% attendance, excluding hospitalizations
- Decrease in average ASI score
- Decrease in unexpected urine positives for opiates and all other recreational substances
- Decrease in self-reported non-prescription opiate use, increase in self-reported stimulant use.
- Cost of \$5,647 per participant

The ROOT Program demonstrates the feasibility of cost-effective outpatient approaches to opiate treatment in a rural setting. We will share our findings and explore social justice strategies to challenge marginalizing beliefs and actions.

(50) Resisting paternalism through qualitative research: Survivors disclosure of domestic violence in research. Dr. Ruth Rodney, York University School of Nursing & Sireesha Bobbili, PhD Candidate, University of Toronto.

BIO: Ruth Rodney is an Assistant Professor at York University's School of Nursing where she focuses on the Global Context of Nursing. Her areas of expertise are health promotion, violence prevention, and gender issues examining both masculinities and femininities. Dr. Rodney is particularly interested in violence prevention at the community level, and one current focus is adolescent populations and how to better support them in decreasing violence in dating relationships. Currently, she is the qualitative team lead for a UN Women led national study on domestic violence in Guyana, South America. Her populations of interest are Caribbean, Latin American, and African diaspora located in those regions and in Canada. Sireesha Bobbili is a public health expert specializing in mental health on a global scale with experience in community, hospital and academic sectors. Currently she is a project manager in the WHO / PAHO Collaborating Centre for Addiction & Mental Health, Institute for Mental Health Policy Research at CAMH

ABSTRACT: Research on violence against women and girls (VAWG) must be grounded in an ethos of activism and social justice to challenge heteronormative policies and practices where VAWG persist. The use of qualitative methodologies and methods can provide opportunities to unmask the tensions and nuances of VAWG research with marginalized communities. Therefore, critically examining research methods is a necessary step to ensure that violence prevention initiatives are grounded in the voices of survivors.

Global standards on VAWG research have been created to protect survivors of violence, recognizing that participation in research studies may increase the exposure to violence. Specifically, researchers are advised that survivors should only disclose their experiences of violence in confidential interviews. However, when women choose to disclose their experiences of violence in focus group settings, do global standards supersede their right to disclose? Research on VAWG in Guyana, South America illustrates that adhering to global standards must be considered in relation to the local and cultural context of the research location. Preventing women from

speaking about their experiences assumes that survivors are not capable of making an informed decision about their own safety, places greater value on the researchers decision-making capabilities and diminishes survivors as experts of their own experiences. This research indicates that further consideration of global standards is necessary to ensure survivors are not being silenced by the standards that are implemented to keep them safe.

Learning Objectives:

- i. Understand the impact of implementing global standards in research without critical reflection.
- ii. Identify the researcher's responsibilities when challenging global standards in socially conscious studies.



health



Notes:

Call for Papers Social Justice Nursing Vol 1(2)

The Social Justice Nursing Conference, in collaboration with the new YorkU open access nursing journal is pleased to announce an exciting opportunity! Especially aimed at conference presenters, while open to non-presenters, *Witness: The Canadian Journal of Critical Nursing Discourse* is pleased to announce our 2nd call for abstracts. Just over a decade ago, the WHO's (2008) commission on the social determinants of health concluded that social injustice was killing people on a grand scale. With increasing health inequities (i.e. disparities in health and quality of life rooted in marginalization and/or social disadvantage), the role of nursing advocacy to affect social change through practice, leadership, policy and education is crucial. Indeed, the Canadian Nurses Association recently reaffirmed the centrality of social justice as a focus for nursing viewing it as "means to an end and an end in itself," acknowledging its consistency with the values set out in our code of ethics (CNA, 2010; CNA, 2017). Critical community health nurse, Dr. Benita Cohen (2010) invites nurses in any setting to take four key advocacy steps in order to enact a social justice practice, including: equipping ourselves with the facts, challenging societal beliefs about individual responsibility for health, promoting equity considerations in health policy and program planning within our own organization, and working to bring about social change. To that end, submissions are invited reflecting **Social Justice Nursing** including any combination of these themes:

- Critical analyses of health inequities and the role of nurses/nursing;
- Strategies to challenge societal beliefs, policies or health care practices which contribute to the marginalization or victim-blaming of populations experiencing health inequities;
- Innovations in practice, policy, education or research aimed at promoting social justice and equity;
- Calls For or Lessons Learned from of nursing-led social justice activism

Submissions are to be nurse-authored or if submitted by a team, the lead author must be a nurse.

For author guidelines, please see <https://witness.journals.yorku.ca/index.php/default/about/submissions>

Firm Deadline for Submission through our online portal: **August 15th, 2019**

Note: Prospective authors must register with the journal in order to submit their work.

For any questions including to discuss a proposed submission, don't hesitate to contact us at witness@yorku.ca

Canadian Nurses Association (2010). Social Justice: A Means to an End. An End in itself. 2nd Ed. Retrieved from: https://www.cna-aicc.ca/~media/cna/page-content/pdf-en/social_justice_2010_e.pdf

Canadian Nurses Association (2017) Code of Ethics for Registered Nurses. Retrieved from: <https://www.cna-aicc.ca/html/en/Code-of-Ethics-2017-Edition/files/assets/basic-html/page-1.html>

Cohen, B. (2010). From witness to social justice advocate. The Canadian Nurse Journal, The last word. September. Retrieved from: <https://www.canadian-nurse.com/articles/issues/2010/september-2010/from-witness-to-social-justice-advocate> .

World Health Organization (2008) Closing the gap in a generation: Health equity through action on the social determinants of health. Commission on the Social Determinants of Health. Geneva, Switzerland. Retrieved from: https://www.who.int/social_determinants/thecommission/finalreport/en/