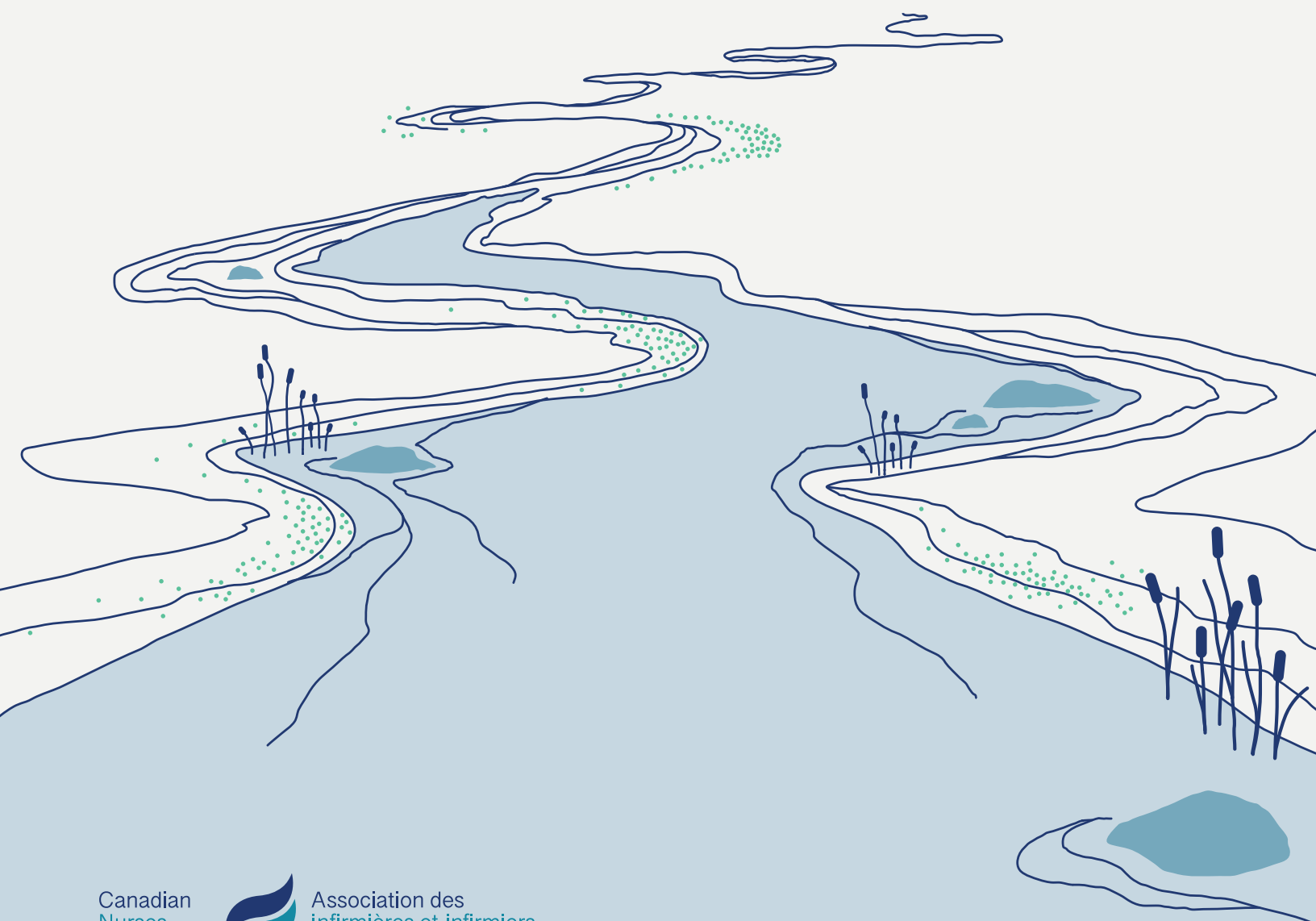


JUNE 2026



The 4 Streams of Reconciliation:

Co-Developing CNA's Action-Oriented Framework



ABOUT US

CNA is the national and global voice of the nursing profession in Canada. Our mission is to advance nursing excellence and publicly funded, not-for-profit health systems to improve the health and well-being of all people in Canada. CNA is the only national association that speaks for all nurses in all sectors and practice settings across the 13 provinces and territories. We advocate on behalf of nearly half a million regulated nurses across all categories (licensed or registered practical nurses [LPNs/RPNs], nurse practitioners [NPs], registered nurses [RNs], and registered psychiatric nurses [RPNs]).

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© Copyright 2026 ISBN 978-1-55119-478-3 The 4 Streams of Reconciliation: Co-Developing CNA's Action-Oriented Framework

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In Canada, we live, learn, and work on traditional Indigenous territories. We are all direct beneficiaries of policies of expulsion and assimilation of Indigenous Peoples during and since the time of settlement and Confederation. CNA acknowledges that the land colonially known as Canada is and continues to be the home of diverse First Nations, Inuit and Métis Peoples and acknowledges them as the traditional owners and custodians of these lands.

We pay our respects to Indigenous Peoples past and present and affirm our commitment to respectful and positive relationships with one another and this land.

We make this acknowledgement with the recognition that nurses have a responsibility to learn the harsh and devastating impact that colonization has had on Indigenous Peoples past and present. We have a duty to respond to the Calls to Action of the Truth and Reconciliation Commission of Canada.



CNA acknowledges, with deep respect and gratitude, the voices who guided the co-development of this framework; this framework is stronger because of your contributions.

We thank the First Nations, Inuit, and Métis nurse advisors for their leadership, courage, and trust:

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NU, RN, BN, CRN

Catherine Tanski, Kitselas/
Kitsumkalum First Nation, RN

We thank the many nursing organizations that participated in our engagement sessions:

- Alberta Association of Nurses (AAN)
- Association of Professional Nurses of Saskatchewan (APNS)
- Association of Regulated Nurses of Manitoba (ARM)
- Canadian Association of Schools of Nursing (CASN)
- Canadian Federation of Nursing Unions (CFNU)
- Canadian Indigenous Nurses Association (CINA)
- Canadian Nursing Students Association (CNSA)
- College of LPNs and HCAs of Alberta (CLHA)
- College of Nurses of Ontario (CNO)
- College of Nursing of New Brunswick (CNNB)
- College of Registered Nurses of Manitoba (CRNM)
- College of Registered Nurses of Newfoundland and Labrador (CRNNL)
- College of Registered Nurses of Saskatchewan (CRNS)
- College of Registered Psychiatric Nurses of Saskatchewan (CRPNS)
- Nova Scotia College of Nursing (NSCN)
- Nurses and Nurse Practitioners of British Columbia (NNPBC)
- Ordre des infirmières et infirmiers du Québec (OIIQ)
- Registered Practical Nurses Association of Ontario (RPNAO)

We thank the Indigenous-led organizations who participated in our framework validation sessions:

- British Columbia Nurses' Union: Indigenous Leadership Circle
- Tajikeimik, Office of L'nu Nursing
- Pauktuutit: Inuit Women of Canada
- The Office of Joyce's Principle

We thank NVision Insight Group Inc., an Indigenous-owned consulting firm, and Design de Plume, an Indigenous-owned creative agency, for their contributions in bringing our vision to fruition.

And we thank CNA's Board of Directors, the Canadian Academy of Nurses, CNA Membership and CNA Staff who all contributed to the development of the framework. We extend special recognition to Hilary Fry, a Labrador Inuk nurse and CNA's Indigenous Policy Analyst, whose exceptional leadership was instrumental in shaping and advancing this work.

Reconciliation is not a statement of intention; it is a sustained, action-oriented commitment to truth, accountability, and change. Nurses witness, every day, how systems and policies shape people’s health and well-being. We also know that colonial practices and anti-Indigenous racism have caused profound harm and continue to create inequities for First Nations, Inuit, and Métis Peoples across the land now known as Canada. As the national and global voice of the nursing profession in Canada, CNA has a responsibility to lead with clarity, humility, and resolve.

This report reflects a collaborative and iterative process shaped by Indigenous nursing leadership and by voices from across the nursing profession. Through the guidance of the Indigenous Nurse Advisory Group, a national survey, engagement with partners, regional discussions, and community validation sessions, participants urged CNA to take meaningful steps beyond symbolic gestures. They emphasized the importance of establishing measurable actions, allocating resources, setting clear timelines, and implementing transparent reporting to ensure accountability and progress.

The result is The 4 Streams of Reconciliation: CNA’s Action-Oriented Framework—a foundational structure grounded in an Indigenous worldview illustrated by the metaphor of a river system. Like water, this work is relational and dynamic, requiring upstream action to shift the conditions that produce inequitable outcomes downstream. The four foundational elements—**Accountability, Advocacy, Anti-Racism, and Allyship**—name what is required of CNA and of the profession to advance culturally safer nursing care and more equitable health systems.

CNA will integrate this framework into our Strategic Plan (2026–2030) and continue to strengthen the structures needed for implementation, including ongoing oversight, annual progress reviews, and public communication to our membership. We recognize that credibility is earned through consistent action. We remain accountable to Indigenous partners and communities, and to nurses across Canada, to carry this work forward in ways that are meaningful, adequately supported, and openly measured.

I invite you to read this report as both a framework and a call to action. Whether you are a direct-care nurse, educator, regulator, system manager, policymaker, or partner, consider what the 4 Streams ask of you—individually and collectively. Together, we can help transform nursing and health systems so that equity, safety, and Reconciliation are not aspirations, but standards of practice.

Yours in nursing,



Valerie Grdisa, RN, PhD
Chief Executive Officer
Canadian Nurses Association

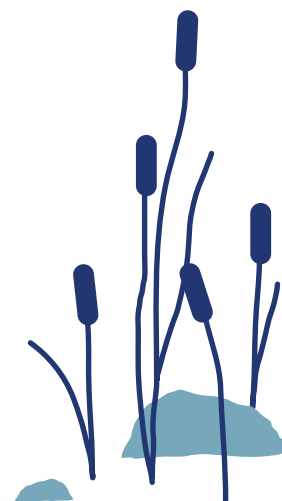


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Introduction

As part of the colonial health system, nursing has a history that is inseparable from the oppression of First Nations, Inuit, and Métis Peoples. Nurses worked within residential schools, Indian hospitals, and other institutions where neglect and abuse occurred, and many failed to challenge the conditions that contributed to preventable illness and death. By upholding assimilationist policies, enforcing biomedical approaches that exclude Indigenous healing practices, and dismissing Indigenous Knowledge Systems, the profession contributes to the entrenchment of anti-Indigenous racism, and deep mistrust of health systems.

The limited acknowledgement of this legacy within nursing today underscores an urgent need for sustained truth-telling, accountability, and structural change to address the ongoing impacts of colonialism in health systems. This need was powerfully reinforced at the ICN Congress 2023 in Montréal, where Indigenous nurses and students voiced longstanding concerns and called for decisive action, accountability, and leadership. In response, the Canadian Nurses Association (CNA) issued a public commitment to Reconciliation, formally recognizing the harms and ongoing effects of colonial policies, practices, and anti-Indigenous racism within Canada's health systems.

Following the direction of CNA's Indigenous Relations Action Council (IRAC), composed of First Nations, Inuit, and Métis nurse leaders from across the country, CNA began taking concrete steps to advance this commitment. In 2024, the organization hired its first Indigenous Policy Analyst, signaling a meaningful investment in sustained action and accountability. This work focused on identifying how CNA could contribute to advancing the *Truth and Reconciliation Commission of Canada: Calls to Action* and the *United Nations Declaration on the Rights of Indigenous Peoples*. In 2025, CNA initiated the co-development of a Reconciliation framework alongside several other efforts, including a cultural awareness course, *The Path: Your Journey through Indigenous Canada*, and its inaugural Anti-Indigenous Racism Knowledge Sharing Event. More details about these initiatives can be accessed on our [website](#).

As the national voice of nursing, CNA holds both the responsibility and the opportunity to lead Reconciliation efforts within the profession. While Canada's health system is often regarded as universally accessible, significant and persistent health and social inequities continue to affect Indigenous Peoples and communities (Gebhard et al., 2022). These inequities are rooted in colonial policies and practices that perpetuate anti-Indigenous racism across health systems, contributing to culturally unsafe care, barriers to access, poorer health outcomes, and in some cases, preventable harm and death. In this context, the development of CNA's Reconciliation framework represents a critical step toward advancing culturally safer care and transforming systems. Grounded in Indigenous perspectives and informed by engagement across the profession, the framework moves beyond individual-level interventions to address systemic barriers through policy, education, and accountability. Its implementation, aligned with CNA's broader strategic plan, is envisioned as a long-term, iterative process that prioritizes meaningful action, continuous learning, and measurable progress toward health equity and Reconciliation in nursing.

“When CNA leads, it gives the rest of us the ability to follow and make space where we are.”

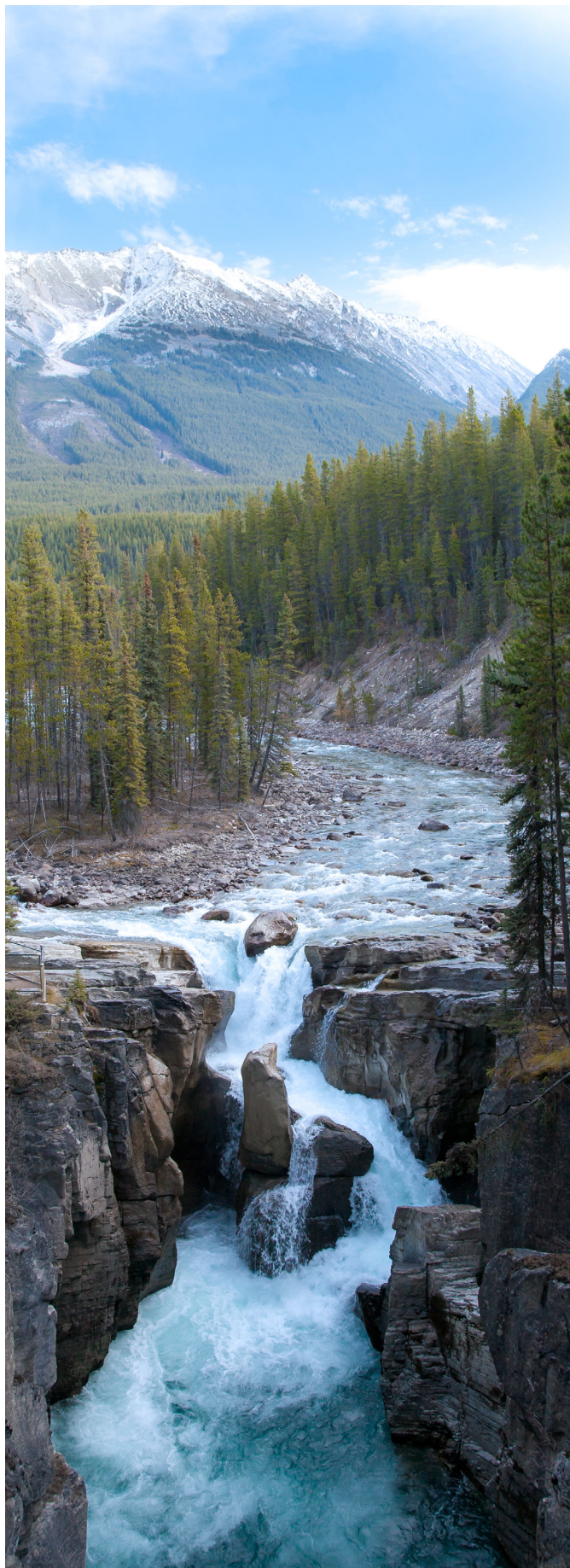
Indigenous Co-development

Indigenous co-development was a central priority in the development of this framework, shifting from the work being done about Indigenous Peoples to being done with them, and grounding decisions in lived experience, rights, and self-determination. In May 2025, CNA partnered with NVision Insight Group, a majority Indigenous-owned consulting firm, to initiate co-development of the framework. The project was led by Hilary Fry, Indigenous Policy Analyst at CNA, a Labrador Inuk nurse, who led decision-making throughout the development process.

CNA also established an advisory group composed of eight First Nations, Inuit, and Métis nurses from the IRAC. This group provided ongoing guidance and oversight to both CNA and NVision Insight Group, ensuring the work remained rooted in Indigenous nursing leadership and lived experience. Representing diverse communities, practice areas, and generations, the advisory group brought a distinctions-based and well-rounded perspective to decision-making. The advisory group met five times (virtually) over the project timeframe and contributed additional input as needed. All engagement findings were shared with the group and played a central role in shaping the final framework.

In addition, CNA worked with an Indigenous- and women-owned creative agency, Design de Plume, to design the illustration of the framework. Together, this approach reflects a meaningful commitment to Reconciliation in action.

“Thank you for your commitment to this necessary project and your visionary direction for all of us in Canada.”



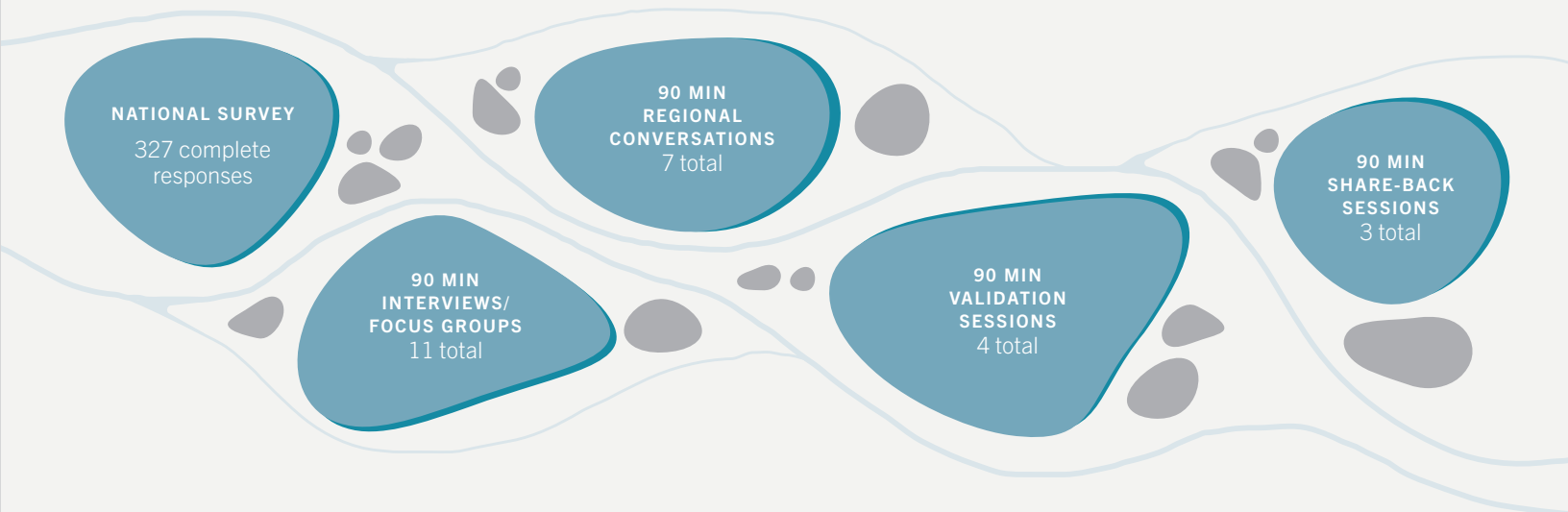
Engagement Methods & Key Findings

“You heard what we told you.
And so, with that, Migwetch,
Migwetch, Migwetch.”

OBJECTIVE

An iterative and consultative approach underpinned a robust engagement process for the framework’s development. Methods included a national survey, interviews and focus groups, regional conversations, and share-back and validation sessions, ensuring broad representation from Indigenous and non-Indigenous nurses, health leaders, and members of Indigenous-led organizations. Grounded in principles of inclusivity, transparency, and respect for Indigenous knowledge, this multi-layered process enabled participants to understand and contribute meaningfully while ensuring their input was integrated as core elements of the framework. By prioritizing lived experience and fostering safe spaces for dialogue, CNA was able to incorporate diverse perspectives from its membership and partners, emphasizing accountability and reciprocity and ensuring the framework reflects both organizational commitments and the collective aspirations for meaningful, action-oriented Reconciliation in nursing.

ENGAGEMENT PROCESS



National Survey

A national membership survey was initiated July–August 2025. 327 out of 407 completed every survey question and offered broad insight into nurses’ experiences and perspectives. All categories of regulated nurses were represented along with students and retired nurses, working across all professional domains of practice. Geographically, all provinces and territories were represented except for the Yukon.

KEY DEMOGRAPHICS:

81%

of respondents were Registered Nurses (RN) and 53% in clinical practice

93%

of respondents were female and 70% identified as white, of European descent

49%

of respondents have been in the nursing profession for more than 26 years

66%

of respondents indicated they practice in an urban context while 27% practice in a rural context, and 11% in Indigenous communities

EDUCATION AND EXPERIENCE:



85%

of respondents have experience working directly with Indigenous Peoples or nurses



69%

of respondents have received formal education/training on Indigenous health or cultural safety

Notable finding:

Urban nurses have the lowest levels of formal education/training on Indigenous health or cultural safety.

FAMILIARITY WITH RECONCILIATION:



91.7%

of respondents agree or strongly agree they are familiar with Reconciliation



22%

of respondents have participated in CNA's Indigenous health learning opportunities

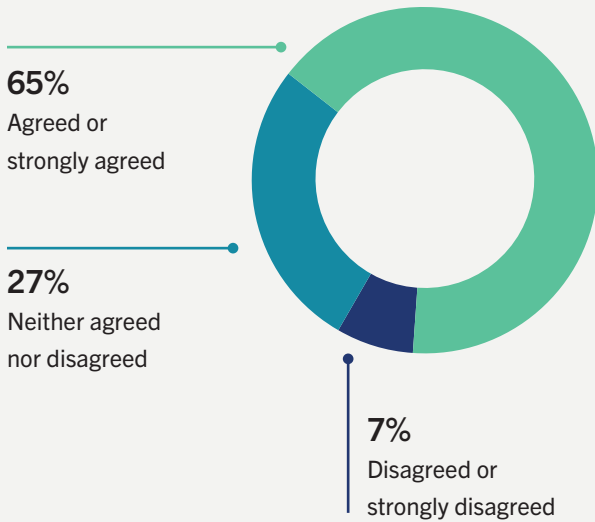


37%

of respondents indicated awareness of CNA's Reconciliation work

CONFIDENCE IN DELIVERING CULTURALLY SAFE CARE:

When respondents were asked if they are confident in providing/facilitating culturally safe care:



Notable findings:

The highest confidence levels were reported by nurses in British Columbia (81.6%), as compared to the lowest in Nova Scotia (50%).

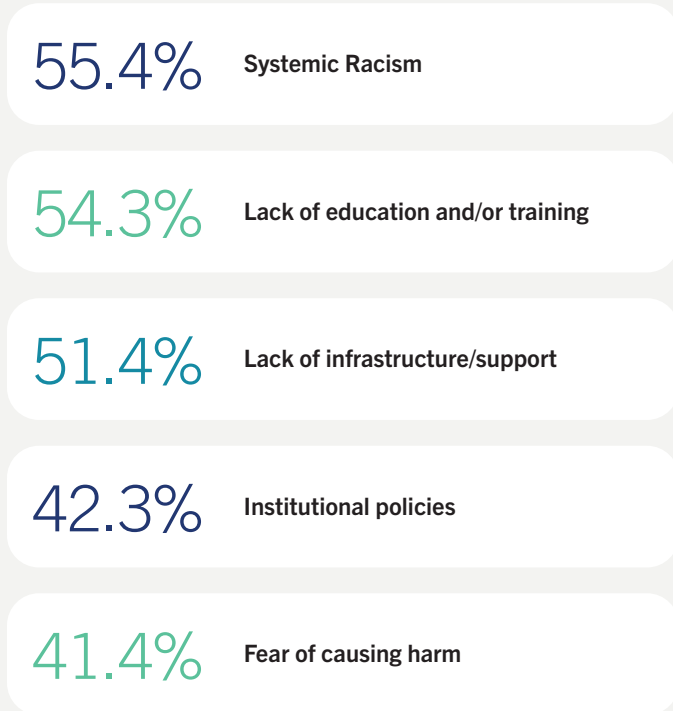
There is a positive correlation between confidence in delivering culturally safe care and years of nursing experience, with a notable dip at 2-5 years (44%) and peak at 6-10 years (72%).

Formal training increases nurses' confidence in delivering culturally safe care by 31 percentage points (74% vs. 43%).

69.2% of those who worked directly with Indigenous Peoples expressed higher confidence in delivering culturally safe care (and were more likely to identify systemic barriers), compared to only 36.1% in those who have not.

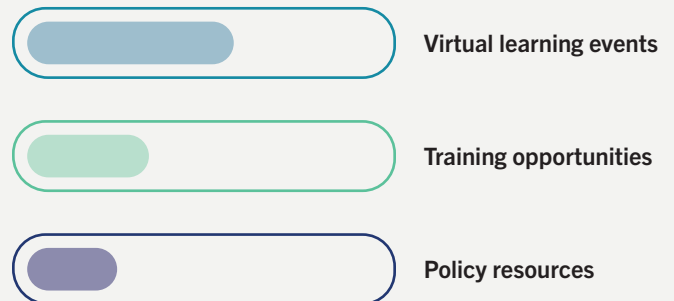
KEY BARRIERS IDENTIFIED:

Respondents identified the 5 top barriers they face in providing culturally safe care:



PRIORITY AREAS FOR CNA SUPPORT:

Nearly 65% of nurses identified virtual learning events as their preferred form of support from CNA, with fewer selecting more frequent training opportunities (36%) or the need for policy resources (29%) such as position statements and guidelines.



CNA PARTNER ENGAGEMENTS AND REGIONAL CONVERSATIONS

The national survey results informed our approach to partner engagements and regional conversations. In-depth engagements were conducted through 11 interviews and/or focus groups, and seven regional conversations across Canada, including a dedicated session for First Nations, Inuit, and Métis nurses. These engagements took place over the fall months of 2025 and consisted of 6 questions focused on addressing anti-Indigenous racism and white supremacy in nursing and health systems, and actioning Reconciliation. The top barriers identified by survey participants were integral to shaping the engagement questions. Overall, these engagements resulted in conversations with over 100 Indigenous and non-Indigenous nurses and health leaders across the country. Using strength-based and trauma-informed approaches, these engagements surfaced consistent findings: colonial structures remain embedded across nursing and health systems, shaping policy, education, and practice, and contributing to ongoing inequities that must be addressed.

CNA Leadership and Accountability:

Participants identified a clear expectation for CNA to exercise national leadership by explicitly naming anti-Indigenous racism and white supremacy and addressing them as structural determinants within the profession. This includes establishing national alignment across nurse regulators and CASN to embed Indigenous-specific anti-racism, cultural safety, and cultural humility as core professional standards, supported by clear accountability mechanisms.

Action-Oriented Reconciliation:

Engagement findings point to the need for CNA to advance concrete policy and practice reforms co-developed with Indigenous partners, including the development of practical tools, guidance, and implementation supports for nurses across jurisdictions. Participants emphasized that action-oriented Reconciliation must be supported by defined commitments, timelines, and measurable outcomes to ensure transparency and sustained progress.

Systemic Transformation:

Reconciliation was consistently framed as requiring coordinated, system-level action in addition to individual or organization-specific efforts. Participants stressed that individual action alone is insufficient to transform systems built on colonial foundations, underscoring the need for CNA to take a leadership role in driving policy change and advocating to other national nursing bodies for the integration of action-oriented Reconciliation priorities into practice requirements and nursing curricula. More specifically, the inclusion of cultural safety and humility, and Indigenous-specific anti-racism competencies.

Key Barriers:

Key barriers identified include limited structural supports, insufficient time and resources, fear of causing harm, and a lack of Indigenous-led initiatives and educators. Addressing these barriers will require targeted investment, capacity-building, the prioritization of Indigenous-led leadership, and meaningful partnerships. Trauma-informed approaches and the creation of culturally safer spaces for dialogue and truth-telling were also identified as critical enablers of effective implementation.

Overall, findings underscore the need for CNA to lead a shift from symbolic commitments to actionable Reconciliation in policy and practice, contributing to system transformation.

“This groundwork you are doing right now really feels feasible and measurable for our students.”



INITIAL FRAMEWORK DEVELOPMENT

After the survey, interviews, and focus groups were complete, we began analyzing the data and developing the foundations of the framework. It was very evident that the framework must be action-oriented and enable the complexity of Reconciliation to be easily digestible. Likewise, it was evident the framework must embody an Indigenous worldview that resonates with First Nations, Inuit, and Métis Peoples. This led to the metaphorical creation of a river system, underscoring the relationality of water and the importance of upstream approaches in nursing and health systems. The data collected revealed four common themes: accountability, advocacy, anti-racism, and allyship and these became the foundation of our framework and were named the 4 Streams of Reconciliation.

IDENTIFIED GAP

Although we were pleased with the framework development process, we recognized a gap remained, specifically the inclusion of Indigenous nurses and leaders in organizational and community-based roles. It was important that CNA ensured the framework was not a high-level report that only select nurses can see themselves in, and that the associated actions regarding Reconciliation meet the needs of Indigenous communities. This is what led to the integration of an additional method of framework development, the community validation sessions.

VALIDATION SESSIONS

In February 2026, CNA held four virtual validation sessions with Indigenous-led organizations to address the identified gaps and strengthen and validate the framework, focusing on translating the framework into meaningful, accountable action across nursing education, policy, and practice. Participants strongly supported CNA's leadership and endorsed the 4 Streams of Reconciliation: Accountability, Advocacy, Anti-Racism, and Allyship, as clear and action-oriented. While the water-based metaphor was well received, participants emphasized that the framework's credibility depends on sustained leadership, adequate resources, and concrete outcomes, and recommended refining language and expanding actions under each area.



“I like how succinct it is, yet so deep. It hits all those key areas.”

SHARE-BACK SESSIONS

After the community validation sessions, CNA held three virtual share-back sessions with early contributors to demonstrate how previous engagement shaped the draft framework, validate participants' perspectives, and gather final insights. Participants responded positively, affirming the reflection of key themes such as the importance of Indigenous leadership, championing culturally safer care, and addressing systemic inequities, while stressing that the framework's impact depends on meaningful action. A strong emphasis was placed on accountability, transparent and inclusive implementation approaches, defined responsibilities, and regular and thoughtful reporting to ensure Reconciliation extends beyond intent into measurable change. Overall, the sessions reinforced Reconciliation as an ongoing, relational process grounded in Indigenous leadership, health equity, and CNA's role in modeling action-oriented leadership across the nursing profession.

Quotes from participants of the share-back sessions are scattered throughout this report.

The 4 Streams of Reconciliation: CNA's Action-Oriented Framework

CENTRAL TENETS OF THE FRAMEWORK

1. [CNA's Code of Ethics for Nurses](#) is a testament to the collective commitment of the nursing community to uphold ethical standards that reflect both enduring principles and the evolving realities of care. Several guiding principles were integral in framework development (1.2, 2.2, 3.1, 4.1, 4.2, 5.1, and 5.2), and one of the seven core values of the Code of Ethics (2025) is dedicated to Truth and Reconciliation.

4.1: Nurses uphold the pursuit of truth and principles of Reconciliation.

4.2: Nurses value the importance of integrating First Nations, Inuit and Métis knowledge in their practice.

2. [Truth and Reconciliation Commission \(TRC\) of Canada Calls to Action](#) are policy recommendations with the purpose of aiding in the healing of harm associated with the residential school system. CNA has a responsibility of upholding Calls to Action of the Truth and Reconciliation Commission of Canada, specifically numbers 18 through 24 as they relate to addressing the health and social inequities for Indigenous communities, while acknowledging the harmful legacy of colonization, and integrating Indigenous ways of knowing and being into health systems.

3. [United Nations \(U.N.\) Declaration on the Rights of Indigenous Peoples](#) is a legislated, comprehensive framework that sets the minimum standards for the dignity and wellbeing of Indigenous Peoples. The core principles of the U.N. Declaration on the Rights of Indigenous Peoples include the importance of self-determination, anti-racism, and addressing social determinants of health (SDOH). CNA must address the health inequities that exist for Indigenous Peoples, specifically by championing article 24, which affirms Indigenous Peoples' right to the highest attainable standard of physical and mental health.

4. [Missing and Murdered Indigenous Women and Girls \(MMIWG\) Final Report Calls for Justice](#) are recommendations made by survivors, their families, and communities to address systemic health inequities that contribute to violence. CNA must uphold the calls to justice, particularly those focused on health and wellness, which supports equitable, culturally appropriate, and trauma-informed health services.

FRAMEWORK ILLUSTRATION

Access to safe nursing care and equitable health systems, including access to clean water, is a fundamental human right. CNA recognizes its ethical and professional responsibility to champion culturally safer care and to advance health systems that uphold the rights and well-being of Indigenous Peoples.

The framework engagement process revealed that meaningful change requires bold, sustained, multi-faceted and Indigenous-led action at all levels of policy and governance to address the root causes of inequities within nursing and health systems.

This framework is a living and evolving commitment that will respond to changing contexts and emerging knowledge. It is an iterative document and its implementation must be timely, meaningful, and sustained, and revisited alongside CNA's strategic priorities, with accountability mechanisms and ongoing monitoring and validation.

Symbolism is important. Like a river, this framework will continue to flow and overcome barriers. It will adapt to its environment, changing based on emerging knowledge, contexts, and resources. What starts as a small trickle leads to larger and more impactful change, as demonstrated in the imagery. To achieve more equitable and culturally safer nursing care and health systems, CNA must act decisively "upstream," through the **4 Streams of Reconciliation: Accountability, Advocacy, Anti-Racism, and Allyship**. Addressing these upstream determinants is essential to ensure that the care delivered downstream is equitable, safe, and just.

"The metaphor of a river really just feels bang on. I love that it's fluid and dynamic because it really does reflect the nature of this work."

The 4 Streams of Reconciliation: CNA's Action-Oriented Framework



Description of the 4 Streams of Reconciliation

Accountability	CNA must demonstrate accountability and support its membership.
Advocacy	CNA must use its position of power and National voice to advocate.
Anti-Racism	CNA must disrupt white supremacy and practice anti-racism.
Allyship	CNA must demonstrate meaningful allyship with Indigenous Peoples and communities.

ACCOUNTABILITY

Accountability means to take responsibility for actions, decisions, and outcomes, ensuring culturally safer care for Indigenous Peoples. This includes actions in the present day and the acknowledgement of the historical role that nurses play(ed) in the legacy of colonization.

Nurses are regulated health professionals who often interact first and spend the most time with those seeking care. As the national voice for all nurses, CNA must prioritize accountability for these interactions which have a direct and remarkable impact on culturally safer care provision for Indigenous Peoples.

CNA will commit to its accountability through the following actions:

- Participate in transparent public conversations to advance the understanding of nursing's role (historic and ongoing) in colonial harm of Indigenous Peoples (e.g., Indian Hospitals, residential schools, forced sterilization).
- Create forums for sharing best practices (community of practice was mentioned).
- Integrate distinct First Nations, Inuit, and Métis ways of knowing and being throughout the entirety of the organization (credentialling center was identified).
- Dedicate positions for Indigenous nurses within the organization, including those in decision-making roles, and encourage other national organizations to do the same.
- Implement an Indigenous-led organization-wide policy for Indigenous identity verification for Indigenous-specific opportunities.

- Distribute bi-annual public communication with transparency around the progress in implementing *The 4 Streams of Reconciliation: An Action-Oriented Framework*.

ADVOCACY

Advocacy involves engaging with others and using one's voice and amplifying the voices of others, recognizing the role of evidence, power and politics in driving policy decisions in the best interest of the public health system.

There are half a million regulated nurses in Canada which equates to 1 in 57 voters. As the national voice for the profession, CNA must use its power and take meaningful and public-facing stances on Indigenous health to contribute to developing safer care and health systems.

CNA will strengthen advocacy through the following actions:

- Employ public campaigns co-developed with Indigenous leaders and communities.
- Create position statements and public responses to issues involving the profession and Indigenous Peoples and communities.
- Promote the integration of distinct First Nations, Inuit, and Métis knowledge in health systems, nursing policy and practice.
- Advocate for continued, sustainable, and predictable federal funding to support the Canadian Institutes of Health Research Indigenous Research Chairs in Nursing initiative.

ANTI-RACISM

Indigenous-specific anti-racism involves practicing humility by reflecting on power and privilege, and concrete actions to dismantle systems of oppression. If left unchallenged, the whiteness of nursing and the colonial health system will continue to default to inequitable health outcomes (Gebhard, et al., 2022). CNA must advocate for the rights of Indigenous Peoples and Communities to be free of discrimination and racism, and to receive culturally safer care.

CNA will practice Indigenous-specific anti-racism through the following actions:

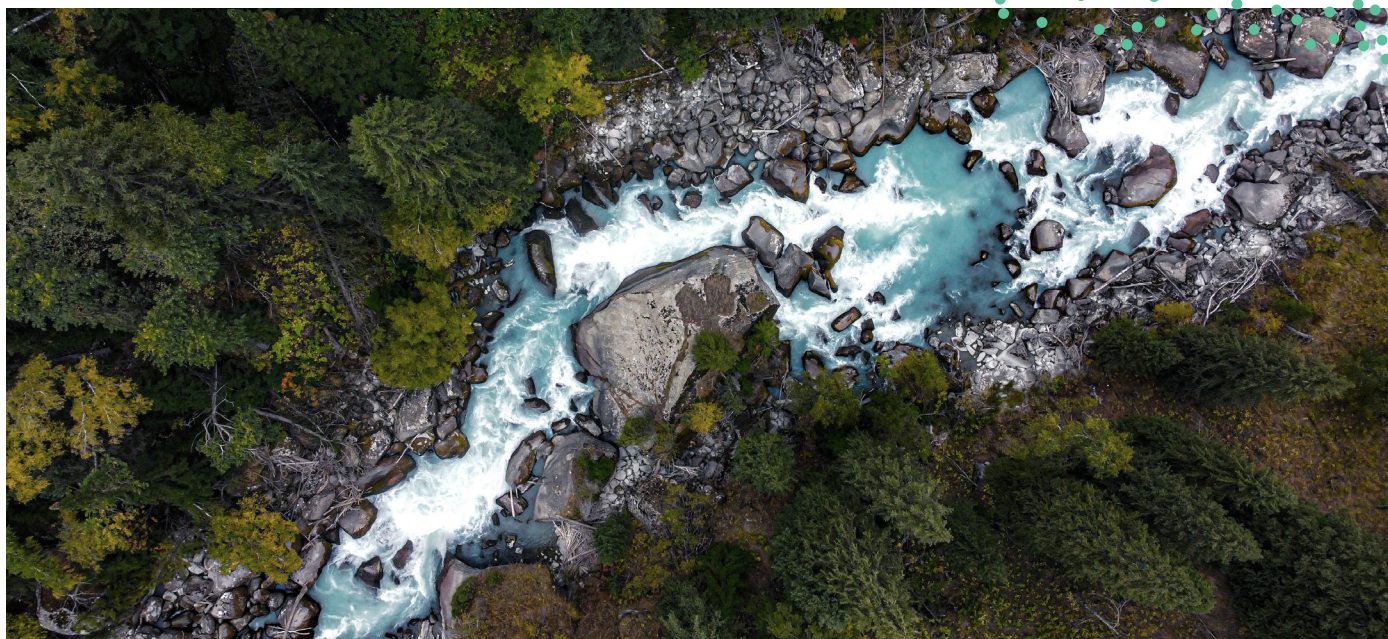
- Co-develop and co-deliver continuous learning opportunities with Indigenous nurses and community leaders (e.g., cultural competency toolkits were mentioned).
- Co-create and employ self-reflection tools.
- Provide actionable resources for responding to Indigenous-specific racism or bias (case studies were mentioned).
- Create a hub of existing Indigenous-led, health-related resources and best-practices for health-care professionals to utilize.
- Champion national alignment across nursing organizations and regulatory bodies to require Indigenous-specific anti-racism competencies and education within professional standards, embedding cultural safety, humility, and anti-racism as a foundational obligation of nursing practice rather than a supplementary activity.

ALLYSHIP

Allyship is an ongoing, which requires humility and the intentional process of unlearning and re-evaluating, whereby individuals in positions of privilege work alongside Indigenous Peoples and communities. This involves acting “with,” not “for,” and requires meaningful, respectful, and reciprocal relationships. Allyship cannot be self-declared, and recognition must come from community. CNA must demonstrate respectful allyship through action and in partnership with Indigenous partners to advance health equity for Indigenous patients, families, and communities.

CNA will demonstrate allyship through the following actions:

- The meaningful inclusion of Indigenous voices in policy development which must include community-based leaders, knowledge keepers/holders and Elders, rather than solely those in academic roles.
- Offer and/or seek opportunities to support Indigenous-specific scholarships, mentorship programs, and research.
- Dedicate sustained, long-term funding and other resources to improve accessibility for professional development opportunities for Indigenous nurses and students (e.g., conference attendance was mentioned).
- Integrate diverse means of knowledge mobilization, such as storytelling.
- Demonstrate reciprocity through timely and meaningful recognition and compensation for Indigenous partners on CNA-specific projects, initiatives, and engagement events.



Next Steps: Framework Implementation

Integration into CNA Strategic Plan (2026–2030)

Embed the 4 Streams of Reconciliation into CNA's upcoming strategic plan to ensure Reconciliation is reflected as a priority for the organization.

Align framework goals with CNA's vision, mission, values, and operational objectives for long-term sustainability.

Ongoing Monitoring and Reporting

Expand the Indigenous nurse advisory group and re-shift its focus to meaningful framework implementation and to provide oversight on associated actions.

Establish accountability mechanisms for annual progress reviews and public reporting on Reconciliation commitments.

Conclusion

While this project's purpose was to develop a framework to guide CNA on the journey toward Reconciliation, what emerged through the framework development process was something even more impactful. Participants described the framework as a powerful tool that transforms a complex and often overwhelming concept into something clear, meaningful, and most importantly, actionable.

Participants reported seeing themselves in it, and recognized it not just as a guide, but as something deeply personal that they could carry into their own workplaces and their everyday practice as nurses and human beings. We invite readers to do the same. See yourself in this framework and reflect on your role and your responsibility. Ask yourself: how can I act on the 4 Streams of Reconciliation? Reconciliation is not aspirational but is a shared ethical and professional responsibility that begins with each of us.

The engagement process underscored CNA's commitment to advancing Reconciliation as a systemic, action-oriented priority within nursing. Feedback from the engagement sessions revealed a clear call for CNA to lead boldly by calling out and addressing anti-Indigenous racism, embedding Indigenous knowledge into policy and practice, and fostering cultural safety through education, accountability, and authentic partnerships. While progress has begun, this journey requires sustained effort, transparency, and collaboration across all levels of the profession. By continuing to listen, learn, and act, CNA can help transform nursing into a space where equity, safety, and Reconciliation are not aspirational ideals but foundational to advancing its Reconciliation actions while supporting membership and the nursing profession.

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For more information about CNA's journey to Reconciliation, visit our webpage at:



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