

See it ... Speak it... Write it.... Change it: On the Introduction of a Canadian Journal Grounded in Critical Nursing Discourse

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Envisioned for a decade, conceptualized in 2013, and launched in 2018, *Witness* is a Canadian online open access scholarly nursing journal that represents a groundswell of nursing activism taking multiple forms. Together, contributors and readers form a collective of nurses whose practice, research, teaching, and way of being are rooted in social justice.

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. By virtue of nursing's privileged societal position, we *witness* a wide array of inequities that require us to take action. *Witness* authors and readers form 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.

The journal is rooted in critical discourse, where the term 'critical' refers to a capacity to inquire 'against the grain.' It involves a persistent sense of perturbation with the status quo. This is a disposition that involves questioning claims of truth or falsity, charging the thinker with the task of disrupting and destabilizing epistemological certainties, including one's very own. 'Critical' is about recognizing dominant political, economic, and social forces—and interrogating how these influence ways of knowing, practice, policy,

the very production of knowledge, and systemic inequities. As both a stance and an action, it is a commitment to the decolonization of knowledge by an analysis of both dominant discourses and oppressive practices. Moreover, 'critical' is about a necessity to surface assumptions and tensions in our own and others' works and practices. It encompasses an unyielding commitment to interrogate the relation of power to knowledge with an understanding that individuals, groups, and systems may—intentionally or unintentionally—reproduce such relations. For *Witness*, criticality it is a salient attribute that welcomes, and is strengthened by, an openness to perspectival plurality.

Witness seeks to foster and disseminate critical nursing discourse that is underpinned by the principles of social justice and health equity and that: critique dominant discourses, interrogate power relations and structural violence, and aim to advance social change. Correspondingly, *Witness* embraces the open access movement and seeks to further dismantle multiple systemic barriers to knowledge creation and dissemination. To that end, and serving as an example of living our values, neither payment to publish nor to access the journal's offerings shall be required.

In this, our inaugural issue, the journal's tag line serves as the theme. Meant to represent multiple ways that nurses engage in critical discourse, and stemming from a recognition that nursing witnesses much, *See it, Speak it, Write it Change it* presents several examples whereby the act of witnessing social injustice is met with a requisite speaking up, getting the word out, and searching for ways to ameliorate and eventually prevent structural barriers to health and quality of life. *McGibbon and Lukeman* make a compelling case for critical perspectives in nursing. Using institutional ethnography, they flesh out the

concept of moral bystanding as a catalyst for moral courage and for the cultivation of a critical gaze in an effort to integrate critical perspectives into nursing. *Hardill's* work exploring the health care experiences of small town and rural drug-users illuminates the inherent victim-blaming that finds its' stability in neoliberalism. In exploring the lived experience of drug-users and contrasting it with the experiences of the nurses who care for them, *Hardill's* work exposes how the *myth of normal* replicates sociocultural beliefs about substance use. *O'Byrne* builds on the journal's tag line, arguing of the necessity to use our collective positions of influence to affect real change. To that end, drawing on a program to bring much-needed medications to otherwise excluded populations, he demonstrates how research funding can be innovatively secured to actively address such inequities. Using mental health discourse as the backdrop for a reflective piece, and while drawing on critical theory, *Adam, van Daalen-Smith, and Juergensen* discuss the importance of critique in nursing. They examine the necessity (indispensability) of critique as a health resource for nursing and advance that without a rupturing notion of critique in nursing, the profession risks fracturing the nurse-client relationship and stagnating in oppressive (biomedical) discourses. *Nazon* turns this critical gaze onto nursing itself, specifically, nursing's 'legacy' and philanthropic history. Using Foucault and Donzelot, *Nazon* sketches a nursing history that explicates the nurse as an institutional agent charged with the task of managing populations, in the process, participating in the governance of people's everyday lives. *van Wijlen and Aston* draw from Feminist Post Structuralism in order to explore the phenomenon of infant feeding interactions in neonatal intensive care units (NICU). The authors propose that FPS offers a germane lens

through which to critically examine infant feeding interactions, while at the same time and bring voice to the complex processes embedded in the NICU. And finally, *Melo and Olawo's* student submissions round out our inaugural issue. Framed by intersectionality theory, *Olawo* reports on interviews with Black African Immigrant men. Masculinity is underscored as a determinant of (mental) health. What was discovered in the context of mental health is that stigma related to hypermasculine discourses silences Black men in their efforts to speak up about their psychological and emotional suffering. *Melo*, unapologetically sheds light on the feminization of poverty, analyzing multiple salient factors that contribute to the ways in which poverty among women and girls is reproduced. Demonstrating how, in nations heavily influenced by patriarchal norms, gender bias becomes entrenched in the policy, social institutions, and frameworks thus reinforcing girls and women's poverty. Seeing nursing and nurses as powerful change agents, she argues for the sustained integration of feminist and other critical frameworks into nursing care.

These eight offerings, in this inaugural issue of *Witness* serve as a small yet powerful sample of advances in critique and critical thought in nursing. They mark the introduction of this scholarly peer-reviewed journal, one that has long been awaited by the Canadian nursing community. While nursing has been critiqued for playing a role in the reproduction of oppression and the perpetuation of status quo discourses, it is our hope that by way of this journal, nurses can consolidate a counter-narrative, a sort of unapologetic reverse-discourse to hegemony in nursing scholarship, pedagogy, and practice.