



# Aboriginal Nurses Association of Canada

Aboriginal Nursing Educational Needs Analysis

**RESULTS OF A NATIONAL SURVEY – SUMMER 2002**

Ottawa, Ontario  
October 2002

FINAL REPORT

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**ABORIGINAL NURSING EDUCATIONAL NEEDS ANALYSIS**  
Results of a National Survey – Summer 2002

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**Disclaimer:**

The opinions expressed in this report are those of the Aboriginal Nurses Association of Canada and do not necessarily reflect the views of the funding agencies listed in the acknowledgements.

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## Executive Summary

At least since the Band-Nurse workshops of the 1980s and early 90s, a long-standing issue for nurses of Aboriginal ancestry and nurses working in Aboriginal communities has been the need for an educational framework for Aboriginal health nursing theory and practice. Having articulated the outlines of such a framework in 1999, the Aboriginal Nurses Association of Canada (A.N.A.C.) has recently conducted a national survey of their membership in the summer of 2002 as a core part of a needs analysis examining educational and research program development. Under the direction of a Working Group, survey objectives were determined and the survey instrument was developed (Appendix A). Specifically, A.N.A.C. set out to determine the need for (a) a fully accredited Aboriginal Health Nursing specialization and (b) an Aboriginal Health Nursing summer school initiative. This report is intended to reflect the findings of the national survey conducted over one month in the summer of 2002. The responses are statistically significant.

A 21% response rate of A.N.A.C. members yielded key findings with implications for: Aboriginal nursing education, workplace issues, organizational capacity building, and Aboriginal health generally (see Key Findings). The survey results indicate a clear mandate in the direction of education development. Key propositions and recommendations resulting from this analysis include:

- Aboriginal Health Nursing education is intimately tied to other nursing issues including workplace issues, capacity building for Aboriginal communities, and population health of Aboriginal people.
- A.N.A.C. membership primarily views the organization's role as providing leadership in aboriginal nursing through educational and research initiatives.
- A.N.A.C. is seen as the leader in Aboriginal nursing education and research. **91% of survey respondents believe that A.N.A.C. should be the lead organization in developing a program of education leading to an accredited Aboriginal Health Nursing specialization.** There is positive and enthusiastic endorsement by the membership for an Aboriginal Nursing Summer Institute program.
- A.N.A.C must acquire development funding to secure in-kind sponsorships and capital investment through inter-sectoral sources.
- A business model must be developed to illustrate how the program can be sustained over time.
- Workplace issues, chronic disease management, research, and collaborative learning with other health workers were identified as priorities for a potential Aboriginal Health Nursing summer school initiative.
- There is both interest and willingness to participate on part of the respondents when considering a summer school initiative.
- Funding and other barriers were clearly evident. These need to be addressed as part of a strategy of Human Resources development, education and training, and community capacity building in health. Similarly, geography, travel, materials, child-care and a host of other potential financial and non-financial barriers need to be identified and removed for nurses interested in undertaking education

## Introduction – Background and Rationale for a Needs Analysis

The educational needs of Aboriginal nurses in Canada have been the subject of numerous research activities conducted by the A.N.A.C and have directly or related to other research issues including workplace considerations, best practices, nursing professionalism, career development and retention.

The A.N.A.C. had developed a preliminary appreciation for the need for a fully accredited Aboriginal nursing specialization<sup>1</sup> that would embody the wisdom of Aboriginal cultures towards the safeguarding of both traditional healing and knowledge and the advances of practice-based research.

To develop such a program, the A.N.A.C realized that there would need to be some sort of program development opportunity (wherein a model for Aboriginal nursing education could be explored) such as an Aboriginal nursing “summer school”. Confronted with the recruitment and retention issues<sup>2</sup> facing Aboriginal communities, the A.N.A.C. realized that such a program could act as the “annual testing ground” for the evolution of both an Aboriginal nursing specialty and as a collaborative forum for improving the Aboriginal nurse’s workplace.

By empowering Aboriginal nurses with their own distributable knowledge and by grounding this knowledge in traditional, spiritual teachings, the A.N.A.C felt that many of the concerns submitted to the Commission on the Future of Health Care in Canada (the Romanow Commission) might be addressed or, at the very least, engaged for future consideration. These concerns included the need for community-based research and education<sup>3</sup>, the incorporation of “holistic Aboriginal concepts into education and training of health care professionals”<sup>4</sup>, the need for Aboriginal cultural awareness in basic education, the need for sharing best practices, the need for funding Aboriginal health research and curriculum development, and various needs related to funding and supporting Aboriginal health care concerns.

Thus the rationale for consulting our membership seemed evident. To reflect further upon this rationale, a meeting of the A.N.A.C. educational committee was facilitated in order to identify organizational values, goals and objectives. These findings were notably consistent with similar qualitative research on “dimensions of nursing in Native American culture”<sup>5</sup>. The A.N.A.C. employed these organizational values, goals and objectives in both the formulation of survey instrumentation in general and in the specific formulation of a question aimed at reaffirming or denying the A.N.A.C.’s leadership role in Aboriginal nursing education and research.

This report is intended to reflect the findings of the “National Survey – Summer 2002” conducted over a one (1) month period of time the results of which are statistical significant.

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<sup>1</sup> Aboriginal Nurses Association of Canada. (2001). *An Aboriginal Nursing Specialty*. Ottawa: A.N.A.C.

<sup>2</sup> Aboriginal Nurses Association of Canada. (2001). *Healthy Nurses: Healthy Communities*. Ottawa: A.N.A.C.

<sup>3</sup> Aboriginal Nurses Association of Canada. (2001). *Submission to the Commission on the Future of Health Care in Canada*. [Recent Submission to the Romanow Commission] Ottawa: A.N.A.C.

<sup>4</sup> Ibid.

<sup>5</sup> Lowe, J. and Struthers, R. (2001). *A Conceptual Framework of Nursing in Native American Culture*. *Journal of Nursing Scholarship*. 33(3), 280.

## Methodology

Seven distinct steps (work tasks) were identified with A.N.A.C. as forming the methodology for the research conducted in the production of this report. These steps are described briefly below.

### ***Existing Database Analysis and Document Review***

The A.N.A.C. membership database was reviewed in order to determine the most appropriate statistical sampling format. All relevant background documents related to the issues of Aboriginal nursing education, workplace issues, and best practices were reviewed and discussed. Internal A.N.A.C. strategic business documents were considered in terms of their significance to the potential organizational development of accredited Aboriginal nursing education programs for the A.N.A.C. membership.

### ***Delineation of Survey Objectives with A.N.A.C.***

A meeting was facilitated with the A.N.A.C. Committee considering educational issues in order to determine the scope and objectives of the survey instrumentation. (This process is detailed in this document's section entitled "Design of Survey Instrument – Questionnaire".)

### ***Survey Instrument (Questionnaire) Design***

A survey instrument (questionnaire) was designed according to the process detailed in this document's section entitled "Design of Survey Instrument – Questionnaire". (See *Appendix A for a copy of the Questionnaire.*) Telephone interviewer instructions were also developed. (See *Appendix B for a copy of the Telephone Survey Instructions.*)

### ***Survey Activities by Mail, Fax, E-Mail and/or Telephone***

All two hundred and thirty (230) potential and existing A.N.A.C. members were sent a copy of the survey Questionnaire by regular mail, fax, and/or e-mail. A completely random sample of fifty (50) members was selected for follow-up interview by telephone. This additional step was undertaken to ensure a representative sampling ( $n > 30$ ) from the population ( $P = 230$ ).

### ***Data Processing of Survey Data***

All data received by regular mail, fax, e-mail, and telephone interview were typed into a spreadsheet software program for data processing including sorting, thematic codification, and statistical analysis.

### ***Data Analysis***

With a sizeable, representative sample (n=47) of respondents, raw textual data was categorized thematically and codified for statistical reporting. Numerical raw data was tabulated by frequency and sorted by “percentage of total response”, “percentage of respondents”, etc., as applicable to each survey question.

### ***Production of Finalized Database and Report***

Membership database was updated with new contact information where applicable and returned to the A.N.A.C. Raw data and all statistical calculations were maintained in a simple spreadsheet software program and delivered to the A.N.A.C. for archival purposes. This document represents the “report” on all survey activities related to the educational needs analysis for the A.N.A.C.

Since the sample (n=47) for this survey was relatively large in relation to the Population (P=230), no advanced correlative analyses were required for the production of this report. We may infer relationships between the results of various questions contained within the survey questionnaire with caution.

All raw (and in some cases thematically codified) textual data for questions requiring the respondent to write a word, phrase or sentence are listed in Appendices C through F for the convenience and scrutiny of the reader.



## Design of Survey Instrument - Questionnaire

Four major factors typically reviewed in a needs analysis for educational processes are:

- a) Content – What subject matter is to be considered within the learning experience?
- b) Learner – What types of learning experiences are the learners ready for?
- c) Technology – What tools and technologies will make sense to these learners?
- d) Environment – What environmental factors may influence the learning?

These questions formed the initial basis for the development of the ten (10) survey questions, however the A.N.A.C. also wished to explore it's own organizational development issues within the broader context of business development. Specifically, the A.N.A.C. wished to collect data that would confirm or deny the perceived need for:

- i) a fully accredited Aboriginal Nursing Specialty; and,
- ii) an Aboriginal Nursing Summer School (educational initiative).

Prior to the Survey Instrument's (Questionnaire's) design, a committee of the A.N.A.C met to undertake a facilitated process organizational development process to:

- a) Articulate the VALUES of the A.N.A.C. in the development of an Aboriginal Nursing Summer School (and correspondingly a fully accredited Aboriginal Nursing Specialty);
- b) Determine the GOALS of the A.N.A.C. for an Aboriginal Nursing Summer School (and correspondingly a fully accredited Aboriginal Nursing Specialty); and,
- c) Identity OBJECTIVES for an Aboriginal Nursing Summer School (and correspondingly a fully accredited Aboriginal Nursing Specialty).

These identified values, goals and objectives formed the basis of structuring questions related to the organizational objectives (Q1), Aboriginal health issues (Q2), content identification (Q5), and participation level [related to the Summer School's instructional format] (Q7).

Thus the resulting survey questionnaire dealt with issues related to "Content", "Learner (Profile)", "Technological" and "Environmental" factors related to participating in Aboriginal nursing education. These factors were punctuated with the very practical organizational concerns ("Values", "Goals" and "Objectives") of the A.N.A.C. for future Aboriginal nursing educational programming.

A copy of the resulting Questionnaire is located in *Appendix A*.

## Survey Results and Interpretation

Population (P) = 230 (A.N.A.C. Membership – Potential (past) and Existing Members)  
 Sample Size (n) = 47 (Random Sample)

**Q1** – A.N.A.C. objectives ranked from 1<sup>st</sup> to 5<sup>th</sup> order of importance to the members.

<b>A.N.A.C. Objective</b>	<b>Score</b>	<b>Order</b>
Providing leadership in aboriginal nursing professionalism <i>through educational and research initiatives.</i>	107	1 <sup>st</sup>
Supporting communities <i>by prioritizing health issues for aboriginal nursing education and research.</i>	123	2 <sup>nd</sup>
Preserving heritage <i>by safeguarding traditions, teachings and spirituality in aboriginal nursing.</i>	126	3 <sup>rd</sup>
Encouraging career development opportunities <i>through consulting, exchanges and placement services.</i>	151	4 <sup>th</sup>
Developing innovative technologies <i>for the future of aboriginal nursing practice, education &amp; research.</i>	181	5 <sup>th</sup>

### **Interpretation:**

The membership primarily views the A.N.A.C.’s role as providing leadership in aboriginal nursing through educational and research initiatives. This represents an endorsement of the A.N.A.C. as an educational and research organization from aboriginal nurses across Canada.

The membership considers community support a responsibility of the A.N.A.C. through educational and research initiatives that deal with prioritized health issues for Aboriginal communities.

The membership views the need for preserving Aboriginal heritage (through traditions, teachings and spirituality) as an important responsibility of the A.N.A.C.

While career development opportunities are important to the membership, they are not viewed as being of immediate priority in relation to the aforementioned A.N.A.C. objectives.

The development of technological innovations for the future of aboriginal nursing practice, education and research is considered of lowest priority in relation to the aforementioned A.N.A.C. objectives. It is noteworthy that the term “developing” may appeared to the membership as an ambitious undertaking. If this objective had been worded “Applying innovative technologies for the future of aboriginal nursing practice, education & research”, we may have experienced a different result. A proper distinction between nursing informatics (the

application of new technologies in nursing education and research) and the development of new technologies for nursing education and research would have provided more clarity to the respondent.

**Q2 – Prioritized Aboriginal Health Issues of Concern to Members**

<b>Top Aboriginal Health Issues</b>	<b>Freq.</b>	<b>% Total</b>
Various Specific Health Concerns (Specific Diseases, Disorders)	32	15%
Mental Health Issues	18	13%
Diabetes	25	12%
Alcohol and Substance Abuse	15	8%
Various Specific Health Populations	14	7%
Community Outreach and Educational Programs	13	6%
Determinants of Health	13	6%
Sexual and Reproductive Health Issues	13	6%
Traditions, Spirituality and Cultural Issues	11	5%
Communicable Diseases	8	4%
Nursing Workplace Issues	7	3%
Health Promotion	6	3%
Nutrition and Obesity	6	3%
Political and Policy Issues	6	3%
Nursing Education and Professional Development	5	2%
Smoking (Tobacco Abuse)	5	2%

*See also Appendix C for Detailed Textual Responses*

**Interpretation:**

Members largely delineated health issues of significance to Aboriginal populations. Notably, most of these Health Issues remain the focus of Health Canada’s strategy for aboriginal health.

(See the Health Canada Web site at [http://www.hc-sc.gc.ca/english/for\\_you/aboriginals.html](http://www.hc-sc.gc.ca/english/for_you/aboriginals.html))<sup>6</sup>

Health Canada currently supports programs aimed at:

- AIDS/HIV
- Alcohol & Substance Abuse
- Diabetes
- Family Violence
- Head Start program (a preventative Children’s Care and Health program)
- Policy, Transfer & Self Government

<sup>6</sup> Health Canada. (2002). *Health Issues for Aboriginal Peoples of Concern to Health Canada*. [Main Web page]. [http://www.hc-sc.gc.ca/english/for\\_you/aboriginals.html](http://www.hc-sc.gc.ca/english/for_you/aboriginals.html) Ottawa: Crown in Right of Canada.

- Seniors (a Specific Health Population)
- Suicide (Prevention)
- Women (a Specific Health Population)
- Other Health Concerns

All of these aboriginal health concerns were identified by the A.N.A.C. membership. It is clear, therefore, that while Health Canada is currently developing programs aimed at these issues, the Aboriginal nursing population still considers them of critical importance, requiring further educational and research efforts. These specific Aboriginal health issues should, therefore, become the subject matter foci of the A.N.A.C. in the development of Aboriginal nursing education and research initiatives.

**Q3 – Members’ feelings about a fully accredited Aboriginal Nursing Specialization.**

<b>Feelings about a fully accredited Aboriginal Nursing Specialization</b>	<b>Score</b>	<b>% Total</b>
<b>It is critical</b> that we develop our own accredited aboriginal nursing specialization.	21	47%
An accredited aboriginal nursing specialization <b>would improve nursing practice</b> in communities.	20	44%
An accredited aboriginal nursing specialization <b>is a nice idea</b> .	3	7%
An accredited aboriginal nursing specialization <b>would not improve nursing practice</b> in communities.	1	2%
<b>It is unimportant</b> that we develop our own accredited aboriginal nursing specialization.	0	0%

**Interpretation:**

Clearly the membership of the A.N.A.C. fully endorses the development of a fully accredited Aboriginal nursing specialty. Ninety-one percent (91%) of respondents felt that such a specialization was either “critical” or that it would “improve nursing practices in communities”.

Notably, no members surveyed (0%) felt that such a program was “unimportant”.

Given the results of Q1 wherein the membership fully endorsed the A.N.A.C.’s primary organizational objective as “providing leadership in aboriginal nursing through educational and research initiatives”, we may conclude that the membership endorses the A.N.A.C.’s role within the context of the development of a fully accredited Aboriginal nursing specialization as one of a “leader”. Thus the A.N.A.C. has received the endorsement of its membership to pursue the development of a fully accredited Aboriginal nursing specialization and to act in a leadership role in this endeavor.

**Q4 – Members’ desired frequency of A.N.A.C. hosted learning opportunities.**

<b>Desired Frequency of A.N.A.C. Hosted Learning Opportunities</b>	<b>Score</b>	<b>% Total</b>
Annually	19	41%
Semi-Annually	18	39%
Quarterly	7	15%
Monthly	2	4%

**Interpretation:**

Eighty percent (80%) of the membership desire learning opportunities hosted by the A.N.A.C. either annually or semi-annually. Noteworthy for the interpretation of these results is the observation that some respondents chose either “annually” or “semi-annually” and wrote additional commentary on the survey questionnaire expressing that they would like to have such learning opportunities more frequently if possible, but realized that this might not be possible due to constraints in funding, schedule, logistics, etc.

Notably, fifteen (15%) desire learning opportunities quarterly.

It is clear from these results that there is a tremendous appetite for continuous learning amongst the A.N.A.C. membership. In light of the additional commentary made by some of the respondents indicating the “desire for more” and the “settling for less”, we may wish to explore alternative (distance learning) methods for extending face-to-face learning opportunities. Such approaches as Web-based (interactive) learning environments, video-conferencing and other communities of practice should be explored in conjunction with an annual or semi-annual learning conference or institute such as the “Aboriginal Nursing Summer School”.

The frequency of such A.N.A.C. hosted learning opportunities should also be considered in relation to such factors as financial costs for facilities, travel, accommodations, materials, and non-financial considerations such as accommodation of the professional nurse’s schedule, community health resource allocation, geographical considerations, socio-demographic factors related to Aboriginal populations, etc. A model for year-to-year continuous Aboriginal nursing education should be developed by the A.N.A.C. respecting the need for annual or semi-annual face-to-face meetings complimented with on-line learning technologies to support and enhance individual nurse educational planning and community-based research initiatives.

**Q5** – Special topics of interest to members attending an Aboriginal nursing summer school.

<b>Special Topics – Thematic Summary</b>	<b>Score</b>	<b>% Total</b>
Culture and Traditional Healing	15	32%
Other (Varied – Please see Detailed Responses in Appendix E)	10	21%
No Response	6	13%
Diabetes	5	11%
Nursing Professionalism	5	11%
Community Development and Health	4	9%
Research	2	4%

*See also Appendix D for Detailed Textual Responses*

**Interpretation:**

The membership holds a significant interest (32% of all responses) in the cultural aspects of Aboriginal nursing particularly in terms of the application of traditional knowledge, teachings and medicine. This further underscores the membership’s perception of the importance of establishing a fully accredited Aboriginal nursing specialty – one that explores culture, tradition and spirituality and, therefore, is distinct from mainstream (non-aboriginal) nursing education.

Diabetes remains a topic of specific subject matter concern to Aboriginal nurses.

Aboriginal nurses are interested in exploring issues related to “nursing professionalism” throughout such an educational initiative.

Notably, Aboriginal nurses recognize relationships between “community development” and “health” and they wish to explore these in an educational and research setting. This may indicate the need for subject matter development in the area of “community-based health care planning” and “community-based health care research”. It also may signal the need for developing strategic educational and research initiatives that combine the efforts of Aboriginal nurses and other health care professionals (community health care planners, immunization specialists, etc.) working in Aboriginal communities.

b) Areas of interest to members attending an aboriginal nursing summer school.

<b>Area of interest</b>	<b>Score</b>	<b>% Total</b>
Workplace issues / quality work environments	17	36%
Research	11	23%
Nursing Professional Development	10	21%
Policy	7	15%
Other – Curriculum Research and Development	1	2%
Other – Traditional, Holistic Nursing	1	2%
Other – Women’s Health Issues	1	2%

**Interpretation:**

The A.N.A.C. membership expressed a significant interest (36% of responses) in workplace issues (quality work environments). It is therefore, recommended that this subject matter content area be further explored in planning for an Aboriginal nursing summer school.

The membership also expressed an interest in research (23% of responses) and an interest in nursing professional development (21% of responses). It may be possible to combine or harmonize these two subject matter content areas for the creation of innovative learning experiences. Curriculum design for the Aboriginal nursing summer school should attempt to encourage such combination(s) and/or harmonization(s) of theoretical, empirical, and personal ways of knowing.<sup>7</sup>

Finally, the membership expressed some interest (15% of responses) in the subject matter topic of “policy” issues. Presumably, Aboriginal nurses are aware of the impact of health care policy on their day-to-day practices and they wish to further explore their roles in relation to policy and their reactions in response to policy issues.

<sup>7</sup> Aboriginal Nurses Association of Canada. (2001). *An Aboriginal Nursing Specialty*. Ottawa: A.N.A.C.

**Q6** – Members’ reasons they would most likely attend an aboriginal summer school initiative.

<b>Reason for Attending</b>	<b>Score</b>	<b>%</b>
It would be a way of deepening my <b>understanding</b> of aboriginal nursing issues.	31	66%
It would bring me more <b>up-to-date</b> on recent treatment practices and research findings.	30	64%
It would be an opportunity to <b>network</b> with other aboriginal nurses.	29	62%
It would provide me with a forum to <b>share my ideas</b> and experiences with others.	27	57%
It would give me <b>time away</b> from my job to focus on my professional growth.	17	36%

*Note that members were instructed to select “all that apply” and therefore the percentages expressed represent the percentage of respondents that selected each response.*

**Interpretation:**

More than half of the members selected all of the first four responses as “reasons for attending” an Aboriginal nursing summer school. Notably the fifth response was selected by little more than one third (36%) of the membership. This may merit some attention. It is possible that the wording of the fifth response “It would give me time away from my job...” may have appeared unethical or unprofessional to the respondents thus generating the lower response rate for this item. The intent of this response was actually positive insofar as we recognize the need for nurses to leave the workplace environment in order to engage in meaningful learning, however the wording may be interpreted with a negative connotation. An alternate wording such as “*It would provide me with uninterrupted time to focus on my professional growth.*” would have yielded results comparable to the first four responses.

Clearly most Aboriginal nurses (66%) want to deepen their understanding of Aboriginal nursing issues as a priority. Again, we should underscore the emphasis on Aboriginal nursing issues, meaning that this population recognizes their issues as distinctly meaningful from a cultural perspective and, therefore, worthy of a “deeper understanding”.

The majority of Aboriginal nurses (64%) want to stay informed with up-to-date information regarding treatment practices and research findings.

Also, the majority of Aboriginal nurses (62%) would attend a Summer school as an opportunity to network with other aboriginal nurses. Finally, a simple majority (57%) would attend in order to share their ideas and experiences with others.



**Q7 – Members’ participation level in an aboriginal nursing summer school initiative.**

<b>Participation Level</b>	<b>Score</b>	<b>% Total</b>
Participant	31	62%
Facilitator	8	16%
Audience	6	12%
Presenter	4	8%
Observer	1	2%

**Interpretation:**

Most Aboriginal nurses (62%) see themselves as “participants” in an Aboriginal nursing summer school. This is in keeping with the traditional, non-hierarchical participatory design learning approaches of Aboriginal cultures across North America and around the World. While recent European (Western) learning approaches have primarily been hierarchical and instructivist in their orientation, traditional oral societies have employed non-hierarchical, constructivist approaches. Anthropologically speaking, these findings are consistent with what one might expect from traditional, oral (tribal) cultures.

This will have implications for the curricular and instructional design of the summer school program. It is recommended that a variety of learning approaches be undertaken – particularly related to the varying “content” implications found within the diverse subject matter for the various learning experiences.

Notably, a number of members (24%) would be willing to act as either a “presenter” or a “facilitator”. It is recommended that we investigate these opportunities further. By employing some portion the A.N.A.C. membership as learning facilitators (or presenters), we will be able to develop some economies, efficiencies and - perhaps more importantly – we will be able to showcase our own expertise to others.

Approximately 20% of those attending report that they will be more passive, acting as “observer” or “audience” member in their learning. It may be worthwhile developing a pre-learning activity that would pair learners of varying participation levels (and perhaps with similar learning styles) in order to encourage the full participation of all those attending. A learning styles inventory could be administered prior to the summer school and this data could be used to identify learners with similar approaches to learning that could work together. Alternatively, some other “participation level” based screening tool could be used to pair up learners along either the Introversion-Extroversion psychometric scale or the Internal-External locus of control psychometric scale. Regardless of the instrument, the objective would be to increase participation by identifying the “comfort zone” of each Aboriginal nurses in attendance.

**Q8** – Problems attending and distance learning alternatives for attending an Aboriginal summer school initiative.

<b>Problems Attending / Distance Learning Alternatives</b>	<b>Score</b>	<b>% Total</b>
I would enjoy attending an aboriginal summer school initiative in 2003 but <b>cost</b> may be a problem.	21	40%
I would enjoy attending an aboriginal summer school initiative in 2003 but <b>schedule</b> may be a problem.	14	27%
I would enjoy participating in an aboriginal summer school initiative through the <b>World Wide Web</b> .	9	17%
I would enjoy participating in an aboriginal summer school initiative through <b>videoconferencing</b> .	5	10%
I would enjoy attending an aboriginal summer school initiative in 2003 but <b>travel</b> may be a problem.	3	6%

*Note: The intent of this question was to determine which factors might make a face-to-face learning experience less practical and which types of distance learning alternatives might be preferable to such a format.*

**Interpretation:**

The greatest reported (40% of total responses) barrier to attending an Aboriginal summer school initiative is cost. This will have implications on planning the “business model” for the program.

More than one quarter (27%) of the respondents felt that schedule would be a barrier to attending an Aboriginal summer school. This will require that we carefully schedule the initiative with sufficient advance notice and during an optimal time for Aboriginal nurses. Discovering the most optimal Spring/Summer time period for the Aboriginal nursing summer school should be undertaken as early as possible in order to safeguard an early announcement thereof.

Only 6% of respondents were concerned about traveling to attend an Aboriginal nursing summer school. These concerns may reflect other issues such as the need for Child Care, the desire to stay close to family, etc.

More than one quarter (27%) of the respondents expressed that they were amenable to the use of educational technologies – World Wide Web (17%) and videoconferencing (10%) - in order to “attend” an Aboriginal nursing summer school. These alternative methods of participating should be factored into the curricular and instructional design of the Summer School. Further, these technologies may be employed to compliment the “annual or semi-annual” face-to-face learning experiences with additional distance learning opportunities.

**Q9 – Funding Sources Relied Upon by Members for Continuing Aboriginal Nursing Education.**

<b>Funding Sources Relied Upon</b>	<b>Score</b>	<b>% Total</b>
My own personal finances.	23	49%
Financial contributions/sponsorship by my community.	7	15%
Government financing including grants and/or loans.	6	13%
Other – Specify: Employer	6	13%
Support from others including possibly a corporate sponsor.	5	11%

**Interpretation:**

Almost half (49%) of Aboriginal nurses will have to rely on their own personal finances in order to participate in an educational program such as the Aboriginal nursing summer school. Since we know (from responses to Q8) that 40% of Aboriginal nurses feel that Cost will be the greatest barrier to attending an Aboriginal summer school, alternative funding mechanisms must be put in place in order to safeguard attendance.

With approximately 28% of members relying on either their community or their employer, it will be important to “get the message out” to those communities and employers that the Aboriginal nursing summer school initiative is both worthwhile and economically sound. To this end, communities and employers should be provided with Cost/Benefit incentives for funding their nurses, demonstrating the Returns on Investment that they might expect from encouraging and support the professional development of their nurses. Methods for estimating these measures should be sought and publicity and marketing materials should be developed with “key messages” aimed at encouraging communities and employers to fund the professional development of their Aboriginal nurses.

With 13% of members relying on government funding for their continuing Aboriginal nursing education, it will be important to identify the types of programs that these government supporters will normally fund and ensure that the Summer School initiative conforms to them. In particular, it will be worthwhile to determine if such funding requires the learner to report on his/her activities and, if so, in what format. Materials could be developed for each course offered at the summer school that could satisfy those reporting requirements.

Since 11% of members report that they would rely on corporate sponsorship for funding, the A.N.A.C. may wish to baseline corporate sponsorship funding at a minimum of 11% of the total operating costs of such a program. Additional corporate sponsorship funding could be used to subsidize those Aboriginal nurses that could not otherwise attend due to limitations on their own personal finances.

**Q10** – Please complete as many of the following sentences as possible:

My biggest concern about an aboriginal summer school initiative would be...

<b>Biggest Concern – Thematically Summarized</b>	<b>freq.</b>	<b>% Total</b>
Finances	14	33%
Schedule	14	33%
Quality of Learning	9	21%
Location	4	9%
Child Care	1	2%
Inclusiveness (Non-Aboriginal nurses working with Aboriginal clients)	1	2%

*See also Appendix E for Detailed Textual Responses*

**Interpretation:**

Once again the cost of attending the summer school appears to be a major concern to Aboriginal nurses. This highlights the need for alternative funding sources.

Scheduling issues were largely related to “getting time off work” and the associated opportunity costs thereof. Other scheduling issues reported were in relation to leaving children or family at home during the summer months. For this reason, a late Spring/early Summer schedule may be advisable.

Since 21% of respondents are concerned about the quality of learning that they would receive, it will be important to develop strict quality assurance guidelines for the curriculum and instructional design of the summer school and for the facilitation of all learning experiences. Those persons selected to facilitate or lead learning experiences at the summer school should be provided with either a (train-the-trainer) “template” for their facilitation activities or, at bare minimum, they should be required to present their materials in advance of the summer school and be willing to have these professionally reviewed by an instructional designer for educational soundness and “academic” rigor.

Location should be a consideration in the curriculum and instructional design of the summer school. Many respondents have expressed concerns regarding travel and these may be resolved by means of creating a “hub-based” learning forum combining educational technologies such as Web-casting or video-conferencing with face-to-face meetings. Further exploration of this potential should be undertaken and corporate (and/or academic institutions) should be approached to provide “in-kind” sponsorship of technological solutions for such approaches.

My greatest hope for an aboriginal summer school initiative would be...

<b>Greatest Hope – Thematically Summarized</b>	<b>freq.</b>	<b>% Total</b>
High Quality, Relevant Learning	16	36%
Networking & Collaboration	10	22%
Healthy Attendance	7	16%
Other – Various Responses	5	11%
Schedule	3	7%
Location	2	4%
Traditions, Spirituality, Culture	2	4%

*See also Appendix E for Detailed Textual Responses*

**Interpretation:**

Respondents are expressing their desire for learning that is practical, relevant and meaningful to their community-based practice. They wish to network with one another, learn collaboratively and realize a healthy attendance for the program.

I would expect an aboriginal summer school initiative to provide...

<b>Expectations – Thematically Summarized</b>	<b>freq.</b>	<b>% Total</b>
Provide Learning, Professional Development	27	64%
Costs would be paid for (funding available)	6	14%
Other – Various Responses	4	10%
Network Opportunities	3	7%
Accreditation of Courses	2	5%

*See also Appendix E for Detailed Textual Responses*

**Interpretation:**

Most respondents simply expect to have an excellent learning opportunity, providing them with professional growth and development.

Of significance note fourteen percent (14%) of the Aboriginal nurses expect to have the summer school's costs funded. Once again the concern regarding funding is being expressed. As mentioned heretofore, alternative funding sources will need to be developed in order to safeguard attendance.

An aboriginal summer school initiative will most likely impact me by...

<b>Impacts – Thematically Summarized</b>	<b>freq.</b>	<b>% Total</b>
Develop New Knowledge, Awareness	15	43%
Networking, Interaction with Other Aboriginal Nurses	12	34%
Other – Various Responses	4	11%
Ability to Bring Useful Information Back to Aboriginal Communities	2	6%
Opportunity for Continuing Education	2	6%

*See also Appendix E for Detailed Textual Responses*

**Interpretation:**

Almost half of respondents (43%) believe that an Aboriginal summer school initiative would impact them with newly developed knowledge and awareness. Approximately one third (34%) envision the summer school as impacting them through their interactions with others.

Notably 6% of A.N.A.C. members report that will most likely be impacted by an ability to bring useful information back to their communities. Another 6% view their personal impact as an opportunity for continuing education. Both of these findings suggest a continued learning experience and value brought back to Aboriginal communities.

**Respondent Feedback:**

Members’ thoughts and feelings with regard to an Aboriginal nursing summer school in 2003.

<b>Respondent Feedback – Thematically Summarized</b>	<b>freq.</b>	<b>% Total</b>
Thinks the Summer School Initiative is a Great Idea	18	55%
Other – Various Responses	9	27%
Concerned About Location	3	9%
Looking forward to a Quality Learning Experience	3	9%

*See also Appendix F for Detailed Textual Responses*

**Interpretation:**

The majority of respondents (55%) used the “Respondent Feedback” portion of the survey questionnaire to inform the A.N.A.C. that the summer school initiative is a “great idea”. This represents a very clear endorsement of the program on the part of the membership.

## Key Findings

Based upon the statistical results of the National Survey and the interpretations made within this document on those results, we can conservatively identify the following key findings:

### *Aboriginal Nursing Education*

- Aboriginal Nurses in Canada have a tremendous interest in furthering their continuing education. They represent a culturally unique adult learning population that is deeply committed to collaborative, constructivist learning principles.
- Aboriginal Nurses in Canada believe that a fully accredited Aboriginal Nursing Specialization will improve their professional practices and thereby positively impact their communities.
- Aboriginal Nursing Education has distinct subject matter and instructional design features that require the development of a specialized learning program. Curricular and instructional design should incorporate these features, respecting the geographically dispersed learning population and employing educational technologies to support the learning process.
- Aboriginal Nursing Education should be inclusive insofar as non-aboriginal nurses who work with Aboriginal clients should be encouraged to participate. Traditional and modern (Western, European) approaches to nursing research should be employed and a dialogue for culture understanding between Aboriginal and non-Aboriginal nurses should be emphasized.

### *Aboriginal Nursing Workplace Issues*

- Aboriginal nurses consider workplace issues (quality work environments) to be a matter of concern requiring additional education, research, support and understanding. Nurses are “busy people” and Aboriginal nurses must deal with critical mental health issues, alcohol and substance abuse issues, violence, abuse and post-traumatic effects. They have expressed the need for a safe, inclusive learning environment wherein they may work with others in similar working conditions in order to raise professional standards for the workplace and foster healthier communities.
- Aboriginal nurses are particularly restricted in terms of scheduling learning activities and paying for them. Since the professional development of Aboriginal nurses will positively affect Aboriginal health, government, corporate, and employer sponsorship and funding of these activities must be pursued. Investing in “front-line” Aboriginal nursing education will create more efficient workplaces by providing Aboriginal nurses with much needed time to further their continuing professional growth.



### ***Capacity Building for Aboriginal Peoples***

- A fully accredited Aboriginal nursing specialization will also build capacity within Aboriginal communities by forming a “backbone of distributed learning” supported through educational technologies such as the World Wide Web.
- An Aboriginal nursing summer school initiative will organizationally stimulate Aboriginal communities as “learning communities” within the nursing profession during these times of great global change. Aboriginal peoples have unique contributions to make to the nursing research and practice literature. In a knowledge economy, these contributions represent value to Aboriginal communities and will position Canada as leaders in Aboriginal nursing education.
- The recommended approach to developing both of these initiatives will require further collaboration between academic institutions, corporate sponsors, government departments and Aboriginal communities. All of this activity will stimulate economic growth, learning and new opportunities within Aboriginal communities and will authentically build capacity for Aboriginal peoples.

### ***Health of Aboriginal Peoples (Health)***

- The major health issues facing Aboriginal peoples in Canada, while addressed by Health Canada through numerous initiatives, will require the on-going, full participation of Aboriginal nurses as primary health care providers. Learning opportunities that combine the sharing of real solutions based upon experience will generate increased health effects. Of particular interest to Aboriginal nurses will be the planning of community-based health care strategies (such as clinics, health care workshops, public education campaigns, immunizations, etc.) to manage critical Aboriginal health issues. Aboriginal nurses will learn from each other first hand what works and how to successfully implement these programs in their respective communities.
- Aboriginal nursing research promulgated through both a fully accredited Aboriginal nursing specialization and an annual (or semi-annual) Aboriginal nursing summer school initiative will provide a mechanism for increasing the credibility of health indicator measurements, statistics, and reporting.
- The types of health concerns identified by both Aboriginal nurses and by Health Canada as being of interest are qualitatively dramatic. Many of the health issues affecting Aboriginal peoples are preventable but they require “a deeper understanding” on the part of Aboriginal nurses, leaders, policy makers, and political representatives. By supporting the unique educational needs of Aboriginal nurses, these health concerns will become more efficiently managed, thus closing the critical disparity “gap” between Aboriginal and non-Aboriginal populations in Canada.

## Recommendations

### ***Development of an Aboriginal Nursing Summer School Program***

Given the positive and enthusiastic endorsement of the membership of A.N.A.C.'s role as the leader in Aboriginal nursing education and research, the A.N.A.C. and given the membership's desire for an annual or semi-annual Aboriginal learning experience hosted by the A.N.A.C., an Aboriginal Nursing Summer Institute program should be developed.

Identified Critical Success Factors for an Aboriginal Nursing Summer School Program:

- Subject matter content aimed specifically at Aboriginal health issues of critical concern to Aboriginal communities;
- Development of a distance learning supported model for year-to-year continuous Aboriginal nursing education that will extend this annual (or semi-annual) face-to-face learning opportunity;
- Curriculum design that encourages trans-cultural considerations and respects multi-cultural epistemologies – ie. Learning as extension of the “theoretical”, “empirical”, and “personal ways” of knowing;
- Emphasis on Aboriginal nursing issues as distinctly meaningful from a cultural perspective and, therefore, worthy of a “deeper understanding”;
- Careful scheduling of the initiative with sufficient advance notice for nurses to plan their attendance. Determination of the most optimal time period for the Aboriginal nursing summer school should be undertaken as early as possible in order to safeguard an early announcement thereof;
- Development of materials to encourage both communities and employers to fund the learning for their nurses, demonstrating potential Returns on Investment (ROI) for communities in both direct (financial) and indirect (non-financial) terms;
- Development of strict quality assurance guidelines for the curriculum and instructional design of the summer school and for the facilitation of all learning experiences;
- Exploration of the potential for creating a “hub-based” learning forum combining educational technologies employing “in-kind” sponsorship of technological solutions from academic institutions, corporate sponsors and government partners.

### ***Development of an Accredited Aboriginal Nursing Specialization***

Given the tremendous interest on the part of Aboriginal nurses in the development of an accredited Aboriginal nursing specialization and given the membership's endorsement of the A.N.A.C. as the leader in Aboriginal nursing education and research, the A.N.A.C. should develop a program of education leading to an accredited Aboriginal Nursing specialization.

Identified Critical Success Factors for an Accredited Aboriginal Nursing Specialization:

- Preservation of Aboriginal heritage through traditions, teachings and spirituality within the Curriculum and Instruction of the program;
- Application of holistic, collaborative, and constructivist adult learning theory in the design, delivery and evaluation of the program;
- Subject matter content development within the program directed at Aboriginal health issues, policy development, research, practice, and professional growth;
- Curriculum design that encourages trans-cultural considerations and respects multi-cultural epistemologies – ie. Learning as extension of the “theoretical”, “empirical”, and “personal ways” of knowing;
- Development of strict quality assurance guidelines for the curriculum and instructional design of the program;
- Exploration of the potential for creating a “hub-based” learning forum combining educational technologies employing “in-kind” sponsorship of technological solutions from academic institutions, corporate sponsors and government partners.

## Conclusion

Given the significantly representative sample size (n=47) for this population of Aboriginal nurses (P=230), the review of all survey data contained within this report may be seen as clear and unambiguous. Aboriginal nurses in Canada are desirous of both the development of an Aboriginal nursing summer school initiative and a fully accredited Aboriginal nursing specialization.

Their desire for these opportunities appears genuinely borne of a profound respect for learning. Aboriginal nurses wish to “deepen their understanding” by coming together annually (or semi-annually) to collaborate constructively. Their major obstacles are funding and scheduling. By means of the adequate planning along with the application of educational technologies, the scheduling barrier may be diminished. The only remaining barrier to the realization of these two, clearly vital initiatives will be the costs associated with attending the face-to-face annual (or semi-annual) Aboriginal summer school.

To this end, the A.N.A.C. must acquire developmental funding to secure sponsorships of “in-kind” and capital investment and it must develop a business model for sustaining the program over time.

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## Appendix A – Survey Instrument (Questionnaire)



**Aboriginal Nurses Association of Canada – National Survey – Summer 2002**

56 SPARKS STREET, SUITE 502, OTTAWA, ONTARIO K1P

5A9

Tel.: (613) 724-4677 • Fax: (613) 724-4718 • E-mail: [info@anac.on.ca](mailto:info@anac.on.ca)

### Respondent Contact Information

Corrections – Please let us know if we need to change any of your contact information. Thank you!

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### A National Survey: Seeking to Understand and Serve Your Professional Growth Needs

The purpose of this national survey is to better understand the learning needs and interests of our membership. By completing this questionnaire today you will be helping us to make important decisions about the future of aboriginal nursing promotion, support and education. All of your answers are will be treated as confidential information. We have attempted to mail this survey to every A.N.A.C. member. To maximize participation in this survey, we will be contacting a random number of members by telephone. While completion of this survey is voluntary, we would like to encourage every member to participate so that we can best represent your views. Questions related to this National Survey may be directed to Kevin Armstrong at (613) 724-4677.

### Please respond today...

Please complete this survey by answering every question. Completed surveys may be sent to A.N.A.C. by facsimile at (613) 724-4718 or by mail at A.N.A.C., 56 Sparks Street, Suite 502, Ottawa, Ontario K1P 5A9.

***Please take a few minutes and respond today!*** The final deadline for responding is September 30<sup>th</sup>, 2002.

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**Q1** – Please rank the following A.N.A.C. objectives in order of importance to you (from 1 to 5).

- \_\_\_ Supporting communities *by prioritizing health issues for aboriginal nursing education and research.*
- \_\_\_ Encouraging career development opportunities *through consulting, exchanges and placement services.*
- \_\_\_ Providing leadership in aboriginal nursing professionalism *through educational and research initiatives.*
- \_\_\_ Preserving heritage *by safeguarding traditions, teachings and spirituality in aboriginal nursing.*
- \_\_\_ Developing innovative technologies *for the future of aboriginal nursing practice, education & research.*

**Q2** – In order of priority, what are the top five aboriginal health issues in your community for which there is an educational or research need? *(please write a maximum of five answers in descending order of importance)*

More important...

#1)

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#2)

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#3)

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#4)

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#5)

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... to less important.

**Q3** – Which statement most reflects your feelings about a fully accredited Aboriginal Nursing Specialization? *(please select only one answer)*

It is critical that we develop our own accredited aboriginal nursing specialization.

An accredited aboriginal nursing specialization would improve nursing practice in communities.

An accredited aboriginal nursing specialization is a nice idea.

An accredited aboriginal nursing specialization would not improve nursing practice in communities.

It is unimportant that we develop our own accredited aboriginal nursing specialization.

**Q4** – How often do you feel that the A.N.A.C. should host learning opportunities?  
*(please select only one answer)*

Annually

Monthly

Semi-Annually (twice per year)

Quarterly (four times per year)

**Q5** – Please complete the following sentence.

a) If I could attend an aboriginal nursing summer school one special topic of interest to me would be...

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**Q5** – (cont'd)

b) If you could attend an aboriginal nursing summer school, which of the following areas would interest you the most? *(please select only one answer)*

- (i) research
  - (ii) policy
  - (iii) workplace issues / quality work environments
  - (iv) nursing professional development
  - (v) other – please specify
- 

**Q6** – I would most likely attend an aboriginal summer school initiative because *(please check all that apply)*:

- It would be an opportunity to network with other aboriginal nurses.
- It would be a way of deepening my understanding of aboriginal nursing issues.
- It would provide me with a forum to share my ideas and experiences with others.
- It would bring me more up-to-date on recent treatment practices and research findings.
- It would give me time away from my job to focus on my professional growth.

**Q7** – On the scale below, please select what you believe would be your participation level in an aboriginal nursing summer school initiative *(please check to the left of one word only)*:

- ( ) Observer    ( ) Audience    ( ) Participant    ( ) Facilitator    ( ) Presenter

**Q8** – Which of the following statements is most true for you? *(please select only one answer)*

- I would enjoy attending an aboriginal summer school initiative in 2003 but travel may be a problem.
- I would enjoy attending an aboriginal summer school initiative in 2003 but cost may be a problem.
- I would enjoy attending an aboriginal summer school initiative in 2003 but schedule may be a problem.
- I would enjoy participating in an aboriginal summer school initiative through the World Wide Web.
- I would enjoy participating in an aboriginal summer school initiative through videoconferencing.



**Q9** – In order to pay for my continuing aboriginal nursing education, I will most likely have to rely on: *(please select only one answer)*

- My own personal finances.
- Financial contributions/sponsorship by my community.
- Support from others including possibly a corporate sponsor.
- Government financing including grants and/or loans.
- Other - Please specify: \_\_\_\_\_

**Q10** – Please complete as many of the following sentences as possible:

My biggest concern about an aboriginal summer school initiative would be...  
\_\_\_\_\_.

My greatest hope for an aboriginal summer school initiative would be...  
\_\_\_\_\_.

I would expect an aboriginal summer school initiative to provide...  
\_\_\_\_\_.

An aboriginal summer school initiative will most likely impact me by...  
\_\_\_\_\_.

**Respondent Feedback:**

We welcome your additional comments with regard to the proposed idea of holding an aboriginal nursing summer school in 2003. Please take a moment to share your thoughts and feelings with us.

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**Thank you for completing and returning this survey!**

## Appendix B – Survey Telephone Instructions



**Aboriginal Nurses Association of Canada – National Survey – Summer 2002**

56 SPARKS STREET, SUITE 502, OTTAWA, ONTARIO K1P

5A9

Tel.: (613) 724-4677 • Fax: (613) 724-4718 • E-mail: [info@anac.on.ca](mailto:info@anac.on.ca)

### **Instructions for Telephone Surveyor – Please read carefully before making your first call.**

- 1) Telephone respondent and ask him/her for approximately ten (10) minutes to walk through the A.N.A.C. National Survey. Make sure that he/she has uninterrupted time to complete the survey over the phone.
- 2) Ask respondent if they have received a copy of the National Survey. If they have already completed it, have they faxed or mailed it in? If they have completed the National Survey but haven't sent it in yet – give them the option of faxing it in right away instead of completing the survey over the phone.
- 3) If the respondent does have the survey but has not completed it yet, proceed with the survey over the phone.
- 4) Ask if they have their copy of the National Survey in front of them. If not, you will have to read each question and set of answers to them over the phone. This will take more time. Explain that it will be easier and faster if they can have their copy of the National Survey in front of them. If they cannot do this, you may want to set up another time for the call. If they prefer to go ahead with the survey over the phone, proceed with an interview to complete the National Survey by telephone.
- 5) Confirm that we have the Respondent's correct contact information. Make any corrections to their contact information on a National Survey form.
- 6) Now read the following to the Respondent (You may paraphrase each sentence in your own words)...

*The purpose of this national survey is to better understand the learning needs and interests of our membership. By completing this questionnaire today you will be helping us to make important decisions about the future of aboriginal nursing promotion, support and education. All of your answers are will be treated as confidential information. We have attempted to mail this survey to every A.N.A.C. member. To maximize participation in this survey, we are contacting a random number of members by telephone. In this case, you are one of the people who was selected randomly for a telephone call. While completion of this survey is voluntary, we would like to encourage every member to participate so that we can best represent your views.*

- 7) Ask the Respondent if he/she wishes to participate in the survey. If they answer “yes”, thank them. If they answer “no”, thank them and let them know that if they prefer, they can still send the National Survey in by fax or mail by September 30<sup>th</sup>, 2002.
- 8) Ask the Respondent if they have any questions regarding the survey before getting started. If they answer “yes”, then ask them if they would prefer to have their question(s) answered before they begin the National Survey. If their question(s) need to be answered first, then attempt to answer their questions. If you are not sure what the correct answer is, refer them to Kevin Armstrong at (613) 724-4677. If their questions can wait until the end, then agree to try and answer them at the end of the National Survey. Then attempt to answer their question(s) and if you are not sure what the correct answer is, refer them to Kevin Armstrong at (613) 724-4677. If they have no questions, proceed with Question 1 (Q1).
- 9) Walk through each of the ten (10) National Survey Questions. These are listed on a blank National Survey form. Please print the Respondent’s answers carefully on the form. The Respondent’s contact information must be completed (if not go back to instruction five and confirm their contact information).
- 10) Once all ten (10) of the National Survey Questions have been completed, ask the Respondent if he/she has any additional comments with regard to the proposed idea of holding an aboriginal nursing summer school in 2003. If the Respondent has any thoughts or feelings about this, please print this information carefully in the space provided on the form under the heading Feedback.
- 11) Thank the Respondent for completing the National Survey by telephone. Let them know that their time and participation is appreciated.
- 12) Refer to instruction eight regarding questions. If the Respondent has any questions about the National Survey, you may now attempt to answer them. Please refer any question that you are unsure about or uncomfortable answering to Kevin Armstrong at (613) 724-4677.

## Appendix C – Codified Textual Responses to Q2

#1 – More Important	#2	#3	#4	#5 – to less Important
Aboriginal Nursing Specialization	Traditional Knowledge	Capacity Building		
CAD	NIDDM	Hyp	PIH	Asthma
Cancer	Children's Health	Diabetes Prevention and Early Detection Programs	Smoking Adequate Funding for Health Care Initiatives	Environmental Issues
Community Development Culturally Appropriate Health Care	Primary Health Care			
Diabetes	Cardiovascular Disease	Cancer	Substance Abuse	Smoking
Diabetes	Cardiovascular Disease	Obesity (Nutrition)	Inactivity	Spirituality
Diabetes	Family Violence	Cardiovascular Disease	Cancer	Teen Pregnancy
Diabetes	FAS/FAE	HIV/AIDS	Hep B	Substance Abuse
Diabetes	FAS/FAE	Men's Health	Environmental Issues	Nutrition
Diabetes	Health Promotion			
Diabetes	Hep C	HIV/AIDS Healthy Pregnancies and Babies	Cardiovascular Disease	Obesity (Nutrition)
Diabetes	Kids' Dental Care		Mental Illness	Palliative Care
Diabetes	Mental Illness	Obesity	FAS/FAE	Cancer
Diabetes	Mental Illness	Substance Abuse	Education	Self-Esteem
Diabetes	Nutrition	STDs	Family Planning	Infant Health
Diabetes	Pre-Natal Care	Safety	Parenting	Communicable Diseases
Diabetes	Self-Esteem	Cardiovascular Disease	Substance Abuse Upper Respiratory Infections and Allergies	Family Violence
Diabetes	Smoking	Teen Health		Stress Reduction
Diabetes	Substance Abuse	Asthma	Arthritis	Cardiovascular Disease
Diabetes	Substance Abuse	Family Violence	Teen Pregnancy	Aging
Diabetes	Suicide	Cardiovascular Disease	Liability Issues	Mental Illness
Diabetes		STDs	Substance Abuse	Cardiovascular Disease
Diabetes		How the history of politics has affected the health of people	Lack of Mental Health support	Need for parenting support
Effects of Loss of Cultural Pride	How to develop a positive sense of belonging			
Family Planning	Teen Pregnancy	STDs	Substance Abuse	Parenting
Health Determinants	Mortality	Mortality	Parenting	Health Promotion
HIV/AIDS	Diabetes	Substance Abuse	Palliative Care	Self-Esteem
HIV/AIDS	STDs	Teen Pregnancy	Hep C	Substance Abuse
Home Care	Holistic Approach To Wellness	Alternate Therapies	Nursing workload on reserve	Provincial partnering/mentorship initiatives
Mental Illness	Diabetes	Asthma	Arthritis	Cardiovascular Disease
Mental Illness	Substance Abuse Community-based Research	Education	Self-Esteem	Chronic Diseases
Nursing Education		Curriculum Reform	Community Development Cultural Implications and Health	Determinants of Health
Political barriers to health	Social barriers to health	Environmental Issues		Economics and health
Public Education	Accredited Specialization	Cultural Sensitivity	Education	Mental Illness
Retention of Aboriginal Staff	Cultural Sensitivity	Health Promotion	Access to information about resources available	

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#1 – More Important	#2	#3	#4	#5 – to less Important
Safe, professional Workplaces for Nurses	Health Promotion	Determinants of Health		
Smoking	Cancer	STDs	Obesity	Mental Illness
Substance Abuse	Diabetes	Housing (Determinants of Health)	Mental Illness	Cancer
Substance Abuse	Family Violence	Sexual Abuse	STDs	Self-Esteem
Substance Abuse	FAS/FAE	Diabetes	Mental Illness	Elder Health
Suicide	Substance Abuse	FAS/FAE	Family Violence	Smoking
Traditional Healing	Identity finding (adoption?)	Aboriginal nurses	Traditional teachings, medicines	
Urban aboriginal health	Traditional Knowledge	Current Issues on Reserves		
Women's Health	Mental Illness	Teen Pregnancy	Diabetes	
Women's Health	Substance Abuse	Support resources for aboriginal population	Suicide	Support of aboriginal education initiatives

## Appendix D – Textual Responses to Q5a)

<b>Theme</b>	<b>Q5A - Response</b>
<b><i>Community Development and Health</i></b>	<hr/> <p>Community development, new innovative drugs and treatments, wholistic healing, traditional healing.</p> <p>Community health</p> <p>Home care ie. Assessments, tools for &lt;illegible&gt;...</p> <p>Successful communication with communities</p> <hr/>
<b><i>Culture and Traditional Healing</i></b>	<hr/> <p>Cultural issues, traditional healing</p> <p>Culturally based practice - using native spirituality as theory-based practice.</p> <p>First Nations studies</p> <p>Holistic health approaches</p> <p>Integration of non-aboriginal nurses into the community (cross-cultural communications).</p> <p>Learning more about culture and what communities want from non-aboriginal nurses.</p> <p>Learning the different heritages and languages of the different tribes.</p> <p>Preserving heritage</p> <p>The importance of and contribution made - past, present and future - throughout each unique First Nations location across Turtle Island. We have accomplished much in history and have stymied non-native researchers in our staying power. We have survived epidemics, war, isolation, political manipulation, attempts to turn us against each other, starvation, etc.</p> <p>Traditional aboriginal health values.</p> <p>Traditional healing and women/child issues.</p> <p>Traditional medicine, health and spiritual practices</p> <p>Traditional Midwifery</p> <p>Transcultural approach</p> <p>What is an Aboriginal Nursing Specialization?</p> <hr/>
<b><i>Diabetes</i></b>	<hr/> <p>Diabetes</p> <p>Diabetes</p> <p>Diabetes Education (We are expected to be experts with little training)</p> <p>Increasing Diabetes prevention.</p> <p>Wound care for Diabetics in renal failure.</p> <hr/>
<b><i>Nursing Professionalism</i></b>	<hr/> <p>Having other nurses share their successes in running their programs</p> <p>How to develop effective support programs</p> <p>Nursing leadership and political action</p> <p>Nursing professional development.</p> <p>Recruitment and retention of Aboriginal peoples in nursing</p> <hr/>

<b>Theme</b>	<b>Q5A - Response</b>
<b><i>Other</i></b>	<hr/> <p>How to gain the people's trust without having an "insider" to gain access to different bands, reserves, etc.</p> <p>How to motivate impoverished people to become more physically active where there are no activities other than walking/running.</p> <p>Mental Health issues facing community members</p> <p>Mental Health - Treatment of PTSD - Meds, Counseling, Education</p> <p>Solution focused counseling.</p> <p>Specialization - diagnosing FAS</p> <p>Trends in Community Health Nursing / Best Practices</p> <p>Update my clinical skills</p> <p>Using traditional knowledge in program development</p> <p>Women's health issues</p> <hr/>
<b><i>Research</i></b>	<hr/> <p>Nursing research</p> <p>Research methods, professional growth</p> <hr/>

## Appendix E – Textual Responses to Q10

<b>Q10A Concerns</b>	<b>Q10B Hopes</b>	<b>Q10C Expectations</b>	<b>Q10D Impacts</b>
Child care	All bands send their nurses	Accredited courses for continuing my BScN.	Being able to bring back new ideas and information to my community.
Finances	Bring Aboriginal nurses, workers, involved nurses together.	Accredited courses.	Bringing the information back to my community.
Finances	Open as possible to as many Aboriginal nurses and nurses in contact with Aboriginal communities.	Accommodation (tents are fine), food, transportation	Continuing education through an Association
Finances	That I could attend	Costs of workshop and accommodation.	Continuing to build on my self-esteem and pride as a long time native nurse, life time teacher of my people, giving hope for the future.
Finances	That I could attend	Finances (travel costs)	Allowing me to network with other Aboriginal nurses in a safe environment
Finances	That it would be inclusive of nurses who work with Aboriginal peoples in all parts of Canada	Housing, food and faculty - Community-based, Elders	Being able to interact with people from other communities.
Finances	To be able to participate.	Place to stay, food and excellent educational seminars	Being with other Aboriginal nurses and sharing experiences
Finances	Addressing 2-3 top issues in our communities.	replacement nurses	Give me more base of support for developments that I want to get going here in terms of Curriculum Development and research.
Finances	Comprehensiveness	A better understanding of how to deal with health issues in Aboriginal communities	Giving me a unique opportunity to network and meet nurses from other areas
Finances	Knowledge of clinical practice guidelines and sharing ideas	A gateway to other people's views and beliefs.	Having a break to network, learn and teach.
Finances (Cost to participate including loss of income)	Learn and gain valuable experience from other nurses	A wealth of information about aboriginal health issues - home and community care.	Having the sense of belonging because we are often working in isolation.
Finances, Schedule	Learning how to best provide health care to Aboriginal people	An experience for learning.	Help and networking and increased knowledge of what works.



<b>Q10A Concerns</b>	<b>Q10B Hopes</b>	<b>Q10C Expectations</b>	<b>Q10D Impacts</b>
Finances, Schedule	Productive sharing of information Small focused topical groups so that you could move around and learn in a variety of groups.	Combination of evidence-based practice, culture and peer support Education, support, encouragement and inspiration, motivation. Expertise	Providing face-to-face experiences with knowledgeable people Providing personal and professional growth. Seeing so many Aboriginal nurses
Finances, Schedule That I wouldn't be able to get there. Restricted to aboriginal nurses only. I would like to see all nurses working in aboriginal communities and/or with aboriginal populations attend.	That it meet the needs of Aboriginal nurses That it would be both informative and motivational To build slowly, to start small, to be credible, honest, with integrity and with strong professional standards.	Great learning and networking opportunities	The opportunity to learn from others and increase my capacity to influence positive change. Awareness, resources available and fresh new ideas for the future.
Location	To educate and provide insightful information for everyone.	Hands-on Experience	
Location & logistics		Knowledge/exposure to aboriginal issues.	Enhancing my nursing skills. Expanding my knowledge and allowing me to interact with Aboriginal nurses
That it is central so many Nurses could attend	To enhance my knowledge Topic would be relevant to community	Learning opportunities and networking. More education	Giving me more knowledge. Giving me the opportunity to learn what works/doesn't work for other health care professionals.
Travel, Schedule			Improving knowledge base and allowing me to network with other nurses. Improving my practice as a Nurse Practitioner in an Aboriginal community. Increased knowledge and networking.
Content Having topics which would enhance Nurse Practitioner Practice.	Variety of Topics Very professional, opportunity for meeting our leaders	More learning about self. Most recent information, completely forms and policy development.	
Quality of presenters and topics Size of group, smaller would be better. That the information be pertinent to my job in a Northern native community	Web-based learning Somewhere in the maritimes. That I wouldn't have to travel too far Building relations with organizations that have familiar interests to network for collaboration.	New information regarding important topics Professional Development Professional Development that is dynamic and innovative	
That the program not be recognized by my college.		Quality Education	Increased Learning

<b>Q10A Concerns</b>	<b>Q10B Hopes</b>	<b>Q10C Expectations</b>	<b>Q10D Impacts</b>
The curriculum maybe too short for participants to understand	Developing common vision	Relevant information, practical and useful. Researched and detailed information to those who attend with positive answers to every question asked and ways to deal with problems in the community in a positive way. Making the presentations interesting and exciting.	Increasing my awareness of health issues and solutions in other communities.
Unclear objectives	Help Aboriginal nurses work together to solve common issues/problems.	Respectful teachings, both traditional and contemporary.	Opening my mind to others beliefs.
Various languages, proficiency, translation.	It would build networks and capacity within Aboriginal Nursing group	Support for traditional and western practice.	Opening my mind to the information available.
Length (Time), Location	Network and support aboriginal nursing issues	Networking, Greater understanding, Sharing and stress relief.	Professional development and education Reinforcing clinical practice skills, raise issues from community
Participation (Schedule of employed nurses)		Top speakers. Unique and refreshing as well as practical, down to earth teaching and learning that everyone present would freely participate in.	
Schedule	Networking, professional growth and development.		Finances, Schedule Involvement to participate in organizational quality development.
Schedule (Getting time off work)	That we could all learn from each other.	Updated information on clinical skills and research	
Schedule (Getting time off work)	To meet other native nurses from similar work areas as mine to share ideas.	Up-to-date information to help me deal with the issues in my community.	Looking at preventative healthcare in aboriginal culture.
Schedule (Getting time off work)	To network with other nurses and exchange ideas.	Up-to-date knowledge and forum for discussion.	Motivation
Schedule (Getting time off work)	For it to happen in 2003!	Great opportunities to network, learn and make specific plans for follow-up action	
Schedule (Summer is a peak vacation period)	Fulfill the expectations that I have for it.	Me an opportunity to connect with our leaders Nurses with opportunities to share knowledge and teachings with others.	
Schedule, Child care	Funded That non-aboriginal health care providers and policy makers would incorporate		
Schedule, Location, Child Care	findings from such a program.	Aboriginal perspective on nursing issues related to work - with and for our people.	

<b>Q10A Concerns</b>	<b>Q10B Hopes</b>	<b>Q10C Expectations</b>	<b>Q10D Impacts</b>
Schedule, travelling The ability to get time off from work to attend and other commitments of being self-employed.	The aboriginal nurses at our health centre would make it a priority.	An overview of current Aboriginal Health statistics and development	
Time restraints To take the required time off without much notice to my employer	It would be part-time and close to home Not too long so I could attend	Leadership Renewal - Hope for the future of nursing in Aboriginal communities.	
None	That it could be no longer than one week in length	<illegible>	That it would contain something to do with spirituality, culture and practice. Traditional healers for self learning and healing.

## Appendix F – Textual Responses to Respondent Feedback

Excellent idea! Myself if the venue could reflect our Aboriginal heritage and incorporate the ability for all to contribute. I like to be outside in the summer, a relaxed, informal atmosphere that promotes comfort and safety.

Great idea, maybe alternate East and West (Cost effective for me).

I really look forward to hearing what is being offered at the aboriginal nursing summer school in 2003. I work for FNIHB and need enough notice to allow for my replacement in the North.

I think at this point in time education for nurses regarding the importance and need for research is fundamental to First Nations health. I think a Summer School would be a great avenue to learn.

I think it would be a great idea and I would like to see it come to be.

I think it would be great!

I think it's a great idea and might be of special interest to students - Opportunity to be mentored or to set up such a relationship

It would be great.

It would be great. I would be happy to help out.

Personally, I think it's a great idea. Very ambitious because of wide-spread participants. I would be interested in how it could be put together.

Please, please, please make this happen.

Thank you for considering such an event. I hope it would be happening in the North.

This is a great idea. It would be a great opportunity to network with other nurses and discuss common issues.

This looks like a promising endeavour and I look forward to hearing of the progress of this initiative.

This type of experience would be unique because people understand the issues. Ways of teaching need to be changed. Content needs to be re-done.

This would be wonderful to assist in promoting career development and professional development desperately needed (specifically) in our communities and organizational development through practice and policy.

Very good idea. Would it have to be held in Ottawa though?

Wonderful idea, and you are all doing a marvelous job, above call of duty! Have a wonderful day.

Consider Regional Summer Schools as well.

Have it in a central Canada - not Ottawa (too expensive). Also nurses should be paid (or covered) to attend.

The Band that I work for in BC already has community-based education & facilities. It would be exciting to have this in our community. Welcoming others has been so rewarding. We have accommodation close by and beautiful surroundings. Very close to traditional teachings and elders active in community education.

As a dialysis nurse in Winnipeg, the majority of my patients are aboriginal in an acute care setting. Of course 99% of the nurses are non-aboriginal. I am concerned that the A.N.A.C. focuses mainly on aboriginals in remote communities and forgets about those people who have moved into the cities through want or need.

As an older matriarch, I believe I could make an important contribution just by using our age old custom of relating experiences in the field of nursing and the impact it has had on the people on my road of life, in a caring profession as a nurse, mother, grandmother, etc.

Being a non-aboriginal nurse who works in aboriginal communities. I think the aboriginal nurses have more insight into their needs than I do.

Cost and scheduling are always a problem.

Could you combine it with a recruitment and support program for Aboriginal nursing students?

I am a 2nd year midwifery student, so I am not too certain if my input is that valuable - but here it is! Thanks.

More discussion regarding Specialization - Understanding Aboriginal communities' needs.

Will this also provide a pre-nursing school assessment for potential nursing students? Upgrade for biology chemistry, English, etc. Different writing styles for Universities for paper assignments?

Would families (kids) be welcome? Bad time to leave home in the summer without family!

Certificate program - 1st level, 2nd level, etc. - Available on Web or distance learning material

Content would be important. Summer travel? Recommend Spring or continuing it with an AGM. Travel time and costs.

Use of Aboriginal processes in the development of an Aboriginal Nursing Specialization. Elders to guide that process, ceremony, etc. Strategic in terms of partnering and lobbying.