



# Aboriginal Nurses Association of Canada

## NURSING RECRUITMENT AND RETENTION WORKSHOP

*SASKATOON, SASKATCHEWAN  
MAY 23-24, 2001*

**SUMMARY REPORT**

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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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## Background<sup>1</sup>

The high turnover rate of nursing staff is not a recent phenomenon to the people in isolated Aboriginal communities. For many northern and isolated communities, often both the new and the northern relief nurses serve as entry into the health care system. Adequate complement of nurses staffed at nursing stations have ebbed and flowed throughout the years. In addition, with the advent of the global nursing shortage inadequate complement of nursing staff in nursing stations has reached critical proportions. For some communities this has meant no nurses have been available to provide health care services for a time and the nursing station has been closed for the duration. Across the country, depending on the region, anywhere from 15% to 53% of the nursing positions in First Nations communities are currently either vacant or filled on a temporary basis. The threat of suspended health care services in some communities has occurred on more than one occasion.

In addition, the A.N.A.C. members are concerned about the impact of the nursing shortage on health care services delivery. There are many new health care initiatives being implemented at the community level, without the recruitment and retention needs being adequately addressed. This creates stressful working environments for nurses and potentially unsafe situations for clients.

The Aboriginal Nurses Association of Canada promotes the stabilization of the nursing workforce in isolated communities. Our members and participants of a recent A.N.A.C. survey of nurses in isolated communities: Recruitment and Retention issues, have identified that a minimum of Baccalaureate level preparation (BN) is required to enter nursing practice. BNs entering nursing practice will have received both acute care and community health preparation so that they will fulfill the expectations of nursing practice in a northern isolated community health setting.

A resolution was passed at the A.N.A.C. May 2000 Annual General Meeting (AGM) to support BN preparation as entry to practice nursing and to seek support for nursing students.

*Whereas, registered nurses need to have the following skill sets – decision making, leadership, communication skills, critical thinking and analytic skills,*

*Whereas, acuity and level of complexity of working in Aboriginal communities has increased,*

*THEREFORE BE IT RESOLVED that the A.N.A.C. support the position that entry to practice be a Baccalaureate nursing degree,*

*AND FURTHER BE IT RESOLVED that over the next year A.N.A.C. develop a policy position statement concerning entry to practice at the baccalaureate level.*

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<sup>1</sup> Aboriginal Nurses Association of Canada – Nursing Recruitment and Retention Paper - February, 2001.

*AND FURTHER, to investigate avenues for supporting nursing students. (A.N.A.C. 2000 Annual General Assembly).*

Adequate numbers of nurses who remain with a community in the long term are required to provide both acute care services and deliver community health care programs in Aboriginal communities.

### **Current A.N.A.C. Recruitment and Retention Activities**

The various activities, undertaken by the A.N.A.C. since 1999, to address nursing recruitment and retention issues are as follows:

- The A.N.A.C. president met with the former Assembly of First Nations' (AFN) National Chief to begin discussions to develop a 'formal' relationship between the two organizations and to address nursing issues in Aboriginal communities.
- As part of Health Canada's National Recruitment and Retention Strategy, the A.N.A.C. completed the following activities:
  - A.N.A.C. Survey of Nurses – First Nations Isolated Communities;
  - Development of 'Nursing As A Career' promotional materials;
  - Production of a recruitment television advertisement to be shown on Aboriginal People's Television Network;
  - Development of an Aboriginal Nursing Framework;
  - Participation in Nursing Recruitment Job Fairs; and,
  - Participation in various Nursing Recruitment and Retention Meetings.
- A.N.A.C. is participating in the national 'Nursing Occupational/Sector Study.'
- A.N.A.C. has established a 'Nursing Recruitment and Retention Advisory Group' comprised of A.N.A.C. Board Members, representatives from the AFN, Inuit Tapirisat of Canada (ITC) and a community nurse to explore how we can work in partnership to address the nursing shortage.
- A.N.A.C. has held preliminary discussions with the ITC to explore potential strategies to address the nursing shortage in Inuit communities.
- A.N.A.C. has met with the AFN Health Technicians Network to present its study: "Survey of Nurses in Isolated First Nations Communities: Recruitment and Retention Issues."
- A.N.A.C. hosted the "Nursing Recruitment and Retention Workshop" in Saskatoon, Saskatchewan in May 2001.

### **Role of the A.N.A.C. in Nursing Recruitment and Retention Strategies**

The role of the A.N.A.C. could unfold in the following ways with results to be seen primarily in medium or long-term timeframes. Medium term is a period extending up to ten years while long term signifies a period lasting more than ten years.

The A.N.A.C. has identified ten medium and long-term strategies to address nursing recruitment and retention issues. Those are:

1. Recruit Aboriginal people into nursing is key (ongoing long term strategy).
2. Building relationships with communities is imperative in the following possible initiatives:
  - Work with communities and universities to increase the number of Aboriginal nurses.
  - Explore the assumption that increasing the number of students lies within active involvement with the communities.
  - Address the difficult issues such as: What are the reasons for the reluctance to hire Baccalaureate level nurses?
  - How can communities demonstrate their support of nurses and prepare to receive new nursing graduates from programs such as the Bachelor of Nursing program at Norway House Cree Nation?
3. Network with universities to:
  - Assist in the development of a supportive learning environment - academic and personal support. The availability of counselling is critical.
  - Develop curricula that support Aboriginal Health and Aboriginal Health Nursing cultural contexts.
  - Identify funding sources for nursing students.
4. Promote community health and advocate for the communities' determination of health. Explore possibilities for working with communities and other organizations in addressing this area. A variation of this is, explore with nurses in the development of a plan (including a budget) for nursing services based on the community's vision of health and health care. This is also a potential area for research.
5. Develop profiles outlining the role nurses have to offer the community i.e. assist in the Transfer process and setting up of health programs etc. This is a potential area for research.
6. Consider the role of disbursement of education funds for pre-nursing education programs and scholarships.
7. Identify how to support communities who are considering the Transfer process for delivering health care services. How is Health Canada helping First Nations through the Transfer process? Has there been a survey of First Nations and their experiences with the Transfer process in the area that specifically addresses the determination of nursing services?

8. What are some of the issues and areas that band-employed nurses require support in relation to recruitment and retention?
9. What strategies are being done to recruit nurses for the Territories?
10. Continue to participate in the Nursing Sector Study and in the Nursing Strategy for Canada.



## **Report of Workshop Proceedings**

Approximately 60 people attended the A.N.A.C. Nursing Recruitment and Retention Workshop held on May 23<sup>rd</sup> and 24<sup>th</sup>, 2001 in Saskatoon, Saskatchewan.

**Wednesday, May 23, 2001**

### **Opening and Welcoming Remarks**

Shirley McNab, elder and former Community Health Representative from the Gordon's reserve in Saskatchewan, officially opened the workshop with welcoming remarks and a prayer.

Welcoming remarks were then given by each of the following representatives:

Bernice Downey, A.N.A.C. executive director, addressed the group and publicly acknowledged the agencies that provided funds to convene the workshop. Ms. Downey told the participants about the concerns the A.N.A.C. has in terms of the recruitment and retention of nurses for Aboriginal communities and that the A.N.A.C., by way of this workshop, was ready and willing to offer its support and expertise to the Saskatchewan region to address this issue. The agenda was developed to reflect and address nursing recruitment and retention issues that have been brought forward to the A.N.A.C. especially over the past two years.

Fjola Hart-Wasekeesikaw, president of the A.N.A.C., also welcomed the participants and spoke briefly about nursing recruitment and retention. Ms. Hart-Wasekeesikaw stated that this is a very broad issue and includes the education of Aboriginal student nurses. "There is a high turnover rate of nurses in the Aboriginal communities and we must work with the communities to address this issue, she said." Communities have asked to partake in this workshop and begin to work side-by-side to address nursing recruitment and retention in their respective areas. There is a call for more Aboriginal nurses to stabilize the nursing workforce in the north as well as in the southern parts of Canada. There currently is a national and international nursing shortage.

The 'need' for nurses in Aboriginal communities has been evident for decades now. In 1971 a document to address the 1969 'White Paper' was put forward by the Manitoba Indian Brotherhood. A small reference about nursing was made in this report. Aboriginal leaders stated that the focus of nursing should be in acute care. Ms. Hart-Wasekeesikaw asked the participants: "In 2001, where should this focus be on?" and ended her remarks by saying, "let's be on to this issue."

The next person to welcome the participants was Ms. Darlene Arnault, A/Director of Health for the Federation of Saskatchewan Indian Nations (FSIN). Having worked in the north as a nurse and now in the role of health director, Ms. Arnault is well aware of nursing recruitment and retention issues. She indicated the role of nursing has changed over the past several years to include that of being a 'community developer.' Ms. Arnault stated that those nurses who stay are those who are willing to listen to the people and to accept other points of view. Ms. Arnault is of the opinion that there must be more teaching done with both the community leaders and the health directors so they will have a better understanding of 'nursing.' There is a need for more public relations (PR) work to be done in this area.

The FSIN is supportive of the A.N.A.C. and in what it does and recognizes and respects what Aboriginal nurses like the late Jean Goodwill from Saskatchewan have done for Aboriginal health. One of the roles the FSIN plays is to promote health careers, which includes nursing.

Wanda Prettyshield, the A.N.A.C. Saskatchewan Board Member, gave final welcoming remarks to the participants. Ms. Prettyshield told the audience that she is frequently called upon as a board member of the A.N.A.C. Nurses, according to Ms. Prettyshield, are in demand especially in Home Care and she stated that we must teach non-Aboriginal nurses about Aboriginal cultural practices and beliefs. There is a need to increase our membership and because our work is getting 'heavier and heavier' we must support one another.

### **Panel Presentation**

Fjola Hart-Wasekeesikaw, A.N.A.C. president, Jean Ahenakew, Nurse Manager, Peter Ballantyne Cree Nation and Cathy Ulmer, Regional Nursing Officer, First Nations Inuit Health Branch, Health Canada addressed the group as a panel.

Fjola Hart-Wasekeesikaw's told the participants about her first nursing experience which began in a busy urban hospital setting that helped to shape her future in this field. She was originally a member of the Fisher River First Nations but changed to become a member of Norway House, where she currently works as a nursing instructor.

Her presentation entitled, "***Nursing in Aboriginal Communities,***" began by raising the following critical recruitment and retentions questions:

1. Do we know how many Aboriginal nurses there are?
2. Do we have those statistics and names?
3. Do we have a registry?
4. Do we know what experiences Aboriginal nurses have in Aboriginal communities?

## 5. What data do we have?

Ms. Hart-Wasekeesikaw stated that although she didn't know the answers to these questions on a national scale, she knew the answers for the province of Manitoba.

In Manitoba there are about 300 Aboriginal nurses. A registry of Aboriginal nurses for Manitoba is currently being developed. Most of these nurses are diploma prepared. Ms. Hart-Wasekeesikaw speculated about the number of Aboriginal nurses in relation to the number of Aboriginal nursing programs in Manitoba. Many of these nurses are presently working in Aboriginal communities but she questioned aloud as to where others might be employed.

The University of Manitoba has five sites throughout the province. One hundred and ninety people will graduate in nursing in 2001 and in 2002, 325 will graduate at the Baccalaureate level. As well 50 will graduate from nursing diploma programs in 2002. In two years, about 400 Baccalaureate prepared nurses will graduate from the University of Manitoba and it is anticipated that there will be an additional 100 diploma prepared nurses that will also graduate thus increasing the number of nurses to about 500 representing a "new wave" of nurses for this province. In about five years, 80 Aboriginal students will have graduated in nursing in Manitoba. Such statistics are unavailable and unknown for other regions in Canada; however, Fjola expects that in Manitoba a significant number of the 'new wave' of nurses will be Aboriginal.

Fjola also raised the following pertinent questions in her address:

1. What are the nurses' mobility patterns within and between provinces?
2. How many Aboriginal students are in nursing programs at the present time?
3. How many graduated in 2000?
4. How many will graduate in 2001-2002?
5. How many are graduating from university nursing programs?

According to Ms. Hart-Wasekeesikaw, these statistics are important. She also questioned how many Aboriginal nurses had obtained a Master's or a PhD in nursing or other degrees at these levels. She indicated that it is important to keep abreast of these trends and to relate this to what is happening at the community level.

Fjola went on to say that there is a need for more Aboriginal people to be educated at the Master's level in nursing, as nurse practitioners, as Aboriginal nurse educators and, for nurses to obtain PhDs to become university faculty members and to conduct research in Aboriginal health.

Jean Ahenakew's presentation entitled, "***Nursing Recruitment Strategies,***" was based on her personal experience as the Nurse Manager for the Peter Ballantyne Cree Nation in Saskatchewan. Ms. Ahenakew stated the following on this issue:

"We are all aware of the nursing shortage and the problems we have in filling these positions. Once you have the nurse in place, the trick is to keep that nurse. Retention, to me, is as important as recruitment for reasons such as cost effectiveness, continuity of care, progress in preventative programs, a good base for orientation and training, and a climate to facilitate changes.

First of all, I will briefly tell you about our Health Services. Peter Ballantyne is a transferred band since 1995. At that time, some people with vision made a wise decision, to have a tripartite agreement with the Federal Government and the Peter Ballantyne Band. This meant that Peter Ballantyne Health Services could negotiate their own funding with a mandate from the Band to manage all health services. Health Services became incorporated and is run by a Board of community members appointed by Chief and Council. The structure of Health Services has become more decentralized since transfer meaning that there is more authority at the community level for decision making. There are five communities where we provide nursing services: Pelican Narrows with six primary care nurses, one community health nurse and one home care nurse; Sturgeon Landing with community health and primary care once a month from Pelican [Narrows], Deschambeault Lake with four primary care nurses and one home care nurse, Southend Reindeer Lake with four primary care nurses and one home care nurse, Kinoosao with community health and primary care once a month from Southend.

Through my experiences of management in a hospital setting, primary care and home care nursing at this level as Director of Nursing, I have followed some general principles, which have been successful in the retention of nurses.

1. Listen to your nurses. Write down the list of nursing issues and ask them to prioritize what is important. Brainstorm for solutions and the more ideas that come forth, the better for potential solutions.
2. Change what you can as soon as possible. Nurses will begin to trust in our ability if you can change some things within a reasonable amount of time. Start with smaller problems.

3. Follow-up is important. If an anticipated change is going to take longer, let the nurses know and the reasons why. Follow-up with communication is essential.
4. Use a collaborative leadership style. With any changes we instituted, whether it involved client charts, flow sheets, equipment or processes, the nurses' input was asked for and acted upon. Nurses want to be part of the solution and desire some control over their work place. The idea is also to create a work place environment that is easier to work within.
5. Be a nurse advocate and support your nurses. This is especially important at the community level where the Health Director is the buffer between the band membership and the health staff. Nurses need to know that they are supported in their medical decisions in the day-to-day work as well as in crisis. If they perform well, they need to feel appreciated; a simple thank you goes a long way. Nurses who do not have safe skills, good knowledge and attitude when dealing with the public will soon be revealed. Management at both levels, community and main office can deal with this type of nurse particularly if the situations fall within the probationary period.

Advocate for your nurses at all levels, community, board level and Chief and Council. This places value on nurses and the work they do. Get to know the nurses in your communities. Nurses are often afraid to venture alone into community activities without an invitation. Celebrate nurse's week with a fish fry or barbeque with the nurses or a cake and a card of appreciation.

6. A good orientation is key in providing direction and setting the tone for their working experience. Choose wisely when delegating nurses for mentoring new staff. The orientation program helps to assess knowledge base, skills, and training needs, decreases anxiety in their role, and fosters the climate for learning. In our agency, the first week is set aside for making clear our organization's goals and objectives, what is expected of them, and what they can expect from us along with certification of advanced practice skills. This is our opportunity to lay the foundation on which we build.
7. Current administrative and personnel policy manuals. The manuals are a good management tool to ensure fair treatment to everyone and a valuable resource in guiding the nursing practice. A word of advice – policies are made to be followed.

8. Nurses need time off. The nature of their job and the isolation create stress that is inherent. We have created our own casual pool of nurses either by contract or as employees to relieve in the communities. So far, we have not had to deny a nurse the requested time off and we've had enough nurses to relieve three nursing stations for our own nurses to attend two conferences that we host.
9. Employers need to be flexible in assessing what works best in the community as opposed to what has been. Pilot projects work well and allows you to institute difference positions or a system for a limited amount of time; evaluate the project and go on from there. This takes effort, time and cooperation from the staff working in the field.
10. Train your nursing coordinators (nurse-in-charge) well in the management role. Our lives are made so much easier with the nurse coordinators we have in our communities. Change occurs more smoothly if the nursing coordinator shares the same goals as you do and passes that on to the rest of the nurses. Primary care should be a balance between treatment and preventative programs and the nurse coordinators set the climate for this. We have set aside funds for management training as well as a responsibility bonus for the nurse coordinator position, recognizing that you want to retain the nurse who is the right fit for this important position.
11. If funding is available, some type of amenities could be offered. Some examples might be an exercise bike at the clinic, Internet access, payment of cable programming, free accommodations with furnishings, VCR. This would be offered to relief as well as full time nurses.
12. Last but not least, make your salary grid and on call pay as competitive as your funding allows. Instead of a signing bonus, we have implemented a retention bonus and a greater opportunity for more training or advancement professionally if they wish.

Lastly, Ms, Ahenakew said, lobby, lobby and lobby for equal funding for nurses working in First Nations transferred bands with nurses working for FNIHB.”

Ms. Cathy Ulmer was the third person to speak on the panel and spoke in her capacity as the Regional Nursing Officer of the First Nations Inuit Health Branch (FNIHB), Saskatchewan Region, Health Canada. The title of her over-head presentation was ***“Nursing: Recruitment and Retention – Joint Efforts”***.

According to Ms. Ulmer, nursing recruitment must be far-sighted and look beyond 5-10 years. There is a need for all types of nursing services in community health including home care. Nurses leave because of the stress and work environment. More money is needed to implement solutions to address the nursing shortage and everyone must cooperate to address the current situation because the nursing shortage will, in all likelihood, worsen in 2004-2005 as the baby-boomers leave the work-force for retirement.

Management and professional support are key issues to address in nursing recruitment and retention as well as the ability to “look later i.e. in 5-10 years.” Recruitment is only one aspect of the issue and, according to Ms. Ulmer; retention requires double the effort, which she refers to as ‘long-haul work.’

In Saskatchewan, many First Nations have opted for Health Transfer. Thus, there are about 23 individual ‘nursing’ employers for the First Nations communities employing approximately 93% of the nurses working in First Nations communities. FNIHB hires about 10% of the nurses employed in First Nations communities and provides supervision to about 17% of them. Because of these factors, coordination among the FNIHB, the employers and the nurses is a challenge.

The nursing recruitment and retention goals of the FNIHB Saskatchewan region are to:

- Maintain stability and competency in current nursing staff
- Attract and retain new staff
- Provide adequate and trained relief
- Ensure appropriate responses to unusual circumstances and crises
- Foster communication and interagency support

Ms. Ulmer indicated that FNIHB and the A.N.A.C. can work together to address nursing recruitment and retention issues by working collaboratively on:

- Joint recruitment packages
- Job fairs
- University/student liaison
- Access to other nursing sources
- Gripes that lead to solution finding.

A brief question and answer period followed the panel presentation.

## **Highlights of A.N.A.C. Nursing Survey**

Next to address the participants was Bernice Downey, A.N.A.C. executive director, who provided an overview of the recently completed A.N.A.C. nursing recruitment and retention activities: ***“Survey of Nurses in Isolated First Nations Communities: Recruitment and Retention Issues – Final Report.”***<sup>2</sup>

The A.N.A.C., by way of a contractual agreement with FNIHB, Health Canada, conducted the above noted survey in the fall of 2000. The primary purpose of the survey was to gather data on the characteristics of nurses who remain in isolated communities in comparison to those who choose to leave and to identify those factors that motivate nurses to work in First Nations communities.

Nurses presently employed or who had been employed in northern and isolated First Nations communities and representatives of First Nations Authorities, as identified by the FNIHB, were sought to participate in this survey. A steering committee was struck to advise in the development of the questionnaire and the survey methodology.

The results revealed that:

- ❑ Over one-quarter of nurses working in nursing stations were of Aboriginal ancestry.
- ❑ Almost half of the nurses work for First Nations Authorities.
- ❑ The age of the nurses reflect an aging workforce with 41% of the nurses being 45 years of age or older.
- ❑ A high percentage of the nurses have degrees (39% compared to 12% of the national average in nursing) and a further 10% are working towards their degree.
- ❑ Northern nurses are much more likely to come from the north or from rural backgrounds in the south.
- ❑ Forty-six percent are single, 17% had a partner living elsewhere and 37% had a partner in the community.
- ❑ Forty-three percent had been in the community less than one year.
- ❑ Many nurses have worked in the north for more than one year, but move around for a variety of reasons.
- ❑ Only 60% work in fully staffed stations and includes positions filled by relief and temps.
- ❑ Job satisfaction was ranked on a scale of 1-10. Fifty-nine percent scored high and 10% scored this as low.
- ❑ Former nurses: The majority interviewed worked for more than two years in the north, although not necessarily in the same community.

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<sup>2</sup> The final report of the survey and its findings can be obtained by contacting the A.N.A.C. head office.



- The time period that former nurses worked in the north spanned three decades therefore some answers might reflect conditions that no longer exist.

According to the survey results, the two main factors that motivate the nurses to work in the north are:

1. The challenge of an expanded scope of practice and,
2. Originate from the north.

Ms. Downey ended her presentation by providing the following training and recruitment 'tips' that were revealed by the survey respondents to increase the number of Aboriginal nurses to return to work in the north:

- Both the FNIHB and the First Nations Authorities (FNA) must work in collaboration with the communities to provide ongoing support and encouragement to Aboriginal people to enter nursing as a career.
- Encourage youth by making presentations in schools.
- Prepare students for university entry.
- Invite new First Nations graduates to return to communities and share their experience.
- Provide financial support.
- Establish more scholarships.
- Set up a clearinghouse of scholarship information.
- Provide summer jobs for First Nations nursing students.
- Encourage Baccalaureate level nursing education and training.
- Establish more nursing education programs near First Nations communities.
- Condense programs to address long periods away from home.
- Create positive university settings.
- Designate seats specifically for Aboriginal students.
- Ensure a strategy to fill these seats.
- Provide support systems (Access model).
- Recruit and support nurses who have completed most of their education.
- Help with 'red tape.'
- Facilitate education leave.
- Participate in job fairs, youth fairs and First Nations Career Events.

## ***Band-Employed Nursing Issues***

The issues surrounding band-employed nurses was brought up in the next segment of the workshop which was aptly named: ***“Band-employed nursing – where are we now?”*** Bernice began by informing the participants that in 1994 the A.N.A.C. was provided with funds by the Medical Services Branch to organize and convene four Band-Nurse Workshops in various locations in Canada, which included Saskatoon. These workshops were held in response to requests made by band-employed nurses to address unresolved issues that were identified in previous band-nurse forums hosted by the A.N.A.C. in the mid-1980s.

The objectives of the second-round of Band-Nurse Workshops were:

1. To network – provide support for the band-employed nurses.
2. To increase awareness – sensitize the provincial nursing associations about band-employed nursing issues.
3. To inform – role of the Medical Services Branch.
4. To share – success stories and realities of Health Transfer.

The concerns that were raised at the Band-Employed Nurses Workshops were similar to those raised in the mid-1980s. Those were:

- The changing role of the nurse vis-à-vis Health Transfer.
- Isolation.
- Uncertainty about their [nurses] scope of duties.
- Lack of understanding and support from employers.
- Lack of involvement in the Health Transfer process.
- No signed contract with band-employer.
- Minimal opportunities to continuing education.
- Lack of professional appraisal.
- Difficulty understanding the scope of duties.
- Absence of policies and procedures.

In response to these concerns, the provincial nursing association representatives, who attended the workshops, made the following suggestions:

- Invited the band-employed nurses to become more involved with their respective provincial nursing associations.
- Be supportive in establishing ‘special interest group.’
- Promised to include First Nations and band-employed nurses in policy development and nursing guidelines.
- Be receptive to forming linkages.

In summary, the issues that were raised during the band-nurse workshops held in the 1980s were the same and or very similar to those raised in the 1994 workshops.

### **Band-Employed Nurses' Perspective**

Following this presentation, three band-employed nurses, Wanda Prettyshield, Rozella Whiteman, and Noella McKay, provided the participants with an up-to-date perspective of the band-employed nursing issues/situation in Saskatchewan.

They said that in the early to mid-1990s, band-employed nurses in Saskatchewan did officially organize as a group that had an elected executive, held regular meetings and convened an annual general meeting in a centrally located place in the province. However, as time went on it became more difficult for the band-employed nurse(s) to get the time off and/or the support from the First Nations leaders to attend these meetings. The First Nations leaders were concerned that the nurses wanted to become unionized and that they [the band-employed nurses] could become a political entity. As time moved forward, less nurses attended the meetings and because of this and the lack of support from the leaders the group eventually dissolved.

According to the presenters, work has doubled for the band-employed nurses with the nurses being involved in all community work, including economic development. Band-employed nurses have a high stress occupation, are over-worked and underpaid, they said.

They raised the following questions:

1. How do we motivate the nurses to attend these meetings?
2. How does one get the leaders to finance and support the band-employed nurses?
3. How does one approach the leaders?

In response to these questions, the following statements were made from the nurses from the floor:

- Band-employed nurses do not have any 'political' power and things have not changed for them over the past 10-15 years. The issues remain the same.
- No one will respond to their [band-employed nurses] needs/demands until the communities do not have any nurses.
- These same concerns were brought up at the Saskatchewan Registered Nursing Association (SRNA), however, the message of the SRNA is that nurses need to be heard, be proactive and are not to be taken for granted.

- Nurses are valuable and what they do is valuable.
- We are still 'stuck' in the early '80s.
- A lot of work still needs to be done in the Aboriginal communities.
- We must all work together to develop plans.
- Must be forward thinking and encourage each other.
- Must work with the FNIHB to make the transition and get on with the work.

### ***Native Access Program to Nursing – University of Saskatchewan***

Ms. Paula Ostapowich and Ms. Valerie Arnault, Aboriginal Nursing Advisors of the Native Access Program to Nursing (NAPN) at the University of Saskatchewan, presented the following information about this program. Ms. Sherry Okeymasim, a second-year Aboriginal nursing student, was also present to answer any questions that the participants had about her experiences as an Aboriginal student in the nursing program at the University of Saskatchewan.

Education, according to Ostapowich and Arnault, is their new 'white buffalo.' The NAPN was established in 1985 with funding from the First Nations Indian and Inuit Health Careers Program (FNIHCP). Between 1985 and 1997, 196 students have completed this spring program, which evolved from a spring orientation program to a support and retention service in 1998.

The mission statements of this program are:

- Success and excellence for Aboriginal nursing students.
- Recruitment and retention of Aboriginal nursing students in Baccalaureate nursing.
- Referrals to other nursing/health careers as appropriate.

The values that underpin this program are:

- Cultural awareness and sensitivity
- Autonomy
- Accountability
- Creativity
- Commitment
- Humor
- Resiliency

- Respect
- Flexibility
- Assertiveness
- Resourcefulness
- Adaptability.

Students in this program receive various types of support such as:

- Academic and personal advisement
- Culturally appropriate counseling and traditional teachings as requested
- Tutorship
- Mentorship
- Advocacy and confidentiality and,
- Summer employment opportunities through Saskatoon District Health, Willow Cree Health Centre, Prince Albert District Health, Regina District Health, etc.

To date, there have been 60 students studying in the Nursing Education Program of Saskatchewan (NEPS). The Regina site has had 23 Aboriginal nursing students and the Saskatoon site has had 37 Aboriginal nursing students since being established. The NEPS is potentially set to accept an additional 29 Aboriginal students in nursing in the fall of 2001.

Partnerships for the NAPN are the Nursing Education Program of Saskatchewan; Saskatoon District Health; Other student advisors at Kelsey SIAST and the University of Saskatchewan; Aboriginal Student Centre of University of Saskatchewan; the FNIHCP and, Meyoyawin Advisory Committee.

Based on the comments from the students enrolled in this program in 2001, the NAPN is achieving what it set out to do [its mission] and is helping to increase the number of Aboriginal nurses thereby addressing the nursing shortage.

***“I feel that the NAPN office is very supportive of students, without it I probably would have been struggling through school.”***

***“I especially appreciate the spiritual support in times of personal crisis. The staff offers ...support in all aspects of life...”***

***“... In terms of (NAPN) just being there as an Aboriginal voice is great – especially with culture shock coming from a small northern community...”***

***“These services are essential... these services are excellent, they really know how to work with the students and they know the needs of the students.”***

### ***Aboriginal Youth Nursing Contest***

The Aboriginal Youth nursing contest being initiated and sponsored by the A.N.A.C. was appropriately brought forth at this time by Bernice Downey, Executive Director of the association. Bernice introduced this special campaign by stating the objectives:

1. Encourage awareness of the role of nursing in fostering well-being and a healthy lifestyle in the community by the community.
2. Encourage the target market: Aboriginal pre-teens, adolescents and young adults to take notice of nursing as a career opportunity and to help themselves in a meaningful and rewarding career choice.

These objectives will be met ***‘by creating a contest that will invite Aboriginal youth to participate in a contest. The contest is designed to encourage discovery of their community’s past and the people (elders and nurses) that were part of the past.***

The A.N.A.C. will identify 250 First Nations communities that will receive the contest material. The community will be asked to form a community team comprised of staff from the nursing stations, a tribal representative and an educational representative. The community health nurse will take the lead on distributing and promoting the contest within the community and this activity in itself will forge linkages between the nurse, community leader and educational representative.

The individuals who choose to participate will be required to prepare a story, and the story can take any form such as a written account, a photographic account with a written description, voice recording or video recording of an example of healthy living, lifestyle, healing as told by a community health nurse, Elder or significant community member. This will require the person or class to see out an Elder or person in the community and ask them to retell the ways that traditionally the community would live a healthy lifestyle, treat a person in need – be it a sickness or a community health concern.

The story could involve traditional beliefs, medicines as prepared by the Elder or by someone they know. The story could involve recipes for medicines.

The story could also be an account of an historical event, a cold winter famine and how the community coped. It could be about a moment in the community's history and how the community dealt with the healing or how it would prevent health problems from occurring. It could be about a community member who was a nurse in the past and the effect he/she had on the community and the effect it had on him or her.

The options, Bernice said, are open and everything is encouraged. The contest is about 'discovery.'

The contest winners are to be judged on their presentation's relevancy to the goals of Aboriginal Nursing, uniqueness of the topic, depth of research and accuracy and what the writer(s) have learned. All participants are winners in that each will be awarded a prize, however, the two top prizewinners will win a special prize yet to be determined. The first fifty entries receive a 'free' discover t-shirt.

### ***Indian and Inuit Health Careers***

Mr. George Soonias, Saskatchewan Region, spoke about the First Nations Inuit Health Careers Program (FNIHCP) of the First Nations Inuit Health Branch, Health Canada. Mr. Soonias said that the Native Access Program to Nursing is one of the 'best' success endeavors funded by the FNIHCP. Reviewers have called this program a "gem."

To promote the FNIHCP, Mr. Soonias stated that he attends as many career symposiums as he possibly can, speaks to as many students as he can and provides them with "lots of information." He also does school presentations about this program.

Summer employment is offered by way of this program; however, the funds for this component have decreased although the demand for jobs is increasing. This challenge has been addressed by funding shorter job periods for the students.

A summer science program is offered at the Saskatchewan Indian Federated College, which has encouraged some students to become nurses and/or physicians.

Scholarships are funneled through the National Aboriginal Achievement Foundation (NAAF). About one-half million dollars per year is awarded in the form of scholarships through the NAAF. Additional funds are obtained through corporate sponsorship.

The FNIHCP will provide support for any students enrolled in a professional health career beyond two years if necessary. The FNIHCP is more apt to fund at the 'entry-level' as opposed to at the post-graduate level; however, some students have been funded at the latter level.

There are two components to the program. The bursary aspect is funded according to the student's financial needs and the scholarship component is based on the student's marks. In response to a query about the number of nurses who have been funded through this program, Mr. Soonias stated that this information can be obtained by contacting the FNIHCP at the national level.

### ***Focus Group Comments***

To initiate further feedback on what had been said on Day I of the workshop about nursing recruitment and retention, the participants were asked to break into two focus groups. Each group would base their discussions on the following two questions:

1. What are the key issues, challenges and successes in our communities related to nursing recruitment and retention?
2. What are the three priorities to focus on?

The following presents a synopsis of the discussions held in both groups.

#### **What are the issues?**

- Lack of leadership
- Isolation
- Salary
- Education
- Equity
- Security, safety, self-care
- Retention
- Lack of training of health directors and auxiliary staff
- No peer evaluation
- Jurisdictional issues
- Lack of policy on protocols
- Lack of respect for nurses (by the community and Health Board)
- Lack of professional support



- ❑ Inability to see the 'larger picture' re: cultural determinants of health
- ❑ Lack of recognition
- ❑ Lack of positive self-image
- ❑ Lack of support
- ❑ Lack of information for leaders
- ❑ Inability for capacity building
- ❑ Lack of resources
- ❑ Lack of accountability by community leaders
- ❑ Burn-out
- ❑ Inadequate funding to deliver programs
- ❑ Lack of consistency regarding formula
- ❑ Liability (lack of) coverage

### **What are the challenges?**

- ❑ Shift from acute care focus to community health
- ❑ Increase in responsibilities
- ❑ Traditional versus Euro-western
- ❑ Working with Chief and Council
- ❑ Demographics (isolated northern communities)
- ❑ Working in an "isolated" way
- ❑ Inadequate preparation and education
- ❑ Health Transfer
- ❑ Understanding of the nurse's professional role
- ❑ Gender issues
- ❑ Communication/technology issues (not updated on immunizations, new medical procedures)
- ❑ Clarification on union involvement
- ❑ Getting leadership on our side
- ❑ To become ambassador's of health/our community
- ❑ To mobilize youth to enter nursing
- ❑ To lobby for funding/monies
- ❑ Improving community development

### **What are the successes?**

- ❑ The A.N.A.C.
- ❑ Role models
- ❑ Aboriginal nurses are in demand
- ❑ Our contributions to nursing programs, planning and recruitment strategies
- ❑ Valued as health experts
- ❑ Recognized by the Canadian Nurses Association

- ❑ Recognition of Traditional practices
- ❑ The movement towards healing i.e. the Residential Schools
- ❑ Community-based schools of nursing (e.g. Norway House, MB)
- ❑ Successful curriculum development
- ❑ Increase in number of seats (nursing programs)
- ❑ Subsidy programs
- ❑ Mentorship
- ❑ Increase awareness
- ❑ Collaborative relationships
- ❑ Increase capacity for design/delivery of health

The three priority areas to be addressed by the A.N.A.C. differed in the two groups. One group stated those three priority areas should focus on:

1. Recruiting our youth
2. Evaluating the Health Transfer process
3. Developing curriculum

The other group listed the following three priority areas as:

1. Leadership support
2. Increase the recognition of nurses (include pay equity)
3. Wellness of nurses (to prevent burn-out).

Day I of the workshop ended at 1700 hours.

### **Thursday, May 24, 2001**

The second day of the workshop began with some agenda modifications and a recap of the comments made in the focus group discussions. Bernice Downey provided the following précis of the focus group discussions held the previous day and summarized the discussions under the following six themes:

Information:

- gaps (there is a need to gather more information)
- the A.N.A.C. has a wealth of expertise (information)

Funding:

- remains a barrier at the national, regional and local levels
- need to find a balance
- be creative/innovative to address this issue

Politics:

- A.N.A.C. is political
- Work is of a political nature
- Need collaboration from our [Aboriginal] leaders

Nurses:

- Are creative
- Need support
- Issues remain the same
- Need to recruit our youth to enter nursing

Challenges:

- Are clear (many good ideas presented)
- Need to balance innovation and funding
- Government needs to do this as well (they are responsible for this)
- Undertake to obtain leadership support
- Clarify our role as RNs
- Address the 'isolation' – stay 'in-the-loop'
- Address the increased responsibilities and activities that RNs are given and must do
- Integrate traditional with Euro/western medical knowledge
- Address gender issues
- Communication and technology issues especially for isolated communities who lag behind
- How to work effectively with Chief and Council
- Implement community model

Successes:

- A.N.A.C. established as an organization
- Role models
- In demand (Aboriginal nurses)
- Viewed as health experts
- Traditional practice
- Affiliated to the Canadian Nurses Association
- Community based
- More seats for Aboriginal students in schools of nursing
- High profile in relation to Aboriginal health agenda
- Mentorship
- Awareness of the A.N.A.C.
- Development of collaborative relationships

## ***A Nurse Recruitment Strategy***

The workshop participants were then given the opportunity to hear from Colleen Bowen, Northern Inter-Tribal Health Authority, who as the nurse recruiter for this organization spoke on the ***“Key elements of a recruiting plan.”***

Ms. Bowen has 13 years of experience working in First Nations Health. Her experience began as a Community Health Nurse working in First Nations communities then she assumed the positions of Acting/Zone Nursing Officer, Zone Nursing Officer and of Transfer Officer while employed by Medical Services Branch, Health Canada.

Ms. Bowen told the group that many Canadians, estimated at around 27%- 40%, are employed in the ‘wrong’ job. In her opinion, it is key to get a good ‘match’ for the job. That is why recruitment efforts are successful in Northern Saskatchewan where the rates of vacancy are less than in other areas in the province.

The Northern Inter-Tribal Authority is growing stated Ms. Bowen. There are four organizations in northern Saskatchewan that work collaboratively to reach certain goals and this is ‘a key to success’ for these four organizations. This happened because people had a ‘vision.’ The project director and others came to the conclusion that if they worked collectively ‘things could happen’ as opposed to working in isolation. Funding was a concern, however, as a collective they were able to fund a Tuberculosis Team that includes a communicable disease nurse, a medical officer of health and a clinical practice consultant. It is anticipated that in the future more staff like nurse health educators will be hired. Ms. Bowen stressed the fact that things are not ‘perfect’ and that things still need to be done, however, by being a collective, they have more clout. Consolidated proposals are more apt to be accepted, she said.

Talks to implement a nursing program in the north to increase the number of Aboriginal nurses began about four years ago with the various technical and university institutions and the Health Authority. An access program is to start in the fall of 2001 that will take in about 40 students. The First Nations have made the commitment to fund these students and to get as many students in the First Nations health field.

According to Ms. Bowen, acting as a collective body and developing partnerships with FNIHB are very beneficial and enhances the recruitment process if done as a joint effort. Single band ‘transferred’ communities are vulnerable, she told the group.

She bases her recruitment skills/strategy on the following elements:

- Conduct reference/background checks. (Important to know who you are hiring).
- Word of mouth (never underestimate the word of mouth – nurses talk to each other).
- Locations (positive working environment).
- Interview 'exiting' nurses.
- Don't ask nurse for input if you don't intend to change things (be clear in expectations).
- Recruiting is a continuing process.
- Keep up with the contacts you have – (always keep in touch).

As Ms. Bowen's presentation came to a close, she told the participants that in her experience as a nurse recruiter salary was not a critical factor.

### ***Comment by a Provincial Government Representative***

The A.N.A.C. president was pleased to publicly welcome the unexpected presence of Minister Pat Lorje, Minister of Indian Affairs for Saskatchewan and Ms. Marlene Smadu, Principal Nursing Advisor for Saskatchewan Health and to thank the Minister for the funds provided by her department to convene this workshop. Minister Lorje was invited and agreed to address the group.

A psychologist by training, Minister Lorje said that exciting things are happening in the area of health in Saskatchewan right now. A report on health, which is available on the Internet, has just been released, which looked at, among other things, how money was expended in the health area. "We must change our priorities," the Minister stated, instead of just throwing more money towards health care. Currently 40% of the budget is spent on health care.

Although the Ministry of Aboriginal Affairs is a 'stand-alone' ministry, she sees her job as cutting across department lines because 'stove-pipe' mentality doesn't work. Must work together in a more wholistic and collective fashion so she wants "to get Departments to work together." It is important to change the mainstream population's approach and attitude towards First Nations and Métis peoples. Thirty percent of the people are of Aboriginal ancestry in this province so it is time to get 'real' serious, she said.

More than 10 million has been allocated for Aboriginal-specific initiatives like employment, education, economic development, etc., which reflects a 10% increase over what was provided before. The Minister indicated that this may not be enough to address the issues but it is a good first step.

The Minister continued her remarks by saying she was pleased that the A.N.A.C. chose Saskatchewan to have this meeting and that there were many employment opportunities here and to consider making this 'your' home. She stressed that it was important to work in partnership and to keep working together.

In response to several questions raised, the Minister said that, "Governments fail when they stop listening and evaluating – We want to continue listening." She also said that because learning may be done 'on-line' the government of Saskatchewan launched 'Community-Net' in January, 2001 which will bring high-speed internet access to all communities, therefore, e-learning will be possible and "is just around the corner."

In response to jurisdictional issues that exist between the provincial and federal governments, the Minister said that the Saskatchewan government has been moving towards Aboriginal Self-Government since 1992 and Treaty Rights are honored and respected by her government. She ended by saying, "we must think wholistically – First Nations people do."

### ***Additional Focus Group Comment's***

Following the health break, the participants were asked once again to break out in two focus groups and, because of the unforeseen absence of the person who was to address funding opportunities as per the agenda, the participants were requested to change their topic of discussion. They were asked to identify strategies to address the priority areas they had identified in the previous day's group discussions, which would assist the A.N.A.C. The strategies are to be based on the five Ws (what, who, when, where and why).

One group made the following comments:

#### **What:**

##### **Priority - Follow protocols**

- Speak out (communication)
- Advocacy/negotiating
- Skills building
- A.N.A.C. representation
- Multi-level strategies for speaking out
- Continue to raise awareness
- Presentations to senior technical advisory groups
- Empower the community

### **Priority - Housing and Safety**

- Address the hard issues – Wage parity – pay equity
- Adequate recognition

### **Priority - Career laddering**

- educational opportunities
- 2<sup>nd</sup> and tertiary support

### **Who to involve:**

- Community Health Representatives
- NADAP workers
- Building on partnerships
- Community involvement
- Role models
- Strengthening the ties
- Use a team approach
- Summer student programs
- Mentoring

The second group addressed each of their three priority areas in a somewhat different manner.

### **Priority - Curriculum Development**

- Develop and implement an “Aboriginal Nursing Specialty”
- Promote ‘Aboriginal Nursing Specialty’ at grass-roots level.
- Use traditional knowledge to develop Aboriginal Nursing Specialty

### **Priority - Evaluation of Transfer Process**

- Involve/increase Aboriginal nursing involvement
- Propose that the A.N.A.C. conduct the evaluation
- Propose regular national evaluations of the Transfer Process
- Increase advisor/consultant profile for nursing expertise
- Recognition of treaties/Aboriginal right and self-government
- Advocate for women to be more involved with the Transfer Process at all levels and collaborate with the Status of Women, Canada

### **Priority - Recruit our Youth**

- Increase number of job fairs in the schools (junior and senior levels)
- Aboriginal nurses to become more involved in career days.
- Make more class-room presentations including mentors
- Develop recruitment materials
- Raise the scholarship/bursary profile for students
- Encourage First Nations organizations to sponsor scholarships/bursaries
- Advocate for the teaching of sciences at the community level
- Increase the number of career symposiums for students interested in health sciences
- Attend career fairs
- Advocate for funds for the youth to participate at career symposiums
- Promote nursing within Aboriginal media formats
- Attend social events to increase the profile of Aboriginal nurse

### ***Closing***

Due to the time factor, the participants were asked to re-group for the official closing of the workshop. Fjola Hart-Wasekeesikaw thanked the participants for their attendance and input and assured them that the A.N.A.C. would continue to work on their behalf and to work collaboratively and in partnerships to address the critical nursing shortage that is especially felt in the First Nations communities. Fjola then invited the elder, Shirley McNab, to close the meeting with a prayer.