

ABORIGINAL NURSES

Insights from a National Study

FINDINGS FROM A STUDY ON NURSING PRACTICE IN RURAL AND REMOTE CANADA CONFIRM THE IMPORTANCE OF SUPPORTIVE WORK ENVIRONMENTS AND CONTINUING EDUCATION.



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ABSTRACT

Aboriginal registered nurses have been identified as an essential group in the delivery of health services in First Nations communities. Despite this, there is a lack of information about this group of nurses in Canada. This article presents information about this group taken from two components of a national study, *The Nature of Nursing Practice in Rural and Remote Canada*: documentary analysis and a national survey of nurses. The aboriginal nurse participants were predominantly female, between the ages of 40 and 49, diploma prepared and with licensure for less than 10 years. The survey data showed

Although aboriginal registered nurses are an essential group in contributing to the improvement of the health status of the First Nations, Inuit and Métis peoples of Canada, there remains a paucity of information about this group. This article presents findings that specifically pertain to aboriginal RNs from the study *The Nature of Nursing Practice in Rural and Remote Canada* (MacLeod, Kulig, Stewart, Pitblado, & Knock, 2004). The study, which examined RN practice across clinical settings in rural and remote areas of all Canadian provinces and territories, comprised four methods: narratives, analysis of an RN database, documentary analysis and survey. The focus of this article is the latter two methods to illustrate the policy environment that has an impact on aboriginal RNs (Kulig et al., 2003) and the demographic characteristics, working conditions, scope of practice, employment and community context of the 210 aboriginal nurses who responded to the mailed survey questionnaire (Stewart et al., 2005).

METHODS

Documentary analysis

Kulig et al. (2003) conducted an in-depth analysis of 159 relevant policy documents, including federal and provincial government reports, nursing education reports and nursing association position statements to arrive at a contextual understanding of rural and remote nursing practice in Canada.

Survey

A stratified random sample of 3,933 RNs, working in rural and remote areas of Canada, responded to a mailed questionnaire (68% response rate) between October 2001 and July 2002 (Stewart et al., 2005).

41.4 per cent returned to their home communities to work. The participants noted how they enjoyed the challenges of rural and remote nursing and wanted to raise their families in these small communities. They have been able to create supportive work environments, particularly with their nursing colleagues. The nurses are committed to working in rural and remote communities.

KEYWORDS: aboriginal registered nurses, First Nations communities, rural and remote nursing

All 12 provincial and territorial colleges of registered nurses/professional registered nurses associations participated in the sampling process to obtain a representative sample. The definition of *rural* used in the study was "populations living outside the commuting zones of centres with a population of 10,000 or more" (du Plessis, Beshiri, Bollman, & Clemenson, 2001). All RNs working in the territories and in outpost stations were included to capture remote nursing experience. Methodological details of the development of this questionnaire and the modified Dillman survey method can be found in Stewart et al.

MAJOR FINDINGS

Documentary analysis

The health status of Aboriginal Peoples has long been characterized as having exceedingly high mortality and morbidity rates (Dion Stout & Kipling, 2002; Commission on the Future of Health Care in Canada, 2002; Tookenay, 1996). This poor health status is often associated with the challenges in recruiting and retaining health professionals (Health Canada, 1999a) and the geographic and environmental barriers that limit access to health services (Tookenay). Health Canada (1999b) has acknowledged that the health status of Aboriginal Peoples will only improve when the community members themselves are involved in health-care delivery. In 1996, the Royal Commission on Aboriginal Peoples identified the necessity of training 10,000 aboriginal people over a 10-year period in all health and social service fields.

More attention is now being paid to increasing the enrolment of aboriginal people in nursing schools (Health Canada, 2002), and there has been a recent commitment by the federal government to increase the number of aboriginal students in the health field (Health Canada, 2004). In part to address the health disparities of aboriginal communities, this approach has been adopted because it is believed that after completion of their education, aboriginal health-care providers are more likely to return to their communities and be more successful in staying and working within their own cultural context (Health Canada, 2002). A survey conducted by the Aboriginal Nurses Association of Canada in 2000 identified that RNs who work in the same community for more than five years are lending some support to this policy.

Health Canada, specifically the First Nations and Inuit Health Branch (FNIHB), has historically been the main employer of aboriginal RNs working on non-transferred rural and remote reserves across Canada, although exact figures of the number they employ are currently unknown. The Nurse Internship Program was developed by FNIHB for aboriginal RNs to enhance their working environment and increase their retention on



rural and remote reserves. This program has evolved into the current competency program offered by FNIHB that allows for the development of additional clinical skills with mentoring in an attempt to enhance the quality of care and address the retention of nurses (Health Canada, 2005).

The Aboriginal Nurses Association of Canada provides opportunities for nurses to work together to identify and address common issues. The association estimates that there are 1,200 aboriginal RNs in Canada.

THE HEALTH STATUS OF ABORIGINAL PEOPLES HAS LONG BEEN CHARACTERIZED AS HAVING EXCEEDINGLY HIGH MORTALITY AND MORBIDITY RATES. THIS POOR HEALTH STATUS IS OFTEN ASSOCIATED WITH THE CHALLENGES IN RECRUITING AND RETAINING HEALTH PROFESSIONALS AND THE GEOGRAPHIC AND ENVIRONMENTAL BARRIERS THAT LIMIT ACCESS TO HEALTH SERVICES

Survey

Of those who responded to the survey, 210 (5.3%) self-identified as being of aboriginal/Métis ancestry. A formal definition of these terms was not provided in the survey instrument. These participants were predominantly between the ages of 40 and 49 ($n = 77, 37\%$), female ($n = 195, 93\%$), with a diploma in nursing ($n = 137, 65.6\%$) and licensure for less than 10 years ($n = 89, 43.4\%$).

The initial province of registration was listed more often as Manitoba, Saskatchewan or Ontario (see Table 1), suggesting that the aboriginal nursing education efforts in those provinces have been fruitful. ▶

Note: Percentages for statistics may not sum to total sample size due to missing numbers.

The subsequent sections of this article focus on cogent themes related to work environments, combining the quantitative data generated from the surveys with comments aboriginal RN participants made in the open-ended question section at the end of the survey. All of these themes are inherent to recruitment

HEALTH CANADA, SPECIFICALLY THE FIRST NATIONS AND INUIT HEALTH BRANCH, HAS HISTORICALLY BEEN THE MAIN EMPLOYER OF ABORIGINAL RNS WORKING ON NON-TRANSFERRED RURAL AND REMOTE RESERVES ACROSS CANADA, ALTHOUGH EXACT FIGURES OF THE NUMBER THEY EMPLOY ARE CURRENTLY UNKNOWN

and retention of aboriginal RNs in rural and remote communities and provide direction for recommendations to create supportive work environments. Although non-aboriginal RNs may face similar challenges and require the same supports in some rural and/or remote settings, their experiences are not presented here.

Going home to work. The survey identified that 144 (69.6%) of the participants were originally from communities with a population of 5,000 or less, and 136 (66.7%) had chosen to work in this size of a community. Fifty-two (25.4%) noted being very satisfied with their work community. When asked, "What was your reason for accepting your present position?" many participants indicated that they chose the community because it was their home and they wanted to work with their own people.

"I wanted to come back and nurse where I grew up." – aboriginal RN, Manitoba

Even though they found the work demanding because of the challenges, they were passionate about nursing practice in rural and remote communities. Many also preferred a smaller community in which to live and raise a family. One hundred thirty-eight (67.6%) agreed that they were happy with their workplace. Additional comments pertained to language, culture and the rewards of northern nursing.

"Pride to work for your own people and speak the same language...easier for the elders, who are more appreciative." – aboriginal RN, Quebec

"Nursing in the north can be a rewarding, wonderful experience as long as you are prepared for the isolation from family and

friends. If you enjoy the quiet and are open to new possibilities, this is the best place to be." – aboriginal RN, Saskatchewan

One hundred sixty-one participants (76.7%) were married and 132 (62.9%) had dependent children or relatives. Sixty-three (30.4%) reported that their workplace was very flexible and accommodating regarding family obligations. Examination of spousal employment indicated that 57 spouses were employed in logging, fishing, farming and construction. Another 16 were either students, retired, employed in other fields or stay-at-home fathers.

Demanding work environments. Another theme from the responses was that participants often work in demanding environments for which they do not always feel prepared; some feel overtaxed. Over half ($n = 110$, 52.9%) are required to be on call.

"It has all been a positive experience, but all the on call makes you tired and feel like you have no time for yourself." – aboriginal RN, British Columbia

The participants noted that it was extremely important to be independent thinkers and self-directed learners because

Table 1: Participants' initial province/territory of registration ($n = 210$) and province/territory of residence ($n = 209$)

Registration	n	%	Residence	n	%
N.L.	15	7.1	N.L.	19	9.1
P.E.I.	0	0	P.E.I.	2	1.0
N.S.	12	5.7	N.S.	13	6.2
N.B.	10	4.8	N.B.	10	4.8
Que.	20	9.5	Que.	18	8.6
Ont.	26	12.4	Ont.	17	8.1
Man.	43	20.5	Man.	41	19.5
Sask.	33	15.7	Sask.	29	13.8
Alta.	14	6.7	Alta.	8	3.8
B.C.	22	10.5	B.C.	17	8.1
Yukon	2	1.0	Yukon	9	4.3
N.W.T.	8	3.8	N.W.T.	23	11
Nunavut	1	1.0	Nunavut	3	1.4

Table 2: Participants' scope of duties

Women's health	n	%
Prenatal care	113	53.8
Labour	67	31.9
Delivery	60	21.6
Postnatal care	119	56.7
Performing Pap smears	69	32.9
Emergency/acute care		
Suturing	78	37.1
X-rays	34	16.2
Casting/Splinting	78	37.1
Prescribing medication	73	34.8
Evacuating patients	109	51.9
Prevention		
Immunizations	128	61
Health promotion	119	59.5

so many of their nursing duties had to be learned on the job. Responses to the question "How has your education prepared you for your job as a rural or remote nurse?" were varied. Although some individuals had found specific educational programs helpful, others emphasized the importance of experiential learning in meeting work expectations.

"Growing up in this environment really helped. Not much to do with the education of nurses, but on your own experiences and common sense."
– aboriginal RN, Quebec

"My nursing has not prepared me at all for northern nursing. This is a completely different job. I was taught on the job in the nursing stations by clinical educators."
– aboriginal RN, Saskatchewan

The most common employers of the participants were provincial/territorial governments ($n = 71$, 33.8%), private/non-profit/local health board/municipal government ($n = 40$, 19%) and tribal council/band ($n = 35$, 16.7%).

Comparisons between aboriginal and non-aboriginal survey participants revealed that a significantly greater proportion of aboriginal RNs worked in communities accessible only by plane ($\chi^2 = 26.36$, $p < .001$) and where nurses are the first health

services contact ($\chi^2 = 20.79$, $p < .001$). About one-third of the aboriginal participants ($n = 65$, 31%) work in nursing stations, which are in more remote settings. Fifty-nine per cent ($n = 124$) work in communities where family physicians reside, with 38 per cent ($n = 41$) of the 108 who responded reporting that they work with five or fewer physicians. Thirty per cent ($n = 62$) work in general hospitals.

The majority of the participants were employed in nursing full time ($n = 134$, 64.7%). Job sharing ($n = 2$, 1%) was not common. Only 20.2 per cent ($n = 42$) hold more than one nursing position and 43.8 per cent ($n = 91$) work eight-hour days. Almost half ($n = 99$, 47.8%) had been employed by their primary agency for five years or less.

More than one-third of participants responded that they made advanced decisions or were involved in advanced practice ($n = 75$), but only 11.7 per cent ($n = 24$) indicated that primary care was their major role. Table 2 illustrates the three main areas in which participants work and their scope of practice.

Creating supportive work environments. Aboriginal nurses need workplace orientation and continuing education (CE), information solicited through technical services and collegial support if they are to be successful in carrying out their duties and staying on in their positions.

Participants agreed or agreed somewhat that:

- adequate orientation to the workplace was available ($n = 80$, 53.1%);
- their employers encouraged CE attendance ($n = 112$, 54.6%);
- there were sufficient opportunities to attend CE ($n = 102$, 49.5%); and
- there were sufficient opportunities to share CE knowledge with others at work ($n = 121$, 60.8%).

Only 15.5 per cent ($n = 32$) felt that the agency was adequate in meeting their learning needs.

THE PARTICIPANTS NOTED THAT IT WAS EXTREMELY IMPORTANT TO BE INDEPENDENT THINKERS AND SELF-DIRECTED LEARNERS BECAUSE SO MANY OF THEIR NURSING DUTIES HAD TO BE LEARNED ON THE JOB

"Yes, ongoing training and education is needed. Employers need to support nurses to achieve high levels of skill and knowledge, e.g., paid time off, pay for tuition fees."
– aboriginal RN, Ontario

In the previous 12 months, 44 per cent ($n = 92$) had done a computer-based literature search on a work-related topic; 66 per cent ($n = 134$) had access to the Internet at work. Despite the emphasis on the importance of telehealth for rural and remote nursing (Kulig et al., 2003), only 23.9 per cent ($n = 50$) indicated that they had participated in a telehealth conference in the previous 12 months. ▶

ANOTHER ISSUE RAISED IN THE PARTICIPANTS' COMMENTS WAS SYSTEM-LEVEL PROBLEMS IN CREATING SUPPORTIVE WORK ENVIRONMENTS, PARTICULARLY IN LIGHT OF TRANSFER OF RESPONSIBILITY FOR HEALTH SERVICES

Another issue raised in the participants' comments was system-level problems in creating supportive work environments, particularly in light of transfer of responsibility for health services.

"Working in First Nations communities is extremely difficult...[there is a] lack of funding to provide the level/amount of care required. Transfer of health services to First Nations communities was premature. They don't have the capacity to manage a professional health delivery system." – aboriginal RN, British Columbia

Most participants ($n = 181, 87.4\%$) networked with colleagues for consultation or professional support. Three-quarters of the participants ($n = 157$) reported that other nurses were the most supportive colleagues and 90.7 per cent sought new information on nursing practice from these colleagues.

CONCLUSION

A majority of the aboriginal nurses who responded to the survey have "gone home" to work and plan to stay there because of satisfaction with their personal and work environments. The challenges of juggling family, employment and community demands among this group need to be acknowledged by employers with policies and strategies to support them.

Almost half of these nurses have been licensed for 10 years or less and are prepared at the diploma level. This demographic information, combined with the physical isolation of the communities within which they are the first health-care contact, supports the ongoing need for thorough orientation and accessible CE.

One nurse from the Northwest Territories said: "I love my job. It is stressful at times but I work with wonderful, caring people. I feel respected and appreciated by the clients I serve." Ongoing efforts to create livable work environments will help ensure that other aboriginal RNs have this same experience. ♦

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