

Aboriginal Leadership Capacity and Engagement

ARNBC Position:

- B.C. registered nurses and nurse practitioners from every ethnic background, demographic and location play an important role in addressing the health gaps that Aboriginal people face. All nurses, Aboriginal and non-Aboriginal, have a responsibility to work together with Aboriginal and non-Aboriginal communities, First Nation leaders and patients towards finding solutions that will elevate the health status of Aboriginal Canadians to match the health status of other Canadians.
- The health status of Aboriginal Canadians is well below that of the rest of Canada (Health Council of Canada, 2005). Aboriginal peoples and Aboriginal nurses¹ continue to face significant health inequities resulting from:
 - Systemic and institutional racism
 - The legacy of residential schools
 - Discrimination
 - Colonial policies (both those implemented historically and those that continue to be implemented today)
- “Issues confronting the mainstream nursing system are mirrored and/or are worse within the Aboriginal nursing context” ([Aboriginal Nurses Association of Canada \[A.N.A.C.\]](#)). Therefore, it is critical that Aboriginal nurses are recognized as being a vital part of the nursing profession, and are encouraged and supported to gain the valuable leadership skills needed to advance into formal and informal leadership roles within B.C.’s healthcare system.
- Nursing leadership involves advancing the nursing profession, advocating for healthy public policy, engaging in strategic decision making, mentoring and coaching and creating innovative strategies to improve the health and well-being of British Columbians. Nursing leadership needs to fully integrate Aboriginal nursing wisdom and perspectives into the discussion around healthy public policy.
- Increased effort must be made to create strategies and supportive environments that foster leadership capacity, engagement and representation of Aboriginal nurses in all nursing domains and specialities².
- Rural British Columbia is home to many First Nations communities and Aboriginal peoples, and a large percentage of our rural population identifies as Aboriginal. Providing support to Aboriginal nurses who work within these communities is an essential step towards improving the health outcomes and socioeconomic status of the Aboriginal peoples who live in rural B.C.
- Active participation of Aboriginal nurse leaders will help transform the B.C. healthcare system and improve the health outcomes of Aboriginal people (Conference Board, 2015). This can only be achieved through committed and intentional efforts to include Aboriginal nursing perspectives in the decision-making process and by avoiding the cultural deficit perspective³. Committed and intentional efforts to include Aboriginal nurses who have the desire, knowledge, skills, experience and education to lead must be in place in order for Aboriginal nurses to be integrated into leadership roles, and valued for the wisdom they bring to developing healthy public policy.

Background:

Increasing leadership capacity and engagement among Aboriginal nurses has significant economic, cultural and social importance (The Conference Board, 2015). All nursing leaders have a role in ensuring Aboriginal nurses’ voices are heard in all domains of practice.

.....
¹ Aboriginal nurses refer to those who identify as First Nations, Inuit and Metis

² The five domains of nursing include clinical practice, administration, research, policy and education.

³ “A cultural deficit perspective is a view that individuals from some cultural groups lack the ability to achieve just because of their cultural background.” Kozel Silverman, Sarah



Position Statement

Aboriginal nursing, as defined by the [Canadian Nurses Association \(2014\)](#), refers to

“Clinical practice, research, administration and policy that specifically involve Aboriginal nurses who provide Aboriginal health nursing. Aboriginal nursing also refers to education programs that address the needs and concerns of Aboriginal nursing students (p.1).”

There is a growing recognition of the need to develop an Aboriginal health workforce in Canada and the positive impacts this would have on the health of Aboriginal peoples (Conference Board, 2015). Specifically, increasing the number of Aboriginal nurses into the healthcare system has multiple positive impacts including: improving access and continuity of care among Aboriginal peoples, increasing community self-sufficiency and self-determination, as well as reducing turnover rates within rural and remote Aboriginal communities (Conference Board, 2015). Currently, Aboriginal nurses continue to be underrepresented in the profession, with less than one percent of nurses in Canada self-identifying as Aboriginal (Vukic, Jesty, Matthews & Etowah, 2012). A report entitled [Following the Spirit of Courageous Leaders: Profiles of Aboriginal Nurses](#) produced by the A.N.A.C. (2011) outlines several narratives of Aboriginal nursing leaders that speak to the importance of supportive mentors and role models as catalysts to the growth and development of Aboriginal nursing leadership.

Fostering leadership capacity and engagement must begin at the start of nursing education. Specifically, greater attention is first needed in recruiting and retaining Aboriginal nurses. Attrition rates among Aboriginal students enrolled into post-secondary programs continues to be high ([Statistics Canada, 2015](#)). As a result, bridging, transition and access programs can play a significant role in increasing recruitment and retention in education programs. The Native Access Program to Nursing at the University Saskatchewan, Native Nursing Entry program offered at Lakehead University in Ontario, and the Aboriginal Pathways to Health Careers Program at Thompson Rivers University (TRU) offer Aboriginal students support in academic planning, elder guidance, small financial support, tutor and peer support. The University of British Columbia Okanagan has also created specific strategies through their Supportive Admission Program for students to facilitate admission to the Bachelor of Science in nursing program. Furthermore, the B.C. Nurses' Union's (BCNU) (2015) [Aboriginal Leadership Circle Caucus](#) has been successful in encouraging Aboriginal youth to enter healthcare, addressing cultural sensitivity and competency as well as providing a voice for Aboriginal nurses. These programs offer examples of promising practices that have significantly impacted the graduation rate of Aboriginal nurses in their respective region.

A key strategy noted in literature to improve retention of all nurses, especially Aboriginal nurses, is professional socialization (Price, 2008). Informal and formal mentorship programs specific to nursing within post-secondary educational institutions currently exist such as those offered by the University of Saskatchewan, Sault College, McGill University and TRU ([CNA, 2014](#)). Specifically TRU offers leadership opportunities for Aboriginal nursing students outside of the classroom. These include participation in faculty projects and opportunities to present and attend conferences and workshops. Many of these programs have been successful and suggest the need for increased support by peers and Aboriginal instructors for students at both the undergraduate and graduate levels, as well as training programs for non-Aboriginal faculty to create safe learning and practice environments for Aboriginal nurses.

Building leadership capacity among Aboriginal nurses must also move beyond the educational sector, and employers must ensure measures are taken to maintain culturally safe workplaces. While nursing leadership development services and programs are usually offered through higher education, professional associations and unions, there remains limited continuing education and professional development programs to foster leadership capacity among Aboriginal nurses within practice settings. Additionally, over the years, Aboriginal organizations available to support nurses such as the Assembly of First Nations, Inuit Tapiriit Kanatami and the Native Women's Association of Canada, have been subject to funding cuts ([CNA, 2014](#)). As a result, resources to support Aboriginal nursing leadership have diminished.



Position Statement

Currently, each health authority in B.C. has an Aboriginal health strategic plan. While these plans outline several goals and strategies to improve recruitment and retention of Aboriginal health professionals, as well as meaningful participation among Aboriginal partners, there remains less emphasis on strategies to promote leadership capacity and engagement among healthcare professionals such as nurses. Therefore, there is significant potential for nurse leaders to collaborate with their designated health authorities to ensure Aboriginal nursing leadership is included as part of each health authority's Aboriginal health strategic plan.

One of the biggest challenges that currently exists in B.C. is the lack of a provincial information system for nurses to self-identify as Aboriginal. The creation of an Aboriginal nursing registry is not a new idea, and was recommended by the [Native Inuit Nurses Association of British Columbia \(NINA-BA\)](#), prior to its dissolution. Development of this registry is currently being pursued by the Health Professional Regulators of BC (HRPBC), the First Nations Health Authority (FNHA) and the UBC Centre for Excellence in Indigenous Health. ARNBC supports this initiative which will enable all health professional regulatory colleges in B.C. to access Aboriginal health data, while acknowledging the need for sensitivity around the reluctance of some individuals to self-identify for safety or other reasons.

ARNBC acknowledges the need for Aboriginal representation in the decision-making and leadership of the Association, and believes that increasing leadership capacity and engagement among Aboriginal nurses in B.C. is essential in developing good health and nursing policy. In order to further support this goal, the Association has created a Community of Practice for Aboriginal health nursing to provide support for Aboriginal nurse leaders and to ensure that their voices are respected and heard. In addition, the Association recently formalized the position of "Regional Director, First Nations" on the ARNBC Board of Directors to ensure ongoing and integrated representation of Aboriginal nursing leadership.

Recommendations

1. ARNBC will work with the Nursing Education Council of British Columbia (NECBC) to develop a framework through which the Association can support schools of nursing in collecting data that will monitor trends in Aboriginal nursing student education and inform the development and improvement of bridging, transition and mentorship programs that are specific to nursing.
2. Healthcare administrators and clinical leadership in all B.C. healthcare workplaces should provide both formal (i.e.: professional development courses, Aboriginal positions within councils/networks) and informal opportunities (i.e.: supportive environments to create Aboriginal nursing initiatives) to build leadership capacity. ARNBC will explore opportunities to develop a recognition process, specific to the Association, that identifies organizations that have demonstrated support for Aboriginal nursing leadership initiatives in order to begin developing a common understanding of what best practices in Aboriginal leadership entails.
3. With support from ARNBC, registered nurses and nurse practitioners are encouraged to advocate within their own health authorities and with the Chief Nursing Officers (CNOs) to explore ways to integrate strategies for increasing Aboriginal nursing leadership capacity and engagement throughout Aboriginal health strategic plans.
4. The BC Health Regulators, the First Nations Health Authority and the UBC Centre for Excellence in Indigenous Health are working together to explore possibilities for managing the collection of Aboriginal health human resource data. ARNBC supports the need for the collection of this data and will continue to engage nurses in the development and implementation process recognizing that it is not as simple as 'ticking a box' because some individuals may choose to not self-identify (e.g., as we have seen with some individuals not wanting to categorize themselves by gender, religion, ethnicity, etc.).



Position Statement

Conclusion

Through ancestry and lived experiences, Aboriginal nurses have a distinct body of knowledge and wisdom that is irreplaceable and must be respected, shared and utilized. Through advocacy and integration of this knowledge at every level within the healthcare system, nursing has the opportunity to shift care delivery towards the holistic approach that is valued by Aboriginal peoples. Providing opportunities for Aboriginal nurses to hold leadership positions is critical as Aboriginal nurses are well positioned to engage in decision and policy making related to factors that influence Aboriginal health (Vukic, 2012).

It is important to acknowledge that Aboriginal nurses face additional barriers that are directly linked to systemic racism and discrimination. As a first step to address these issues, cultural competency training among healthcare providers has become a norm within education programs and health authorities, although application and follow-through is inconsistent. Key areas for policy development include recruitment and retention within educational institutions as well as health authorities, providing mentorship, ensuring Aboriginal nurses have the opportunity for advancement into leadership and faculty positions, providing registered nurses and nurse practitioners with both formal and informal opportunities to engage in leadership within practice settings, including Aboriginal nursing leadership in Aboriginal health strategic plans, advocating for increased research and use of indigenous ways of knowing, developing a registry to monitor trends of Aboriginal nurses, and collaborating with Aboriginal nurses to inform the creation of programs, services and policies. Schools, health authorities and professional nursing organizations all have a role to play in working towards increasing Aboriginal leadership capacity and engagement. ARNBC takes this responsibility seriously, and will continue to push for significant transformation for Aboriginal health.

References

- Aboriginal Nurses Association of Canada. (n.d) [Fact sheet](#)
- Aboriginal Nurses Association of Canada. (2011). [Following the Spirit of Courageous Leaders: Profiles of Aboriginal Nurses](#)
- BC Nurses' Union.(2015). [Aboriginal Leadership Circle Caucus](#)
- Canadian Nurses Association. (2014). [Aboriginal Health Nursing and Aboriginal Health: Charting Policy Direction for Nursing in Canada](#)
- Health Council of Canada. (2005). [The Health Status of Canada's First Nations, Metis and Inuit Peoples](#)
- Kozel Silverman, Sarah. (2011). [Cultural Deficit Perspective. Encyclopedia of Child Behavior and Development \(pp 446-447\)](#)
- Native and Inuit Nurses Association of British Columbia. (n.d) [Future Directions for Aboriginal Nursing in British Columbia: Strategy 2012-2013](#)
- Price, S. (2008). [Becoming a nurse: a meta-study of early professional socialization and career choice in nursing. Journal of Advanced Nursing, 65\(1\), 11-19](#)
- Statistics Canada. (2013). [The education and employment experiences of First Nations people living off reserve, Inuit and Metis: Selected findings from the 2012 Aboriginal peoples survey](#)
- The Conference Board of Canada. (2015). [Healthy Foundations: Nursing's Role in Building Strong Aboriginal Communities](#)
- [Thompson Rivers University School of Nursing website.](#)
- Vukic, A., Jesty, C., Matthews, V., & Etowa, J. (2012). [Understanding race and racism in nursing: Insights from aboriginal nurses. International Scholarly Research Network](#)

Further Reading/Resources

[A.N.A.C. mentorship program](#)

[Simon Fraser University's New Executive MBA in Aboriginal Business and Leadership](#)

[Get in touch with the aboriginal health nursing community of practice](#)



Association of Registered Nurses
of British Columbia