

Aboriginal Health & Nursing Network for British Columbia

Proposal



Association of Registered Nurses
of British Columbia



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Introduction

The purpose of this document is to inform, develop and support the existence of an Aboriginal Health & Nursing Network for the province of British Columbia under the auspices of the Association of Registered Nurses of British Columbia (ARNBC). The Communities of Practice (CoP) framework for this discussion paper was borrowed from the Canadian Nurses Association (CNA) and outlines the opportunity to engage and create a platform whereby issues and best practices about Aboriginal health nursing can be exchanged and disseminated. As a specialized network for Aboriginal health nursing, there is an opportunity to generate discussion on priority areas of significance relating to healthy public policy for Aboriginal health and nursing. It is also anticipated that discussions may help inform and guide future strategies and policy development for Aboriginal health and nursing as this group evolves. Current research evidence provides a plethora of health inequity challenges for Aboriginal Peoples, and well as barriers faced by nurses in the current health care system. As a unique and broad network of colleagues working in this area of practice, there is an enormous amount of expertise that can be tapped into for further advancement of the nursing profession and for individual nurses seeking support.

Background

In 2013/14 the ARNBC Board of Directors identified Aboriginal health as one of its top policy priorities for the coming 3 to 5 years. B.C. nurses brought forward resolutions on Aboriginal policy issues to the CNA Annual Meeting in Winnipeg in June 2014; resolutions that received wide support and will be acted upon by CNA during 2014/15. ARNBC is well-positioned to address Aboriginal health in terms of accountability and responsibility of nursing practice. The resolutions now passed through CNA are as follows:

Resolution 1: Addressing Racism and Discrimination to Improve Health Equity for Aboriginal Peoples

Resolution 2: Death and Health Records of Children in Residential School

Resolution 3: Equitable Access to Health Care for First Nations Children

Resolution 4: Aboriginal Content in Nursing Curriculums and Board Exams

In addition to these most current resolutions on Aboriginal health and nursing, there remain recommendations brought forward through the past Native & Inuit Nurses Association of BC (NINA) group contained in their document "Future Directions for Aboriginal Nursing in British Columbia 2012". These goals are as follows:

1. Develop and maintain a registry of nurses of Aboriginal ancestry in British Columbia.
2. Provide for a student mentorship program to ensure student nurse support and greater facilitation of Indigenous knowledge.
3. Recruitment and retention of nurses working within Aboriginal health.
4. Recognition as a political nursing voice, advocating for improved health outcomes for Aboriginal Peoples.

Key issues and concerns for Aboriginal health and nursing have been identified through various discussion documents, yet many remain unchallenged. The potential to align strategies and produce healthy public policy on Aboriginal health and nursing here in British Columbia can happen through concerted partnerships with ARNBC, Aboriginal nurses, nurses working within Aboriginal health environments, First Nations Health Authority, and other government sectors.



Rationale for an Aboriginal Health & Nursing Network

In British Columbia's general population, the history of Aboriginal People and colonization is not very well understood, especially as it relates to current health status and social determinants of health.

The inequities found in Aboriginal health indicators have been well documented in the literature. As nurses who work primarily at the grassroots level with Aboriginal Peoples, there is significant opportunity to discuss and address practice and systemic issues that impact on client care and outcomes. Research from a cultural competency approach model supports the need for a culturally conscious approach to health care program design and delivery. If culture is not recognized as a holistic part of care, there can be devastating consequences for the client and the reputation of the institution. More recent evidence found in the research article "Silencing of Voice: An Act of Structural Violence" (Kurtz, D., Nyberg, J., Van Den Tillaart, S., Mills, B. 2013) concluded that health care providers still practice colonial racism, discrimination and stereotyping of Aboriginal People within the health care system. These poor experiences from health care providers in turn decrease access to care, trust and delay timely diagnosis for clients.

Culturally Congruent Care: Culturally-based care, knowledge, acts, and decisions used in sensitive and knowledgeable ways to appropriately and meaningfully fit the cultural values, beliefs, and life ways of clients for their health and well-being, or to prevent illness, disabilities, or death" (Leininger & McFarland, 2006, p. 15). Cultural "competence" is not a destination or end point, but rather a journey of continued self-reflection. The value of culture and client care is an important concept to build upon, especially when preparing new undergraduate nurses.

To date there is no formal "Aboriginal Health Nursing" forum or specialty group in the province open to all Aboriginal nurses and nurses working within Aboriginal communities, with the exception of the Aboriginal Leadership Circle (ALC) through the BC Nurses' Union. The former Native & Inuit Nurses Association of BC (NINA) has also been dissolved, and many nurses continue to seek a group of commonality and shared experiences. It is anticipated that a new Aboriginal health & nursing network within ARNBC will be the advocate and voice for these issues affecting nurses and clients. This proposed network would become part of ARNBC's Network of Nursing Specialty Groups: <http://www.arnbc.ca/network-leads/arnbc-network-leads.php> (Click on 'Specialty Groups' on this page).

There is inconsistency in British Columbia schools of nursing curriculum development about Aboriginal health, cultural competency, and the skills and knowledge required of community health nursing in rural Aboriginal communities. Some schools of nursing, notably Thompson Rivers University (TRU), North Island College of Nursing, and the University of Victoria have been able to incorporate core cultural safety competencies into their curriculums with success. There have also been practice placement opportunities for students into Aboriginal communities for work experience (Retrieved 09/09/2014 <http://www.tru.ca/nursing/programs/aboriginal-nursing.html>).

Results from a national study on Aboriginal registered nurses in rural and remote Canada found that many indicated a need for increased support in their role and a need for more education. Policy implications suggest a review of nursing curriculum content and delivery to enhance knowledge and skills needed to function effectively in rural and remote workplaces (Nursing Practice in Rural and Remote Canada: Aboriginal Registered Nurses in Rural & Remote Canada: Results from a National Survey 2006). The College of Registered Nurses of British Columbia (CRNBC) document "Competencies in the Context of Entry-Level Registered Nurses Practice in British Columbia (2014)" recognizes that support within practice environments is crucial to professional growth, the consolidation of practice and retention for new nurses. In First Nations communities, the recruitment and retention of nurses remains a larger problem that affects stability of health care access and services.

A formal group of nurses with a specialized body of knowledge in Aboriginal health nursing can contribute their expertise to stakeholders and decision makers. Important to consider is the inclusion of Aboriginal Peoples in the process to identify solutions to health care issues, this includes Aboriginal nurses, who for the most part understand the impact of colonization and the health care system.



“For many reasons, First Nations experience higher rates of chronic disease and sustain more injuries than other British Columbians. The unique root causes for the health challenges faced by First Nations and Aboriginal Peoples today need to be considered when recommending programs and services to improve health outcomes. The Government of BC, First Nations Health Council and the Government of Canada are partners in the Tripartite First Nations Health Plan (TFNHP, 2007) and the Tripartite Framework Agreement on First Nation Health Governance (2011), which provides an important operational platform for taking action based on a commitment to ensuring that First Nations in BC are involved in decision-making regarding their health” (Healthy Families BC Policy Framework: A Focused Approach to Chronic Disease and Injury Prevention. British Columbia Ministry of Health 2014). Nursing in First Nations communities most often provides clients their entry access to primary point of care and referral to other services and programs.

The new First Nations Health Authority was officially established with the signing of “The British Columbia Tripartite Framework Agreement on First Nation Health Governance on October 13, 2011. The federal government began transfer of planning, design, management and delivery of First Nations health programs to the new First Nations Health Authority. The directives or standards of the First Nations Health Authority are to provide the following; 1) Community Driven – Nation Based, 2) Increase First Nations Decision – Making and Control, 3) Improve services, 4) Foster Meaningful Collaborations and Partnerships, 5) Develop Human and Economic Capacity, 6) Be Without Prejudice to First Nations Interests, 7) Function at a High Operational Standard. (Retrieved 09/02/2014 from First Nations Health Authority website <http://www.fnha.ca/about/fnha-overview/directives>). Of particular interest is the ability of ARNBC and the Aboriginal Nurses Network to provide partnership, collaboration and expertise to the advancement of Aboriginal health and the programs and services involved.

Benefits of the Aboriginal Health & Nursing Network

- Networking support for nurses
- Keeping standards of practice consistent
- Safe care for nurses and clients
- Support and appropriate resources for nurses
- Advocacy for those that may not otherwise have a “voice”
- Efficiency to the health care system by creating safe, appropriate access to care environments, improving uptake of clientele and decreasing delayed diagnosis in some situations
- A formal network of nurses with a specialized body of knowledge that can help contribute to policy, research, and discussion about Aboriginal health and nursing
- Solution based networking for improving community health program design and delivery in Aboriginal communities

Sustainability of the Aboriginal Health & Nursing Network

The sustainability of an Aboriginal Health & Nursing Network and best practices will depend on many factors. Research from the Registered Nurses Association of Ontario (RNAO) have produced “*Sustainability of Best Practice Guideline Implementation*” (2006) and have identified key concepts for successful practice for individual and organizations. These include 1) Change factors, 2) Organizational factors, 3) Implementation factors, 4) Leaders 5) Passion. *Change factors* for discussion within the network group will include awareness of issues pertaining to Aboriginal health and outcomes, nursing and its relevancy, and strategies required to impact change. The ARNBC organization supports this through a culture that promotes and accepts change, and rewards and recognizes the work being done. *Organizational factors* recognize learning and empowerment,



commitment, vision, accountability and resources to support the efforts of the network. ARNBC infrastructure will include communication, administrative support, moderator, network lead, and taking a lead in securing partnerships with outside agencies. *Implementation factors* refer to fulfilling planning of objectives, goals and funding, professional discussion forums and promotion of role modeling. This will be done by both network and ARNBC. *Leaders/Leadership* is required at all levels within the organization of ARNBC and at the network level. *Passion*, the last notable concept will be needed by all nurses for continued communication, encouragement, support and education for the network to thrive. The following activities will be undertaken to support the network:

- Regular open forum discussions
- Dissemination of current best practice literature and education via resource board
- Moderator prompts
- Monthly teleconference or webinars, guest speakers
- Email blasts
- Surveys, feedback

Best Practices in Aboriginal Health Nursing for Discussion

- Improvements in nursing practice
- Quality of care to clients
- Closing the gap in health inequities
- Cultural safety, competency & congruence
- Mentoring of newer nurses for an improved orientation experience to Aboriginal health
- Improved access to care, appropriate care and programming for Aboriginal clientele
- Emphasis on building relationships with nurses and clients
- Recruitment and retention of Aboriginal nurses and those working within Aboriginal communities
- Recognition and utilization of Indigenous knowledge and frameworks

Conclusion

The creation of an Aboriginal Health & Nursing Network for British Columbia has the opportunity to bring much needed resources to nurses in terms of research, policies, best practices, and networking support within the Aboriginal health circle. The “voice” of nurses working on the front lines in programs/services that affect Aboriginal People do not often make it to higher policy decision tables. With an organized formal collective group approach, connected with ARNBC, we can be better situated to make known our issues, concerns and solutions to help improve the health outcomes of Aboriginal Peoples. Closing the gap in health inequities and promoting change requires we act now on strategic intervention recommendations already in place.



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