“Future Directions for Aboriginal Nursing in British Columbia”

Strategy
2012/2013

Prepared for the
First Nations Health Council
by
NINA-BC Executive
# Future Directions for Aboriginal Nursing in BC

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Executive Summary

The Native and Inuit Nurses Association of British Columbia (NINA-BC) has completed a series of activities designed to collect pertinent data on the issues of importance to Aboriginal nurses\(^1\), and non-Aboriginal nurses who serve First Nations/Aboriginal communities in British Columbia.

In 2010 a nursing survey was presented at the First Nations and Inuit Health Region Nursing Conference. Key findings of this survey revealed the need to develop or strengthen the following focal areas: a) Completion of a registry of Aboriginal nurses, b) Professional nursing support and orientation, c) Dissemination of Indigenous knowledge, d) Student mentorship program support.

Additionally there were two nursing roundtable discussions hosted in the Interior of British Columbia and Vancouver Island in 2011 for Aboriginal nurses and non-Aboriginal nurses working with First Nations and Aboriginal communities. Key discussion outcomes reveal a keen interest in establishing a formal Aboriginal Nursing Directorate and Board (consistent with NINA-BC values) within First Nations Health Council. The creation of a Nursing Advisor position equitable to the Aboriginal Physician Advisor is a key recommendation of this report.

Aboriginal Health Nursing (Reference: Aboriginal Nurses Association of Canada (ANAC)—Earl Nowgesic’s definition of Aboriginal health nursing), is considered a unique domain of practice with a distinct set of skills, knowledge (Indigenous to Aboriginal nurses) and competencies that come from a combination of lived and professional practice experiences working with First Nations/Aboriginal populations. The voice of Aboriginal health nursing is a critical component for successful transition of health services (nursing services being a core service in many First Nations/Aboriginal health organizations) to the BC First Nations Health Authority. A Nursing Advisor position, supported by an Aboriginal Nursing Directorate would provide the expertise and guidance required to ensure culturally safe, ethical, and competent nursing practice. The Advisor would also ensure recruitment and retention strategies, culturally appropriate orientation, and professional development is in place.

\(^1\) Nurses refers to: Registered Nurses, Registered Psychiatric Nurses, Nurse Practitioners, and Licensed Practical Nurses
The creation of a transition plan for the transfer of regional nursing services and programs to FNHA will be addressed within an Aboriginal Nursing Strategy. The urgent need for a specific nursing communication strategy to support nurses working in First Nations/Aboriginal communities and their employers continues to be a priority.

Section 1 BC Aboriginal Nursing Strategy

The NINA-BC network works to promote unity among all nurses serving First Nations/Aboriginal populations as well as to advocate for Aboriginal nursing and Aboriginal health care issues, concerns and research. Nurses have a crucial central role in every aspect of health care services and delivery, resulting in enhanced health and well-being of First Nation/Aboriginal communities. Individually and collectively, Aboriginal nurses in BC have strived to engage, support and educate other health care providers on health care issues facing First Nations/Aboriginal Peoples. The time has come to formalize and operationalize an Aboriginal Nursing Strategy at the First Nations Health Council (FNHA) level. The NINA-BC Vision and Strategic Plan 2001-2013 (See Appendix A- our guiding values and principles) contains concise and measurable goals and objectives that will continue to support and enhance health outcomes for First Nations Peoples of BC.

The primary focus of NINA-BC is to:
1) Support Aboriginal Nurses in B.C.
2) Contribute to increasing the numbers of Aboriginal people in nursing
3) Assist in improving the well-being of First Nations/Aboriginal peoples by delivering culturally safe and competent nursing care.
4) Contribute to effective recruitment and retention of Aboriginal and non-Aboriginal nurses working for First Nations/Aboriginal health organizations.
5) Contribute to the body of nursing knowledge in the field of Aboriginal Health nursing to improve the health of First Nation Peoples.
KEY COMPONENTS OF THE ABORIGINAL NURSING STRATEGY:

I. Formal establishment of an Aboriginal Nursing Directorate entity that consists of a diverse collective of Aboriginal Nurses and Associates who promote and support the health and well-being of First Nations/Aboriginal Peoples in B.C. and the nurses who work with them – an organization that is strengthened by Indigenous knowledge.

II. Create a Nurse Advisor/Director position that will carry out the goals and objectives of the Aboriginal Nursing Strategy.

III. Establish an Aboriginal Nursing Advisory Council to represent the diversity of the nursing profession, Indigenous knowledge, and to support and guide nursing initiatives at the FNHA level.

GOALS AND OBJECTIVES

1. GOAL

Develop and maintain a registry of Nurses of Aboriginal ancestry in British Columbia.

Actions:

a) Partner with all Colleges of Nursing of British Columbia to explore a Memorandum of Understanding (MOU) for data collection and sharing purposes, i.e. Self-disclosure question of Aboriginal ancestry on annual nurse license application.

b) Create baseline data and track numbers of Aboriginal people entering the nursing profession.

c) Identify a reference group of Aboriginal nurses who will participate in ongoing consultation.

Discussion Findings

As an example of the data deficit consider that according to the College of Registered Nurses of British Columbia (CRNBC) there are currently over 36,000 Registered Nurses in the province of British Columbia (source: https://www.crnbc.ca/Pages/Default.aspx). From this, there is no accurate accounting of those who are of Aboriginal ancestry as no current data-base exists. As Aboriginal nurses who know each other and through the “moccasin telegraph” estimate there are approximately 150 Aboriginal nurses in British Columbia.
Therefore, the need to develop and maintain an ongoing accurate registry of Registered
Aboriginal nurses is pertinent.

There are many nursing recruitment and retention strategies within various institutions and
health authorities throughout BC, and some are focused on Aboriginal health initiatives
and Aboriginal nurses. Greater input and consultation from Aboriginal nurses to help find
solutions and strengthen these strategies is the key to their success.

2. GOAL

Provide for a “Student Mentorship Program” to ensure student nurse support and greater
facilitation of Indigenous knowledge.

**Actions:**

a) Develop a “Student Mentorship Program”

b) Establish formal linkages with Schools of Nursing in British Columbia and other
health care organizations/stakeholders.

c) Maintain directory of Aboriginal Nurse Mentors for placement opportunity.

d) Collaborate with Schools of Nursing to develop and endorse Aboriginal health
curricula for Nursing programs.

**Discussion Findings**

Findings from the NINA-BC survey indicate a strong need to support new nurses. The
recruitment of new nurses to communities is also identified as a gap. To ensure that nursing
students have the most positive experience working with Aboriginal Peoples, formal
placement with experienced mentors is recommended. To be most effective in
implementing this strategy, ongoing community consultation as well as partner
development with various academic institutions needs to occur. Many schools of nursing try
to find student placements with Aboriginal nurses and communities, but due to lack of
formal processes and proper planning, these opportunities are sometimes missed.

Preparation of non-Aboriginal student nurses during their academic program with
mandatory Aboriginal health and/or rural and remote community nursing curricula is
currently lacking. The University of British Columbia Institute for Aboriginal Health had
previously partnered with the UBC School of Nursing in 2006 to offer a pilot project for
an Aboriginal Health Nursing Preceptorship Program. Unfortunately this program is no
Roundtable discussions with Aboriginal and non-Aboriginal nurses reveal the need to see mandatory curriculum incorporated into nursing degree programs. This is considered an “upstream” approach to prepare students understanding of Aboriginal health in the context of colonialism, social determinants of health and current health policies affecting Aboriginal Peoples. Current Aboriginal health indicators should be a priority for discussion and action in nursing schools.

3. GOAL

Recruitment and retention of nurses working within Aboriginal Health.

Actions:

a) Create a Health Human Resources Strategic Plan - FNHA

b) Ensure Cultural Competency by providing formal orientation to nurses on history, culture, and socio-economic challenges affecting Aboriginal Peoples’ health.

c) Provide new nurses official mentorship from Aboriginal nurses and/or non-Aboriginal nurses with experience working in Aboriginal communities.

d) Develop and deliver professional continuing education for nurses specific to nursing in Aboriginal communities.

e) Collaborate with Schools of Nursing in British Columbia for recruitment initiatives and nursing research.

f) Promote the implementation of the Nurse Practitioner role working in First Nations communities.

g) Provide practice support by creating a vehicle to develop and disseminate Indigenous nursing practice guidelines and research findings.

h) Establish and maintain networking and partnership opportunities with relevant nursing organizations in British Columbia and nationally.

Discussion Findings

Recruitment and retention of nurses is one that requires some in-depth deliberation. The transition of nursing services and programs from FNIH to the FNHA as a health authority will need to consider the following items of importance to nurses. Nurses need to be included in any decisions pertaining to nursing including but not limited to:

"Future Directions for Aboriginal Nursing in BC"
- Mandated nursing programs (i.e. Communicable Disease and Immunizations) that fall under the Public Health Act of British Columbia

- Levels of wages and benefits for nursing positions - equity will attract increased numbers of nurses to work in First Nations/Aboriginal communities.

- Current FNIH nurse union agreements – how will this transition occur to the provincial nursing union?

- Continuing education for nurses – relevant to working in Aboriginal communities

- Professional practice consultation – communities of practice

- Clinical Supervision/leadership - accountability

- Safe workplace environments – Physical, Emotional, Mental, Spiritual

- Professional development support – ensuring mandatory training is kept up to date

- Critical stress debriefing support – holistic health resources for nurses well-being to support fitness to practice

- Recruitment and retention tools to support health directors when hiring registered nurses

* Transparency and effective communication to all parties (tripartite – federally employed nurses/provincially employed/FN employed surrounding the transfer of nursing services and programs from FNIH to FNHC – how will nursing services transition and be organized based on a new health structure?

Research titled “Aboriginal Registered Nurses in Rural and Remote Canada: Results from a National Survey” (2006) reported that only half of the Aboriginal nurses in this survey (n=210) expected to remain in their present position for the next 5 years.

- Factors that enhanced the recruitment of Aboriginal nurses into their present position emphasized community factors (i.e., close to own community) followed by practice considerations (i.e., salary/benefits/job security).

These national findings were consistent with the 2010 nursing survey responses distributed by NINA-BC. Findings from the NINA-BC Survey identified the following gaps:

- Lack of understanding of roles, responsibilities and accountabilities of nurses

- Wage parity
Future Directions for Aboriginal Nursing in BC

➢ Gap in the acknowledgement of moral and ethical distress
➢ Isolation/remoteness of community and limited professional practice support
➢ Absence of recruitment and retention incentives
➢ Inadequate orientation and training
➢ Recruitment of new nurses

The NINA-BC Nurse Survey respondents identified the following requirements for the effective recruitment of nurses to First Nations/Aboriginal communities:

➢ Community input/support for recruitment and retention activities
➢ Community commitment to recruiting nurses to community
➢ Support from nursing team
➢ Strong leadership
➢ Communication
➢ Encouragement and support for professional development

The Nursing Education Council of British Columbia (NECBC), an association of program leaders representing BC schools of nursing, also have a vision for recruitment and retention of high quality nurses. Some of their principles pertaining to Aboriginal nurses include:

➢ NECBC will recommend funding continue for Aboriginal nursing education strategies in collaboration with NAC, Aboriginal communities and the BC Academic Health Council (BCAHC).

➢ NECBC will review best practices in the area of Aboriginal nursing education and continue to enhance recruitment and retention of Aboriginal nursing students.²

Partnerships and alignment of Aboriginal nursing recruitment and retention strategies are crucial as we are all working towards the same goal; however, a more formal inclusive process for guiding Aboriginal nursing strategies is needed.

4. Goal

<table>
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<tr>
<th>Recognition as the political nursing voice, advocating for improved health outcomes for Aboriginal Peoples.</th>
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**Actions**

a) Implement a process for increasing awareness and educating the people of BC on the social, political, economic, and historical realities of Aboriginal Peoples of BC and how these realities impacts access to health care services.

b) Engage with stakeholders for planning and providing safer work environments for nurses working in First Nations/Aboriginal communities.

c) To be active participants in Aboriginal health policy development

d) Liaise with provincial and federal nursing organizations to have a unified and more empowered voice.

e) Engage the current nursing workforce in the process of planning, implementation and evaluation of nursing services so that they are able to speak and act knowledgably on the issues at hand.

f) Raise awareness and increase the profile of Aboriginal nursing.

**Discussion Findings**

The BC Nurses Union (BCNU) has taken the concerns of its’ Aboriginal nurse members and created an Aboriginal Leadership Circle (ALC). The circle supports Aboriginal nurses to use their voices and undertakes activities to increase awareness about Aboriginal health issues within the BCNU structure and our communities. The ALC brought forward resolutions dealing with issues affecting Aboriginal health to the Canadian Federation of Nurses Unions (CFNU) level. These are the important messages that all nurses across Canada need to hear. Networks such as the ALC are crucial partners and stakeholders that can only help strengthen Aboriginal nursing voice, leadership and vision.

The work that NINA- BC has done is extremely valuable in pinpointing the areas that need improvement. Nurses that work in First Nation’s communities understand the issues facing them and have solutions to improve their work environment.

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“It is important to liaise with organizations that have a long history of political action to be able to access not only their experience and expertise, but their ability to use their strength in numbers to advocate for nursing issues” (ALC Council Liaison).

Working conditions, health and safety issues and wage parity are important factors in attracting nurses to work in First Nation’s Communities. Recommendations on how this can be accomplished needs to come from the nurses supported by their larger nursing bodies.

Section 2 Nursing Survey 2010 Summary

In 2010, NINA-BC distributed a survey to eighty-nine (89) nurse delegates attending the First Nations and Inuit Health (FNIH) Nursing Education Forum. The primary objectives of this survey were to:

1) Identify priority needs in recruitment and retention of nurses in Aboriginal health.
2) Identify how NINA-BC as an Aboriginal Nurse Network could effectively contribute to addressing these needs.

EVIDENCE FOR AN ABORIGINAL NURSING STRATEGY

Professional Support
A) Orientation for Nurses

Survey respondents were requested to provide written responses in regards to the quality of orientation received in their current nursing positions.

Survey results identified strengths and gaps specific to nursing orientation to a community and/or nursing role (See Appendix_ for Survey Results). The majority of respondents indicated their orientation to community and nursing role was either non-existent or greatly lacking in quality. Major gaps identified were lack of communication and absence of a formal orientation process. Those who did experience a positive orientation process contributed their success to having a mentorship/internship (six months to one year), community health care worker/staff support, and adequate time allowance to adjust to the position and community.

Themes Identified by Nurses:

a) Provide formal orientation on history, culture, infrastructure, and socio-economic challenges affecting Aboriginal communities.
b) Provide specific orientation to the community(s) they serve in terms of policies and protocols.

c) Provide new nurses official mentorship from Aboriginal nurses and/or non-Aboriginal nurses with experience working in Aboriginal communities.

B) Professional Development for Nurses

The top three professional development areas that were important for nurses indicate a need to increase cultural competency (80%), management/leadership (68%) and conflict resolution (67%).

These survey findings were also consistent with research undertaken in a National Survey of Aboriginal Nurses working in Rural and Remote Canada (2006). For consideration, the following findings have significant implications for shaping nursing policy within an Aboriginal Nursing Strategy.

C) Nursing Network Affiliation

The results of the NINA-BC nurse survey also found that seventy six percent (76%) of respondents were not affiliated with any Nursing network in British Columbia that supports nursing practice in a First Nations/Aboriginal health organization. There is ample opportunity for an Aboriginal Nursing Directorate to become the leader in providing educational and supportive services to many nurses. A centre of excellence for Aboriginal Nursing is envisioned for the future.

POLICY IMPLICATIONS

• Review of nursing curriculum content and delivery to enhance knowledge and skills needed to function effectively in rural and remote workplaces

• Develop employment mentoring programs for Aboriginal RNs to help ensure their success in their workplaces

• Develop linkages between Aboriginal nurses who work in isolation and other health professionals to provide mentoring, support and assistance
• Develop accessible and affordable continuing education to help ensure Aboriginal nurses who work in rural and remote settings have the appropriate clinical skills

• Develop community-specific and organization-specific activities to address concerns such as emotional abuse in the workplace

• Review current recruitment and retention efforts to enhance the success of hiring and retaining Aboriginal RNs in rural and remote communities

• Develop educational linkages and opportunities to support the role and functioning of Nurses Practitioners in First Nations/Aboriginal communities

Closing Acknowledgements

We would like to acknowledge and give thanks to the many nurses who participated in these discussions and surveys. Their stories and vision for a collective nursing voice is truly appreciated and essential for this important initiative. We also give gratitude to the FNHC for their generous contribution to NINA-BC.

REFERENCES

College of Registered Nurses of British Columbia
https://www.crnbc.ca/Pages/Default.aspx


Native & Inuit Nurses Association of British Columbia
Nursing Survey Report 2010
Prepared by: Pamela Dokis, Corporate Learning & Associate Network


Saskatchewan, College of Nursing. R06-2006

University of British Columbia Institute for Aboriginal Health
http://www.iah.ubc.ca/education/nursing.php
APPENDIX A

NATIVE AND INUIT NURSES ASSOCIATION OF BRITISH COLUMBIA (NINA-BC)
VISION & STRATEGIC DIRECTION: 2008-2013

Background

The Native and Inuit Nurses Association of British Columbia (NINA BC) became a registered society in British Columbia in April 1990. This was the beginning of the formal association, but the real roots of NINA are closely tied with the developing years of the Aboriginal Nurses Association of Canada (ANAC). Evelyn Voyageur, a past long-standing ANAC Director representing British Columbia carried one of the ANAC principles home with her. That directive was for each provincial and territorial Aboriginal nurse to go home and assist in the creation of a provincial/territorial Aboriginal Nurses Association.

The membership of NINA is open to all Aboriginal nurses (student, practical, psychiatric, community health), non-Aboriginal nurses (associate membership with no vote) and other health professionals (associate membership with no vote) who work in/for our Aboriginal communities.

Our Focus

Based in British Columbia, the primary focal area of NINA is Aboriginal health: the health of First Nations, Inuit and Métis peoples of Canada. It is this primary focus on Aboriginal health that distinguishes NINA from other nursing organizations in British Columbia. However, NINA promotes and supports excellence in nursing care for all people.

Therefore, the primary foci of NINA are to: 1) support Aboriginal Nurses in B.C.; 2) strengthen Nursing with Aboriginal Peoples; and 2) assist in improving the well-being of Aboriginal peoples.

This Vision/Strategic Plan

4 In this document, we use these designations as consistent with the terminology used by the Royal Commission on Aboriginal Peoples (1996). The term Aboriginal peoples refer generally to the Indigenous inhabitants of Canada, including First Nations, Métis and Inuit peoples without regard to their separate origins and identities. Native is terminology used by NINA to refer to First Nations and Métis. Royal Commission on Aboriginal Peoples. (1996). Report of the Royal Commission on Aboriginal peoples. Volume 1, Looking forward, looking back. Ottawa, ON, Canada: The Commission.
This strategic direction document includes our vision, guiding principles, objectives, core strategic directions and priority topics for 2008-2013.

We began the development of this plan based on the information we gathered over the past year from two gatherings) the Learning Circles for Aboriginal Nursing (LCAN) meeting – June 25th & 26th, 2007 (see Appendix I, p. 4) and ii) the NINA AGM, April 18th, 2008 (see Appendix II).

We are continuing to develop the goals, outcomes and objectives for the strategic directions and priority topics listed here.

VISION, GUIDING PRINCIPLES AND OBJECTIVES

Our Vision

A strong collective of Aboriginal nurses and associates who promote and support the health and well-being of First Nations, Inuit and Métis peoples in B.C. and the nurses working with them – an organization that is strengthened by Indigenous knowledge.

Our Guiding Principles

We will:

- Respect the diversity and distinctiveness of First Nations, Inuit and Métis peoples;
- Respect the unique health needs and healing practices of First Nations, Inuit and Métis peoples;
- Include First Nations, Inuit and Métis people and other key stakeholders, wherever possible to inform the activities of our organization;
- Promote and support holistic approaches that address the determinants of Aboriginal health;
- Incorporate Indigenous knowledge in all of our activities;
- Follow and honour the OCAP5, principles with respect to working with Indigenous knowledge and peoples – ownership of Indigenous knowledge is based on Aboriginal Rights and Title;
- Promote and support positive images of Aboriginal nurses;
- Promote and support mentorship and leadership activities;
- Engage with ongoing personal and professional growth;
- Facilitate and support Indigenous knowledge and ways of knowing in a circular and linear way;
- Listen as a “best practice”;
- Promote culturally safe practice and work environments;
- Work from the heart, not only from the job description;
- Educate our stakeholders;

- Observe, ‘be,’ build trust; and
- Promote flexibility and creativity in nursing with Aboriginal peoples.

**Our Objectives**

1) To increase awareness in Aboriginal and non-Aboriginal communities of the specific health needs of Aboriginal peoples in British Columbia.

2) To contribute to developing effective methods for recruiting and retaining more people of Aboriginal Ancestry into nursing and other health professions in British Columbia.

3) To develop and maintain, on an ongoing basis, a registry of Registered Nurses of Aboriginal ancestry in British Columbia.

**Core Strategic Directions**

I. **Be a “Nursing Political Voice” for the health issues facing First Nations, Inuit and Métis peoples** (Objective 1)

This will include:

- Implementing a process for drawing attention to the social, political, economic and historical realities of First Nations, Inuit and Métis peoples as they pertain to health and health care;
- Engaging with the health care unions and Health Canada regarding ensuring wage parity for nurses working in Aboriginal communities and creating safe work places; and
- Engaging with Schools of Nursing to ensure *Indigenous Perspectives* are included in the nursing curricula.

II. **Further develop the “Student Mentorship Program” to ensure student support** (Objectives 2 & 3)

This will include:

- Seeking out nurse mentors for Aboriginal nursing students; and
- Keeping a register of nurses who identify as Aboriginal in B.C. in collaboration with the CRNBC and ANAC.

III. **Building and sustaining partnerships/collaboration with Aboriginal communities, Schools of Nursing, the Ministry of Health, Justice and Education, CRNBC, BCNU, LCAN, ANAC and Aboriginal Learning Circles** (Objectives 1, 2 & 3)
This will include:

- Providing role models for youth in communities;
- Engaging in research activities with communities and Schools of Nursing;
- Working with CHNs to seek ways of providing support to their practice;
- Contributing to the preparation of nursing students for nursing in communities;
- Assisting with curricula development;
- Assisting with community placements;
- Mentoring Aboriginal nurses/nursing students and others nursing with Aboriginal people;
- Advocating for an Aboriginal nursing position at the Ministry of Health; and
- Developing resolutions to position NINA as a voice for Aboriginal nurses in B.C.

IV. **Support for and dissemination of Indigenous knowledge and other relevant knowledge** (Objectives 1 & 2)

This will include:

- Engaging with knowledge translation activities that are relevant to First Nations, Inuit and Métis peoples;
- Increasing awareness of Aboriginal nursing knowledge and ‘Nursing with Aboriginal Peoples’ by publishing in relevant nursing and other journals, using modalities such as printing and oral dissemination modalities, e.g., talking circles, story telling etc;
- Increasing awareness of Narrative Medicine (e.g., storytelling) and other relevant practices that support health and well-being;
- Supporting gatherings, networking, conferences, a newsletter and Aboriginal health projects, models and programs;
- Updating the web page and making appropriate linkages with other websites; and
- Developing expertise and capacity to define, develop, implement and evaluate Aboriginal Nursing health delivery models that work for Aboriginal peoples.

### What is Knowledge Translation?

- The transfer of information and skills to our constituents through various modalities – gatherings, storytelling, narratives, internet, periodicals, journals etc. to develop a better understanding of Aboriginal health and well-being in all aspects and a better understanding of *Nursing with Aboriginal Peoples*.

V. **Continually evolve NINAs infrastructure and administrative capacity** (Objectives 1, 2 & 3)

This will include:

- Strengthening our financial capabilities and management, accountability and sustainability practices;
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- Incorporating a “Wisdom Council” as an advisory council to the Board;
- Considering the creation of an Elder Nurse position on the Board, Founder position and Past President/Executive Position; and
- Ongoing consideration of the governance model of the organization, e.g., shared leadership and using the “collective” voice to guide the organization.

NINA Priority Topics

We will focus our work in several key areas: i) funding, ii) health determinants, iii) membership/mentorship activities, iv) knowledge dissemination

- Access ongoing funding to support a 5 year strategic plan
  - Connect with the Nursing Directorate who could support NINA as a voice for Aboriginal Nurses in B.C. and
  - Connect with the FN Health Council;
- Develop and implement a strategy for drawing attention to important health concerns (as per the health determinants) faced by First Nations, Inuit and Métis peoples – poverty\(^6\) (2008/2009);
- Ensure the “living” Chat Room is accessible to all;
- Ensure an up-to-date list of members and associate members and potential Aboriginal nursing mentors;
- Update the web page; and
- Publish and disseminate unique Aboriginal nursing knowledge.

Conclusion

We will continue to revise the strategic plan (2008-2013) based on input we receive from all stakeholders, for example, Aboriginal and non-Aboriginal nurses, First Nations, Inuit and Métis peoples, Aboriginal Nurses Association of Canada (ANAC), CRNBC, BCNU, CNA, the Schools of Nursing in B.C., Aboriginal Physicians of Canada, BCMA, Learning Circles for Aboriginal Nursing, PPG and Aboriginal Learning Circles (ALC), and First Nations Health Council (FNHC).

\(^6\) NINA recognizes poverty in the broadest sense such as in the definition posed by ANAC as five categories of *kitimakisowin* in the following: i) The poverty of participation due to marginalization; ii) the poverty of understanding due to poor education; iii) the poverty of affection due to lack of support and recognition; iv) the poverty of subsistence due to lack of adequate resources; and v) the poverty of identity due to the imposition of alien values, beliefs and systems on local and regional cultures (ANAC, 2001). *Kitimakisowin* is a Cree concept referring to poverty “of all kinds and to the pathologies they bring about if unresolved.” ANAC. (2001). *An Aboriginal Nursing Specialty*. Ottawa, ON: Author.

Such poverties are the result of colonization and decolonization policies and practices, including the imposition of the Indian Act, introduction of forced settlements, reservations, residential schooling, devaluation of traditional health practices and medicines, current proliferation of stereotyped messages and images of Aboriginal peoples, the isolation of many communities (Stout, 2006) and movement to urban settings. Stout, Roberta (2006). *Aboriginal Health Nursing Project: Initiating Dialogue*. Ottawa, ON: ANAC.
APPENDIX B

2010 NINA-BC NURSING SURVEY SUMMARY FINDINGS

* See Attached Report