

# **BUILDING ABORIGINAL NURSING LEADERSHIP**

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# ABORIGINAL RN PROJECT TEAM

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# PURPOSE OF STUDY

- ▶ To investigate the worklife experiences of Aboriginal registered nurses in Atlantic Canada, with the goal of fostering greater understanding of the ways in which race, ethnicity, and culture shape and affect the worklife of Aboriginal nurses.
- ▶ Research Question was “What are the worklife experiences of Aboriginal nurses working in health care systems in Atlantic Canada?”
- ▶ Grounded theory was the research approach



# BACKGROUND

- ▶ 1,172,785 Canadians identified as belonging to at least one Aboriginal group, either North American Indian (First Nations), Metis, or Inuit (Stats Can 2006)
- ▶ 35 First Nations communities in the Atlantic Provinces
- ▶ Experiences of Aboriginal nursing students are strongly influenced by a collision of variables such as gender, race, culture, economic status and geographical distance from support systems (Kipling & Martin, 2007).



# SIGNIFICANCE

- ▶ Given the significant under-representation of Aboriginal people in the health professions, increasing their number is a possible strategy to narrow the gap in access to appropriate health care for Aboriginal people.
- ▶ Efforts to diversify the nursing workforce must include an examination of the experiences of Aboriginal nurses already working within the system
- ▶ Study findings address current gaps in existing knowledge of the nature of work experiences for Aboriginal health professionals in Atlantic Canada



# Atlantic Region Aboriginal Communities

## Communautés Autochtones des Provinces de l'Atlantique

Published under the authority of  
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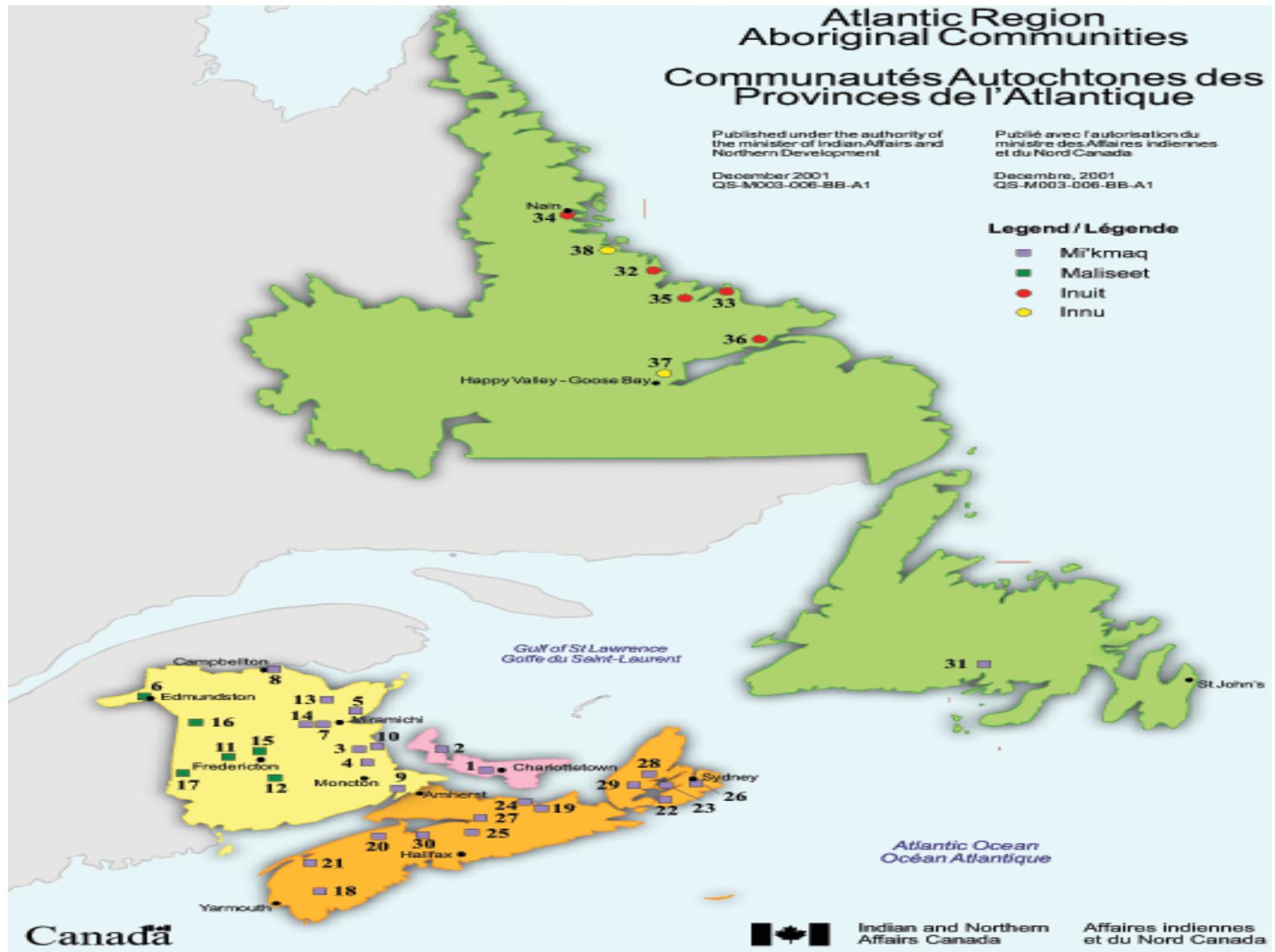
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### Legend / Légende

- Mi'kmaq
- Maliseet
- Inuit
- Innu



# METHODOLOGY

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## Grounded Theory :

- Grounded theory is a qualitative research method used to discover underlying concepts and to generate theory of a phenomenon about which little is known.
- It facilitates the discovery of general patterns, relevant concepts, relationships and the conditions under which they vary.



# METHOD

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- **Data Collection**

- Primary mode of data collection was informal interviews
- Other data collection methods were field notes, memos and group meetings
- Sample: 22 nurses in Atlantic Canada

- **Data Analysis**

- **Constant Comparative Analysis** was used to move data from raw verbatim data to abstract ideas and theoretical concepts
- **Coding** was the initial phase of the analytical process



# FINDINGS

Six key themes :

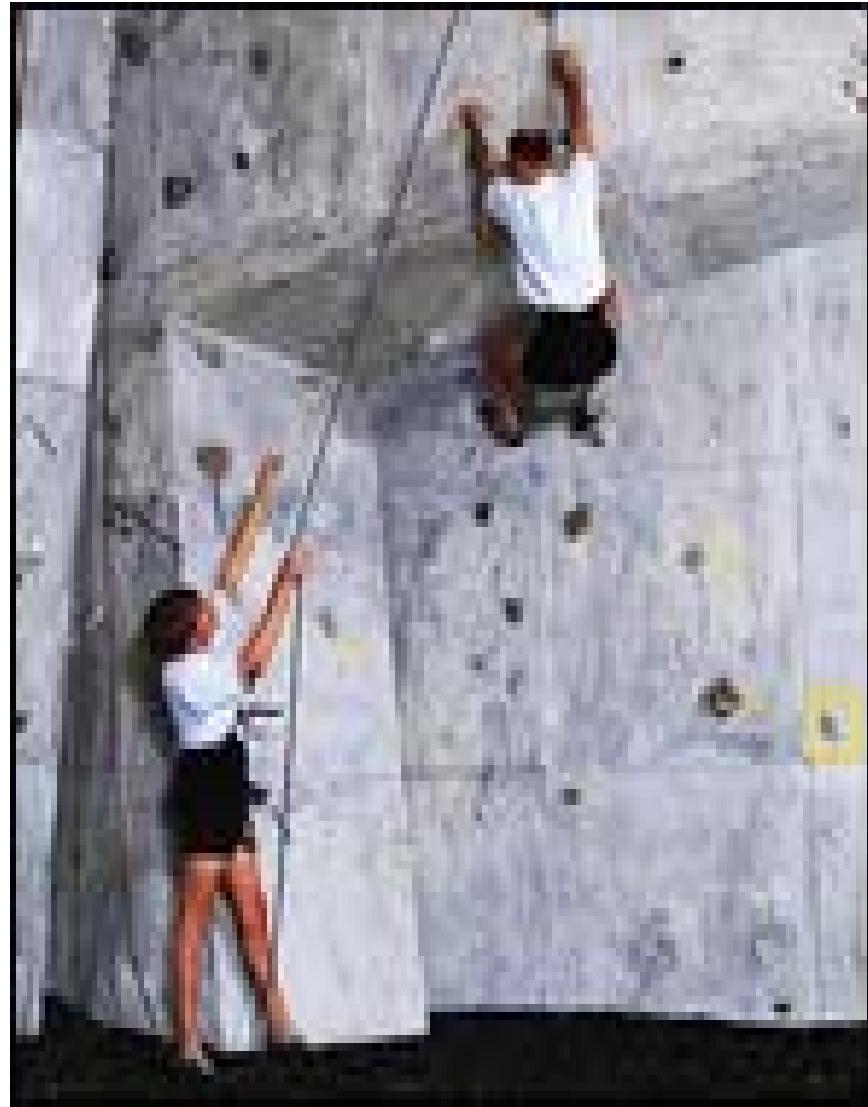
1. Cultural context of work-life
2. Becoming a nurse
3. Navigating Nursing
4. Socio-political context of Aboriginal nursing
5. Race, racism, and nursing
6. Way forward



# NAVIGATING NURSING

## Four themes

- ▶ Career Development
- ▶ Work Environment
- ▶ Advocacy
- ▶ Mentorship
- ▶ Community Expectations



# What is Mentorship?

- ▶ The guidance of a trusted and experienced person for the purpose of enhancing the development of a less experienced individual
- ▶ A professional activity that goes beyond a peer conversation
- ▶ A long term relationship which provides support, knowledge, and the impetus to facilitate success
- ▶ A personal process that combines role modeling, apprenticeship and nurturing.



# Mentorship

- ▶ Mentoring encompasses experiences of *having* and of *being* mentors.
- ▶ Importance of having mentors
- ▶ The ways in which these nurses benefitted from this very particular kind of relationship.
- ▶ Some nurses sought out mentors to inform their practice and to support them in their work.



# *Mentoring in High School*

## *Mentoring in High School:*

- ▶ *Mentoring in nursing needs to start “at the high school level, bringing kids into the universities to be nurses. You can’t wait till Grade 12 when they’re all done and say, ‘Well, you need your sciences’ because you’ve already set them back. Now they have to go back and get their sciences and upgraded, upgrade their marks. So, you know, even starting at Grade 7 and 8, at that young age, and letting them know it’s fine for them to be nurses. You know, they still don’t see that, so there’s a lot of education there.*



# Career days– Mentoring

- ▶ *The schools usually call me about four or five times a year and they want me to come down like career day or come talk in the classrooms or anything like that. Like a lot of the groups, they call me and just me, and there's other nurses too and they don't bother with them, it's always me*
- ▶ *We all know we don't have enough Aboriginal nurses or doctors. So in order for me to do this I got involved with [name] University, because in the past too many of our own students were falling in the cracks. Their needs are so unique and they're so different but they were treated just like any other student.*



# *Mentoring Practicing Nurses*

- ▶ *Mentorship is necessary for nurses that are already practicing :*
  - “If you want to move into this field of research, you know, there are different mentors that are interested in moving students, doesn’t have to be Aboriginal, but moving students forward into that. And making some linkages.”  
*Because right now we really don’t have anybody doing that. And we don’t get out often enough to find people so, I think finding those networks of people willing to help you move your career forward, helping you get the education, that’s relevant. Because there’re many programs out there, but what’s relevant to First Nations health, Aboriginal nursing? Those are the questions we sometimes will ask each other and nobody really seems to know. Do we do a master of nursing degree? Or should we do a master of public health degree? Or should we do a master of nurse practitioner? Or education?*



# Mentorship

## Having a Mentor

*"I grew up in a very traditional Aboriginal community. My aunt lived with us who was the first Aboriginal nurse in Canada, my father's sister. And she was the one that used to tell us stories about her work, how much she was helping people. She worked in an Aboriginal community in [province] and she used to come back with many stories, many sad stories, and from there I got interested in going into some kind of medicine. I wanted to be part of a helping profession and I decided going in nursing would be the way to go."*



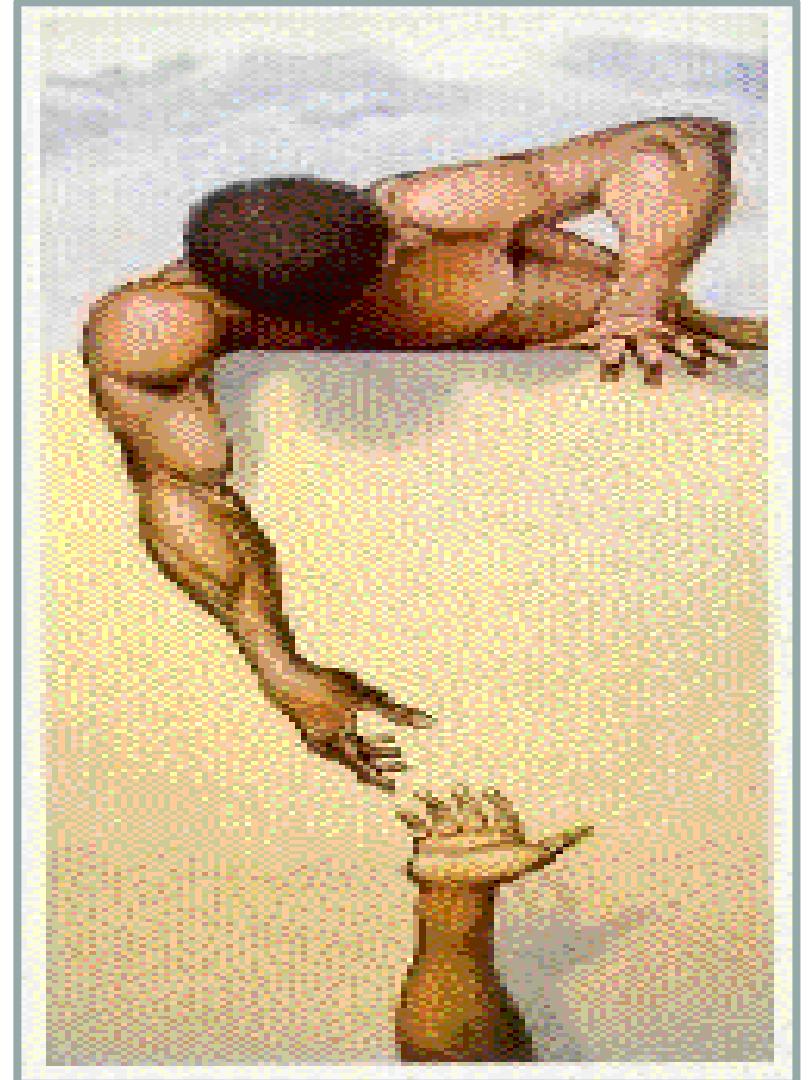
# Seeking Out Mentors

- ▶ *I do actively seek out mentors. I would have gone to the [city] hospitals and sat down with the nurses at each, there's two hospitals in [city] so I would have sat down with each of the nurse managers and said, “Okay, what kind of care do the clients get here, what do you tell them in prenatal class, can we come for a tour here?” I would have done all of that kind of stuff to make sure that the care that they get here is the same. They deserve that.*



# Seeking Aboriginal Mentors...

- ▶ Seeking out other Aboriginal nurses as mentors:
  - *I sought out the people that I've known before, the people that are native and already working in the organization that supported me and encouraged me to be able to do this in the first place and I went and got my, found my support network from there right?*



# Mentoring from experienced nurses

- ▶ *I used to get a lot of support from an older nurse in a different community, like we used to just call each other. Like say for instance [name] she was a really good resource because she had years of experience before me. Or there was the lady who worked in [place] before me, she spent time with me getting me oriented to the community and the job. She was like a mentor to me, because she was First Nations, [name]. She worked in [place] and [place], and [name] she was an older lady with years of experience and I really looked to her. She worked in [place] and you know I [found] the **more experienced nurses**, I always relied on them. You know if I had a question or if I needed to know something. They were always there.*
- ▶



# non-Aboriginal mentors.

- ▶ *When I started in [place], the public health nurse from [place] used to come in to do the kids in Grade 4 but then they wanted me to take it over. So then I had to use this nurse, non-Aboriginal nurse, as a mentor to make sure I was doing the program right. Yeah. So it was all dependent, whatever the topic was.*
- ▶ *I think I would have appreciated any mentoring. It didn't matter; I don't think it would have mattered the color of their skin or whatever. If they were somebody who understood what I was going through, I think that was the big thing."*



# “Showing her the ropes”

- ▶ *Because I was her supervisor I was able to mentor her through this whole process because I had learned as much as I had learned up until that point. So it would have been about four years into my own career, or three, so I was able to kind of show her the ropes, do a home visit with her, develop her skills, send her to training where she needed to go, she would come back from a visit, we would do the debriefing and talk about it. Now, would I have had that opportunity when I came here? Absolutely not, because the nurses weren't those kind of nurses. It takes a specific kind of person to be able to be a mentor I think.*



# Mentoring brings “Richness”

- ▶ *I think that really was something that was good for me to be able to give to them because I knew that I would have really liked that when I was working in the field and doing that kind of work. And the richness that they give to each other, they were providing the support that they needed to go back and do the work that they did.*
- ▶ *One of the main things that really stuck with me is that you know if you provide the right support to people they'll do their job, they will and they'll flourish. But when that support is not there then people can wither like a flower too, like you know, before their time. And so to me I always made it a priority to also go and visit, like even if they didn't call upon me, for problems or whatever you know.*



# “Touching base” – Rural communities

- ▶ *I make it a real [priority], you know, each day call somebody different that you didn't talk to in a while. Or if that day is too busy then you just make time and make it an everyday part of your work as a coordinator; touching base with somebody in the field so they know, you're there and you're thinking about them. You know even that in itself has really helped them, from what they've told me is that just me keeping touch with them every once in a while. Just for them to be able to vent some of their frustrations of the job is, you know it's tremendous because like I said earlier oftentimes you feel like you're isolated even though you have lots of people around you because you don't, people often times don't understand the responsibilities that you have.*



# Support from Administration:

- ▶ *The administrator at the hospital at the time was a real activist herself. She saw things, and she saw all these injustices and she wanted to correct them. So in that way I was very lucky this person was available for me and she was very supportive. And she never ever said, “Oh, you can’t do that.”*
- ▶ *She’d always support me and encourage me and if there’s any resources available she’d be the first one to give me a lead on where to go for anything I needed. I think I was very lucky.*



# Support from Administration..

- ▶ **Career Development Opportunities**
  - Manager encouraged this RN to think outside the box:
    - *“no we don’t want you to fit in because that’s the reason why we hired you is that you can provoke change by not conforming”*



# Challenges related to mentoring...

- ▶ Proving one's Credibility
  - Feeling judged
  - Feeling pressure to constantly prove her credibility
  - Recalled instructor saying:
    - *You're not going to make a nurse, you'll never make a nurse, you're wasting your time*
- ▶ Reluctant to “rock the boat”
  - *I think we're very quiet and you know, as nurses too we don't want to rock the boat, we don't want to be political, we don't want to uh, we don't want to be standing there all alone trying to change things*



# Challenges related to mentoring

*“I really don’t see First Nations health improving unless, unless people are allowed to speak freely and tell it like it is without fear of offending anyone. ... Collectively, you know, as all Aboriginal nurses in Atlantic, say these are the issues and they’re real and this is what we deal with. ... Maybe that’s where it needs to start.”*



# IMPLICATIONS

- ▶ Building leadership capacity is essential in the nursing profession
- ▶ Nursing organizations and relevant stakeholders need to invest resources to build the capacity of nurses in the area of research and health policy through strategies such as mentoring



# **IMPLICATIONS...<sup>2</sup>**

- ▶ Aboriginal Nurses' voices should be an integral part of the dialogue to address inequities in the health and health care of Aboriginal peoples.
- ▶ Fostering the participation of Aboriginal peoples in various sectors of the health care system is an integral part of efforts to understand and address the complex issues influencing the health and health care of Aboriginal peoples.
- ▶ Aboriginal peoples have the agency and talents necessary to create change and should play leadership roles in addressing the health needs of their communities.



# IMPLICATIONS...<sup>3</sup>

- ▶ Continue to support the efforts of organizations such as Aboriginal Nurses Association of Canada to promote the recruitment and mentorship of Aboriginal nurses.
- ▶ Those in senior leadership should take some responsibility in fostering a healthy work environment for Aboriginal RNs including the creation of mechanisms that protect nurses in their professional roles e.g. a union that ensures a collective voice for nurses working in Aboriginal communities



# CONCLUSION

The Aboriginal RN work-life experience grounded theory research study Identified;

- ▶ There is an underrepresentation of Aboriginal nurses in leadership positions
- ▶ Aboriginal nurses are ready to take up the challenge of leadership positions to affect change that is in keeping with their health needs
- ▶ Mentoring offers a critical role in enabling and increasing Aboriginal nurses in leadership positions.



# THANK YOU!

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# QUESTIONS?

