

Differences in being a band-employed nurse and FHNIB

An area that participants noted where CARNA can support Indigenous nurses is supporting those nurses who do not fall within an organization such as AHS or FHNIB, such as band-employed. These nurses are often lacking key resources and have fewer supports such as policies and procedures, as well as challenges with supervisory roles and continuing competencies. This can be a challenge when band-employed nurses are asked to undertake work that is outside their scope of practice.

- “CARNA is for the protection of the community, but not for the protection of the nurse. [As band-employed, I don’t have UNA protection on reserve. Feel more at risk when working on reserve. FHNIB has policies and procedures. Bands can adopt policies and procedures, but very stand alone and no one is backing you up.”
- “Health centres are the hub of the community. It is hard to get community members to understand what you can and cannot do. I have to think, ‘can I do this or not’. In the end it is all about your license. Gets political and many bosses. Gets complicated. Sometimes things are out of your scope of practice.”
- “Your supervisor, health director, is not a nurse. So your CARNA CCP supervised hours can be subject to interpretation from what was entered and what the person reading comprehends. In a community without an RN to be a supervisor, how do they know that? CARNA doesn’t help.”
- “Band nurses have less support.”
- “Standards at the community level are not well met. Some communities have a high [nurse] turnover rate.”
- “I work on reserve because I love it, not for the pay.”
- “People think a nurse is a nurse is a nurse.”
- “I love my job and what I do. I do have limits. I feel alone. Who can I talk to without getting into trouble? Feel like the weight is on you, and hope that you can follow the guidelines and getting asked to do something you are not permitted to do.”
- “Sometimes the message nurses get from community leaders is ‘you are protecting your license over our people.’”
- “People in power may not have same education as nurses do. We conduct ourselves in guidelines and standards of practice.”
- “Some communities leaders are not in a position to support the nurses.”

Lack of awareness of Indigenous health and residential schools:

Participants shared that there is a general lack of awareness of residential schools, particular health challenges on reserve, and that every Nation has many different people.

- “My parents didn’t talk about the reserve. Found out parents were affected when compensation started happening. It’s not just the turn of the century. There are lots of people are still affected by residential school. We need to have an open mind and learn about different cultures, but specifically Native culture. We need to get over what happened in the past and realize we have different needs.”
- “It is not okay for nursing schools to not to educate about this.”
- “Cultural sensitivity training and understanding what the work is like at the band level is needed. It is a cultural shock going from hospital to reserve.”

Lack of cultural awareness at CARNA

Important questions and concerns were raised by participants as to how CARNA supports Indigenous members to feel welcome, supported, and understood.

- “How welcome does an Indigenous person feel when they walk into CARNA office?”
- “We need to try to change the overall look and feel of CARNA. We need to make CARNA feel safe. I feel very intimidated when coming to CARNA. It is a place of discipline and reprimanding. CARNA needs a facelift – to being a place of support. Staff need to be relationship building. I was disappointed when Joy left. I was excited to have Joy. Joy’s departure showed that she was not making this important.”
- “I liked having CEO in here and was disappointed when she left. Message given was ‘not important enough’ - actions not echoing words. I would like the person at the top be here and stay here.”
- “Why don’t I call CARNA? Because I would have got a long-winded answer and lack of understanding of what the issue is.”
- “I called CARNA and asked questions, but felt questions were not answered. CARNA has no idea what it is to work on reserve as every situation is unique. There are far more barriers on reserve.”
- “I would like to talk to an Aboriginal staff member at CARNA that understands the dynamics of working on reserve.”

Education and cultural safety

- “Cultural safety is a high priority. Nurses that are non-Indigenous that have loud voices that state opinions, sometimes without thinking. CARNA can help us find our voices, offer workshops such as critical conversations. We need to learn how to verbalize why in a way everyone else can understand it when advocating. We need to learn to respond in a good way, and not get defensive.”
- “I would like policies that are set and in place to help streamline things. More educational items as part of the continuing competence program. There are some in schools, but going to take a couple more years to roll out. There was a nurse that does TB screening of brother, and they had no idea difference between status and non-status. How are we getting through nursing school without knowing these things? Need resources in place. We need someone in place and feel safe to ask the questions of them.”
- “The computer process for continuing competence program makes no sense to us. It shows that CARNA doesn’t know what we do. The roles are very broad, and I find navigating difficult. It’s not that CARNA doesn’t want to be helpful, but CARNA just doesn’t know.”
- “My career in nursing has all been learning and learning every day. My path on earth is to learn. I recently learned more about family structure in Indigenous families. The whole family has a responsibility to raise the child. Will take generations for fix everything, but what can we do today? Teaching is important. Educate on Indigenous values and believes. CARNA can support to have Indigenous RN at PC table. Bring different levels of thinking and knowledge at the table to support the process.”

Actions CARNA can undertake

Resources

- Provide resources to support understanding of what an RN can do in communities.
- Teaching session – create a films and book club. (Indian horse, Thomas kings book) film series.
- Create an Indigenous tab on the website.
 - This could act as a two-way communication tool for health professionals in communities
 - Have a space for health professionals in communities to discuss our concerns and ask for help
 - Videos
 - Have teaching tools and book clubs
 - On the website multi-cultural and Indigenous should both be there, but these should be kept separate due to unique historical background of both segments.
- Host a webinar of ‘what is the TRC {Truth and Reconciliation Commission}’
- Need to know ‘what is acceptable on reserve’ when you are FHNIB employed, you have their mandates, policies and procedures.
- Have knowledge of the Truth and Reconciliation Commission as a competence requirement at renewal.
- Review language of registration. It is not reflective of roles of nurses who work in communities.

- Consider having a history of Indigenous Nursing in Alberta in the CARNA history exhibit area.

Policy Changes

- Put standards in place for Indigenous education
- Review nursing curriculum: Cultural competency needs to go further, it needs to insist that all nurses are knowledgeable of history colonialism, racism, the TRC, and residential schools
- CARNA can help more if there was a stand-alone position advocating for the communities. Get it to the level that main-stream Canadians get for support. An Indigenous person would be the best person for this kind of job.

Access to Indigenous staff members and Council

- Having a Council of elders or elders – an advisory Council. To advise leadership and must include an RN.
- Aboriginal staff member at CARNA that understands the dynamics of working on reserve.
- We need CARNA saying that “I need to do this” so employer/band need to make changes.
- Hiring at CARNA to reflect the population in terms of percentages that they are serving. When hiring an Indigenous person gets all the stuff shuffled at them and no one else does it. Everyone needs to understand basic issues around Indigenous nurses. We need cluster hiring for Indigenous people, as it is hard to be single Indigenous person for the organization. It a huge weight to carry alone. We are more successful together.
- CARNA staff should reflect the membership

Leadership

- CARNA leadership should visit communities. “How many people in charge here have been out in reserve health center and have an understanding?Leaders at CARNA should go to the communities and learn. There are different levels of knowing. To know, you have to do.
- Leaders read the Truth and Reconciliation Commission volumes.
- The CEO should have stayed. She seemed nice, read a script and left... So she showed that this wasn't important to her.
- “How can we support CARNA as leaders? We have the expertise and ways of knowing.”

Collaboration

- CARNA partner with Treaty 6-8, Canadian Indigenous Nurses Association (CINA) and build relationships with community
- Try to get CARNA to be a friendlier place, a place of support. People do not see that.

Participant recommendations and priorities

Participants were further asked to focus on priorities and recommendations for CARNA Provincial Council. This table outlines those items that were added to the list of recommendations, while segmenting the recommendations between CARNA governance and operations. Statements given ** are noted as high priority.

Provincial Council	CARNA Operations
**Elder Advisory Council that includes RNs	Tab on CARNA website for Indigenous health that has resources related to practice, health, and leadership
Indigenous group to advise CARNA/Council	Fundamental feedback – CARNA providing employers information to provide effective performance appraisals (i.e. band nurses)
Education of CARNA leadership and Provincial Council on Indigenous health	** Guidelines for RNs supervising LPNs
**Building relationships with First Nations and Metis **Council visiting the communities	**Building relationships with First Nations and Metis **LT visiting the communities
Support Indigenous nurse leadership to learn how to be a leader and share their voice	Indigenous health as a competency
Support from CARNA for working in communities and understanding context	Who do we talk to within CARNA about Indigenous community health?
Elder community member on Provincial Council	Develop an understanding about working on a reserve and band nursing
Develop an understanding about working on a reserve and band nursing	Support Navigators – discharge planning. Communities are not getting faxes from acute care
Lack of knowledge and funding resources	Education of CARNA leadership and Provincial Council on Indigenous health
Continue Talking Circles	**CARNA policy and procedures -To be a part in the development of - Protection and support RN license while working in communities
	**Template for Tribal Councils to have a centralized office to deploy RNs to communities—partnering with Tribal Councils.

Provincial Council	CARNA Operations
	Assessment tool – AHS across street, but can't come to community with band nurses. There are jurisdictional boundaries.
	FOIP
	Added support near acute care settings for education --How can we make connection venues?
	Policy around education. Educate staff and students about Indigenous health.
	Track “hot-spots” with high RN turnover How can we support these areas?
	Better discharge planning No Friday afternoon discharges
	Definition of nursing role in the community (reserve nursing) Assistance from CARNA to define role for RN self-advocacy
	Indigenous RN as an advisor hired in CARNA
	Develop presentations to help communities understand the breadth and depth of RNs versus LPNs
	Education and knowledge to hiring community Community hiring an RN follow CARNA guidelines and liability

Appendix A: Attendees and CARNA Representatives

Participants

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Shirley Lazaruk
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Caroline Foster-Boucher
Michelle Turick
Joseph Redhead
Claudia Simpson

CARNA Representatives

Sherri Di Lallo,
Provincial Councillor,
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Jennifer Dotchin,
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Recorder

Opening Prayer

Caroline Foster-Boucher