

**NATIVE & INUIT NURSES ASSOCIATION
of
BRITISH COLUMBIA**

NURSING SURVEY REPORT

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Cynthia Monk
President
Native & Inuit Nurses Association of British Columbia
101370 Montebella Road
Winfield, BC V4V 1K7

Dear Ms. Monk:

I am pleased to submit the final report of findings for NINA's 2010 Nursing Survey.

Based on NINA's current direction, the Nursing Survey was a timely undertaking. I am confident that findings within the report will serve to clarify the Association's role and provide a solid foundation in which to forge forward with the achievement of the strategic plan goals.

It was a pleasure working with NINA once again and I wish the Board of Directors well with its future endeavors.

Sincerely,

Pamela Dokis

Pamela Dokis, Independent Consultant
Corporate Learning & Associate Network, Inc.

Nursing Survey Report

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Executive Summary

Collation and statistical analysis of the Native and Inuit Health Association's Nursing Survey commenced in late May, 2010. Survey findings and subsequent recommendations contained within are based on survey data and information provided by NINA.

Overall, findings of the survey support NINA's Strategic Plan developed in 2008. Comparative results of the analysis indicate that while some differences exist among respondents in regards to priority professional practice needs, there is consistency among respondents on NINA's role as an Aboriginal Nursing Network in regards to the services and resources that the Association should provide.

Key findings indicate a tremendous opportunity for NINA to fill a gap in the availability of culturally relevant resources for nursing professionals practicing in Aboriginal Health organizations as well as provide formal processes to access much desired support systems and professional networking.

NINA's Strategic Plan is a solid document in which to position the Association as the Aboriginal Nursing Network of choice by nursing professionals in British Columbia as well as evolve to a provincially recognized *"Political Voice" for the health issues facing First Nations, Inuit and Métis peoples*".

By all appearances, NINA's greatest challenge in the fulfillment of its stated objectives is a lack of manpower needed to implement initiatives. With this in mind, the Association's current organizational structure and resources were taken into consideration in determining the order of priority for recommendation implementation. They follow a sequential order which will allow for progressive development of the Association's human and administrative capacities. Key recommendations include:

- Access funding to hire an Executive Assistant
- Complete Registry of Aboriginal Nurses:
- Develop a Tactical Plan with key areas of focus on:
 - Professional Nursing Support
 - Dissemination of Indigenous Knowledge
 - Student Mentorship Program Support
- Develop a Marketing Strategy

Section I Background

In February, 2010 the Board of Directors of the Native & Inuit Nursing Association-British Columbia (NINA-BC) accessed funding to conduct a stakeholder's survey. The primary objective of the survey was twofold:

1. Identify priority needs in recruitment and retention in Aboriginal Health
2. Provide statistical corroboration that NINA's strategic direction can effectively contribute to addressing stakeholder needs in its role as an Aboriginal Nursing Network provider.

In late April, an independent consultant was contracted to assist NINA to further develop a survey previously designed by the Board and develop a report of the survey findings. The revised survey was distributed to delegates attending First Nations & Inuit Health (FNIH) Nursing Education Forums held on April 28 and May 5, 2010.

Survey Design

The Nursing Survey consisted of respondent profile data (page #1) and professional-based questions (13). Of the professional-based questions, ten (10) requested respondents to rate their level of agreement with statements (Lichert Scale). Six (6) of these questions also provided areas for written responses to enable respondents to elaborate and/or expand upon their ratings. Three (3) questions solicited written responses. Rating totals for each question were calculated as "mean" scores (individual/total respondents) for statistical analysis.

Scope of Survey

The report represents the collation and analysis of survey findings and includes recommendations for future Association activities. Additional documents were also created for NINA internal use. (Appendix A – Summary of Findings - consolidated statistical findings), (Appendix B- Respondent demographic data).

For the purpose of analysis and discussion, references to "Aboriginal" respondents throughout the report are intended to be inclusive of all respondents who indicated First Nation, Inuit, Aboriginal or Aboriginal Ancestry status. The terms "respondent", "participant" and "stakeholder" are used interchangeably and unless otherwise indicated, represent all individuals who participated in the survey.

In consideration of NINA's overall business objectives and current strategic plan, a second level of statistical analysis for targeted questions was conducted. In these instances, a comparative analysis was undertaken between Aboriginal and Non-Aboriginal respondents to identify similarities and differences that may potentially impact NINA's decision-making processes and/or establishment of priorities.

Eighty-nine (89) respondents participated in the survey. Two surveys were removed from the analysis as respondents were not part of the FNIH's Nursing Education Forum delegation and with the exception of providing their names and phone numbers, did not complete the survey questions.

Survey findings are organized into three (3) sections:

1. Demographic Data
2. Nursing Professional Support
3. Advancement of Aboriginal Health

Section II Demographic Data

The inclusion of demographic data was one of the most significant revisions to NINA's previous survey efforts. This data provides detailed stakeholder information which will enhance effectiveness in determining specific service/resource priorities as well as further develop a client base for marketing NINA initiatives and membership. Specific data collected includes respondent contact information, employment/professional background information, and ancestry.

Respondent Profile

Sixty percent (60%) of survey participants currently hold nursing positions, eleven percent (11%) hold management designated positions (Director, Manager, Supervisor titles), and ten percent (10%) are employed in other health profession roles (i.e. Coordinators, Advisors, Consultants). Based on mean scores, the following represents the average profile of the Nursing Survey respondent:

EMPLOYMENT BACKGROUND	
Length of time in current position	5 years
# of employees in the organization	33
# of employees supervised	6
# of current nursing students in the organization	2
PROFESSIONAL BACKGROUND	
# of years in the Nursing profession	10 to 15 years
# of years working in an Aboriginal Health organization	5 to 10 years

Length of time in current position: While the overall respondent profile shows a mean average of five (5) years, the highest percentage of Aboriginal respondents (32%) fall within one (1) year or less in their current position and the highest percentage of Non-Aboriginal respondents fall within three (3) years or less (28%) in their current position.

Eighteen percent (18%) of respondents did not indicate their current position title. An interesting observation within this group of respondents is that fifty percent (50%) were First Nation & Inuit Health/Health Canada (FNIH/HC) employees. Given that not one respondent in this group provided his/her current title, it appears that non-responses were deliberate rather than a result of oversight. While there is no way to verify, possible reasons for title exclusion by respondents may be attributed to one or more of the following:

- FNIH policy/practice
- A sense that they did not consider themselves to be a part of the primary target audience for the survey based on their roles or the focus of the conference, and therefore did not see the need/relevancy to include.
- Apprehension of the possibility of being personally tied to survey responses.

Depending upon level of importance NINA places on networking/partnership development with FNIH as a supporting organization, the Association may wish to pursue the attainment of this data for future use.

of employees in the organization: Twenty-nine percent (29%) of the survey participants did not provide responses. It can be assumed that non-responses resulted from a lack of knowledge on the part of participants. Based on those participants that provided responses, the average number of employees is thirty-three (33).

of employees supervised: Fifty-five percent (55%) of respondents have direct reports and twenty-one percent (21%) indicated that they do not supervise others. Twenty-four percent (24%) did not respond to this question. It can be assumed that for a significant number within this group, non-responses equate to no employees supervised. Given this assumption, NINA's targeted membership would be comprised of close to a 50/50 split in regards to management and non-management professionals. This information may be useful when determining the type and level of programs/services to be offered as well as marketing strategies.

of current nursing students in the organization: Twenty-one percent (21%) of participants did not respond. Forty-eight percent (48%) of respondents indicated they currently have nursing students in their organization, with an average of 2 students. Fifty-five percent (55%) of respondents indicated that they do not currently have nursing students in their organization.

This is a significant finding that supports NINA's inclusion to "*Further develop the Student Mentorship Program to ensure student support*" as one of its core strategic directions in the fulfillment of the Association's objectives to:

1. *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.*

The scope of this survey in conjunction with respondent verbatim comments does not provide substantiating data in which to make recommendation on NINA specific activities/strategies. To be most effective, the development of specific recruitment strategies for nursing students will require ongoing community consultation and well as partnership development with various academic institutions.

However, NINA can provide nursing students with support that can contribute to student retention efforts through Association membership, participation in NINA events in addition to the creation of specialized services for students. For example:

- Support received by nursing students as part of their employer's formal mentorship can be enhanced by providing linkages to "professional mentors". NINA can utilize demographic data to identify seasoned stakeholders interested in becoming volunteer mentors and create a "Directory of Professional Mentors" for distribution within stakeholder communities/organizations. There are a number of professional networks in a variety of industries for which NINA can draw examples from in terms of mentor recruitment, protocols and scope of mentorship activities.

of years in the Nursing profession: The general respondent profile shows that respondents have been in the nursing profession for ten to fifteen years. While there is a slight variance between “mean” scores among Aboriginal and Non-Aboriginal respondents, overall findings highlight that the majority of all respondents possess extensive Nursing experience (over ten years).

# of years in the Nursing Profession	Mean Score	< 5 years	5-10 years	10-15 years	15-20 years	> 20 years
Total Survey Population	10-15 years	13%	13%	15%	11%	47%
Non-Aboriginal Population	15-20 years	9%	16%	9%	11%	54%
Aboriginal Population	10-15 years	19%	6%	26%	13%	35%

of years working in an Aboriginal Health organization: On average, respondents have been working in an Aboriginal Health organization for ten (10) to fifteen (15) years with Aboriginal respondents possessing more experience than Non-Aboriginal respondents. Of particular note is the fact that the highest percentage of respondents possess less than five (5) years experience (46% Non-Aboriginal, 26% Aboriginal). This finding strongly suggests this particular group would have the greatest need for professional support and Aboriginal Health resources.

# of years working in an Aboriginal Health Organization	Mean Score	< 5 years	5-10 years	10-15 years	15-20 years	> 20 years
Non-Aboriginal Population	5-10 years	43%	21%	9%	7%	18%
Aboriginal Population	10-15 years	26%	19%	19%	16%	19%

Ranges among respondents’ experience highlight opportunities to fulfill strategic plan goals by expanding and/or initiating targeted services/resources specific to the *Dissemination of Indigenous Knowledge*. Examples of targeted activities include:

- Expand the Student Mentorship to include informal mentorship opportunities for stakeholders new to the nursing field and/or new to Aboriginal Health organizations. Doing so would help facilitate greater sharing of Indigenous Knowledge and strengthen new nurses’ orientation to First Nation/Inuit health. This can be achieved by including this group in the distribution of the Directory of Professional Mentors previously mentioned. The “Directory” can be further developed to incorporate Mentor’s individual areas of expertise/specialty so that when faced with a particular challenge stakeholders can contact mentors most likely to have experience in that area.
- Findings indicate a strong interest in cultural competency in both conference and workshop formats. NINA can expand on annual gatherings to include annual or semi-annual workshops for seasoned and non-seasoned respondents. The demographic data collected can be utilized to contact stakeholders for input into topic areas of greatest interest/need. Costs associated with hosting workshops can be offset through a combination of various revenue sources – registration fees, volunteer guest speakers, government grants, etc.
- Ensuring the ongoing distribution of professional resources (i.e. research articles, policy documents, etc.) that NINA becomes aware of is a simple and cost efficient means to increase Dissemination of Indigenous Knowledge.

Implementation of activities as listed above go hand-in-hand with efforts to increase and strengthen the quality of networking among stakeholders.

Ancestry

Sixty-four percent (64%) of participants identified ancestry as “Other” and thirty-six percent (36%) identified as one of five options pertaining to Aboriginal Ancestry. Based on the structure of the question, participants identifying as being “Other” (64%) were assumed to be Non-Aboriginal. The following chart illustrates the percent breakdown of participants who identified themselves as being of Aboriginal descent:

Total Aboriginal Population	First Nation	Metis	Inuit	Aboriginal	Aboriginal Ancestry
36%	24%	1%	2%	3%	5%

Of the 36% Aboriginal participants, thirty percent (30%) indicated that they were currently employed within their home community. Verbatim comments suggest that respondents believe placing an emphasis on recruitment of nursing students from within the community would have a positive impact on challenges with nursing staff shortages and retention. Many also felt that greater cultural competency would be achieved if their own members were delivering health services in the community. This was particularly true for those working in remote communities. As such, consideration may want to be given to community consultation for input into future student recruitment and retention strategies.

Section III Nursing Professional Support

Survey respondents were requested to provide written responses in regards to the quality of orientation received in their current positions. As well, several questions requested respondents to rate their level of agreement to a number of statements specific to support currently received and support considered to be important to their professional practice.

Orientation

Written responses identified strengths and gaps in respondents' orientation specific to the nursing role and community expectations.

Those who experienced a positive orientation process most often contributed their success to one or more of the following factors:

- Mentorship/Internship (six months to one year)
- Friendliness and moral support from co-workers, other health professionals (i.e. Community Health Representatives) and Chief and Council
- Adequate time allowance to adjust to position and community

An overwhelming number of respondents indicated their orientation was either non-existent or greatly lacking in quality. Communication and the absence of a formal orientation process both in terms of depth and duration were most often cited as major gaps.

Main components of a formal orientation process identified by respondents:

- Specific orientation to the community(s) they serve in terms of policies and protocols
- Orientation on history, culture, socio-economic challenges in Aboriginal communities
- Mentorship from Aboriginal nurses and/or Non-Aboriginal nurses with experience working in communities.

This finding further supports suggested activities mention in Section II - # of years working in an Aboriginal Health organization.

Level of Consistency in Current Work Conditions

Participants rated level of agreement to work condition statements on a scale of 1 through 5 (1= Always, 2=Frequently, 3=Sometimes, 4=Rarely, 5=never). Mean scores ranged from 1.85 to 2.51.

Mean scores as well as combined high score ratings (Always/Frequently) indicate an above average level of satisfaction in current work conditions. The top three (3) rated working conditions include:

1. Ability to devote "off schedule time to self (70%)
2. Support to participate in cultural activities (69%)
3. Support in accessing professional development activities outside of the community (64%).

Survey findings on work conditions suggest that should NINA expand professional development offerings (i.e. training workshops, conferences, etc.), community/organizational support and the ability to attract adequate numbers of participations would not be a barrier.

Question #1	Mean Score	1	2	3	4	5
I receive moral support from my employer	2.33	22%	38%	22%	10%	6%
There is a mutual understanding between myself and my employer on the scope of my practice as a nurse.	2.25	28%	34%	21%	14%	2%
I can devote my "off schedule" time to personal/family activities without being required to be on call.	1.85	56%	14%	15%	7%	6%
Scheduled vacations and sick leave can be covered without interruption to client services.	2.51	30%	16%	28%	9%	14%
Participation in educational and professional development activities outside of the community are encouraged and supported.	2.14	30%	34%	25%	7%	2%
An atmosphere of collaboration and respect is promoted and reinforced by the leadership in my organization.	2.30	25%	38%	16%	11%	7%
Participation in cultural activities within the community are encouraged and supported.	1.90	40%	29%	23%	6%	0%

Professional Development

On a scale of 1 through 4 (1= Very Important, 2=Somewhat Important, 3=Not Important, 4=No Opinion), participants rated how important specific professional development areas are to building/maintaining their knowledge, skills and abilities. Mean scores ranged from 1.13 to 1.74.

Over fifty percent (50%) of respondents indicated that the majority of topic areas were very important. However, Cultural Competency was clearly the most important area of development for eighty percent (80%) of the survey population. Management/leadership skills rated second at 68% and Conflict Resolution third at 67%.

Question #5	Mean Score	1	2	3	4
Cultural Competency	1.13	80%	10%	2%	1%
Clinical Skills - history taking, physical exam across the life span, documentation (nursing diagnoses/interventions/treatment), case coordination, evaluation.	1.25	66%	21%	5%	1%
Grant/Proposal Development	1.74	38%	39%	11%	6%
Project/time management	1.67	34%	46%	10%	2%
Management/Leadership	1.30	68%	21%	2%	3%
Professional/Personal Life Balance	1.44	56%	28%	5%	5%
Team Building	1.30	64%	26%	1%	2%
Conflict Resolution	1.29	67%	22%	5%	1%
Change Management	1.45	52%	30%	8%	2%

Given level of importance identified by respondents, as well as the attention given in recent years within the Health Care industry as a whole, NINA may want to consider cultural competency within the context of nursing as a focal point in the determination of service/resource activities. Doing so can directly contribute to the achievement of the Association's objectives to:

- *"To increase awareness in Aboriginal and non-Aboriginal communities of the specific health needs of Aboriginal peoples in British Columbia".*
- *"Increase dissemination of Indigenous knowledge".*

In the long-term, the ability to build a reputation as an industry leaders in cultural competency will build a strong foundation to NINA's recognition as a *"Political Voice" for the health issues facing First Nations, Inuit and Métis peoples* (Core Strategic Direction #1). In addition, recognition as an industry leader will establish a level of credibility to assume an active role in the pursuit of Aboriginal Health as a nursing specialty should NINA choose to do so.

Nursing Network Affiliation

Seventy-six percent (76%) of respondents indicated that they are not currently a member/affiliate of a Nursing network in British Columbia that supports nursing practice in a Aboriginal health organization (Question #7). With the exception of a few, respondents did not provide requested information on the services most often accessed through their network. Of the twenty-one percent (21%) who responded "yes" to the question, respondents most often cited membership with organizations such as FNIH and Nurse Practice Groups.

The high number of nursing professionals not affiliated with a Nursing Network indicates a tremendous opportunity to be the "network of choice", with little concern over duplication of services and/or competition from other Nursing networks. Firmly establishing core services and resources of the Association will be key to aggressively attracting membership.

Industry Awareness of NINA

When asked whether they were familiar with NINA (Question #8), fifty-one percent (51%) answered "yes" indicating they had learned about the Association through conferences, networking and former/current membership. Forty-seven percent (47%) answered "no" and two percent (2%) did not respond to the question.

Significant variances were noted between affirmative responses from Aboriginal respondents (71%) and Non-Aboriginal (29%) respondents. This finding indicates that NINA is reaching its primary target audience. However, with the high percentage of Non-Aboriginal respondents working in/with First Nation communities that are not familiar with NINA, it appears that significant opportunities exist to expand upon membership efforts.

Given NINA's longevity in British Columbia, a reasonable assumption would be that the survey question would have garnered a higher percentage of respondent awareness. This finding indicates the need for a formal marketing strategy. A survey distributed by NINA in early 2010 contained a similar question (70% answered "no", 30 % answered "yes"). It is not possible to tie a direct correlation between the two surveys in terms of the increased affirmative responses to knowledge of NINA. Nevertheless, the possibility that the relative short timeframe between the two surveys positively impacted respondents' level of awareness reinforces the importance of aligning a marketing strategy with the Association's business activities in the future (i.e. Newsletter, Website, etc.).

Based on NINA's current organizational structure, human and financial capacity, a relatively straightforward and economical strategy can be immediately implemented utilizing demographic data obtained in this study:

- Creation of an email distribution list and/or mailing list of survey respondents
- Conduct a follow-up to the survey (i.e. Thank You telephone calls/letters/emails).
- Establishing a "group" on internet network sites (i.e. Facebook, LinkedIn).



Section IV Advancement of Aboriginal Health

Respondents were requested to rate their level of agreement to statements pertaining to the recruitment and retention of Aboriginal people in the health field as well as the advancement of Aboriginal health. Data collected supports NINA's desire to ensure priority activities meet the needs and expectations of the nursing profession specific to the areas of:

- Aboriginal Nursing Network Support Systems
- Network Services/Resources
- Aboriginal Health as a Nursing Specialty
- NINA Membership
- Strategic Direction

Aboriginal Nursing Network Support Systems

On a scale of 1 through 4 (1= Very Important, 2=Somewhat Important, 3=Not Important, 4=No Opinion), respondents rated how important it is to them that an Aboriginal Nursing Network provide support systems. Mean scores ranged from 1.45 to 1.63. Slight variances were noted between Aboriginal (scores closer to 1 rating) and Non-Aboriginal respondents (scores closer to 2 rating).

The top three (3) rated areas of personal well-being support respondents' desire from an Aboriginal Nursing Network include:

1. Cultural (68%)
2. Mental (63%)
3. Emotional (61%).

Question # 2	Mean Score	1	2	3	4
Emotional	1.55	61%	23%	7%	7%
Mental	1.49	63%	23%	6%	6%
Spiritual	1.63	55%	26%	9%	7%
Physical	1.61	57%	24%	9%	7%
Cultural	1.45	68%	18%	6%	6%

NINA has the capability of establishing the abovementioned support systems as a membership benefit in a relatively short period of time. Specifically, focusing on the finalization and distribution of NINA's Registry of Nurses document and possibly the establishment of a Directory of Professional Mentors would provide a much needed mechanism that would foster support among stakeholders. Doing so will also serve as a launch for the "formal process for sharing best practices and lessons learned".

Network Services/Resources to Advance Nursing Recruitment and Retention

Respondents provided written responses identifying the strengths and gaps in recruitment and retention in their communities (Question #4). Fifty-four percent (54%) did not respond.

The chart below highlights the most frequently cited responses:

Strengths	Gaps
<ul style="list-style-type: none"> • Community support • Commitment to recruiting nurses in the community • Support from nursing team • Strong leadership • Communication • Encouragement and support for professional development 	<ul style="list-style-type: none"> • Lack of understanding of roles, responsibilities and accountabilities of nurses • Wages • Practice ethics • Isolation/remoteness of community • Absence of sign-on incentives • Inadequate orientation & training • Recruitment of young nurses

Participants were also requested to rate their level of agreement to services/resources NINA should provide to support recruitment and retention on a scale of 1 through 5 (1= Strongly Agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree). Mean scores ranged from 1.48 to 1.67.

Over eighty percent (80%) of respondents agree to strongly agree that NINA should provide all of the identified services/resources, with annual gatherings being chief among them at 90%. No significant rating variances were noted between Aboriginal and Non-Aboriginal respondents. However, providing a *formal process for sharing* received the highest rating among Aboriginal respondents and *annual gatherings/conferences* received the highest rating among Non-Aboriginal respondents.

The high level of positive response for these services and resources is a clear indication that this is an area of need that NINA can effectively address as part its strategic plan implementation.

Question #3	Mean Score	1	2	3	4	5
Annual gatherings/conferences for all nurses working with aboriginal peoples.	1.48	66%	24%	8%	1%	1%
Community based professional development/practice support in the community.	1.61	61%	23%	10%	6%	0%
Assistance in the design of an interdisciplinary/collaborative team approach.	1.67	54%	29%	14%	3%	0%
Formal process for sharing best practices and lessons learned.	1.55	57%	29%	10%	2%	0%

Aboriginal Health as a Nursing Specialty

Eighty-two percent (82%) of respondents agree that Aboriginal Health should be recognized as a nursing specialty area (Question #6). Based on verbatim comments, it appears that some Non-Aboriginal professionals were apprehensive about how their support for Aboriginal Health as a specialty would impact their ability to be considered for career opportunities in this area. The following quotes best describe the reasons most often cited for the need for nursing specialty:

“A unique practice, just as any other specialty area requiring its own skill set”

“It takes considerable orientation to the culture to establish a strong relationship with the community.”

“A significant sized population with different cultural norms which are important to be aware of in order to provide competent, sustainable care.”

Current challenges facing communities in regards to health transfer initiatives in British Columbia provide a strong indication that much headway is needed to attain recognition of Aboriginal Health as a nursing specialty. In the meantime, NINA’s continued efforts to build and sustain collaborative partnerships with regional, provincial and national organizations as well as academic institutions will enable the Association to take an active role if it chooses to do so.

NINA Membership

Seventy-five percent (75%) of all respondents indicated a willingness to pay for NINA membership, with fifty-seven percent (57%) willing to pay up to \$50.00 for an annual membership. Verbatim comments pertaining to membership point to a desire on the part of respondents to know specific member benefits in advance to making a purchase decision. This will be especially important to previous members who stated they have paid in the past and didn’t feel that they obtained benefit from their membership. In order for membership drive efforts to be effective, it will be important that NINA to make a determination of specific member benefits and develop an appropriate marketing strategy. It is not necessary to delay these efforts due to current resources and/or future plans but rather membership benefits can evolve as NINA evolves.

Strategic Direction

Respondents were asked to rate level of importance NINA should place on various strategic activities on a scale of 1 through 4 (1= Very Important, 2=Somewhat Important, 3=Not Important, 4=No Opinion). Mean scores ranged from 1.08 to 1.30. Activities rated by respondents coincide with the five (5) core directions identified in NINA’s 2008 Strategic Plan:

- I. Be a “Political Voice” for the health issues facing First Nations, Inuit and Métis peoples (Objective 1)
- II. Further develop the “Student Mentorship Program” to ensure student support (Objectives 2 & 3)
- III. Building and sustaining partnerships/collaboration with Aboriginal communities, Schools of Nursing, the Ministry of Health, Justice and Education, CRNBC, BCNU, LCN, ANAC and Aboriginal Learning Circles (Objectives 1, 2 & 3)
- IV. Support for and dissemination of Indigenous knowledge and other relevant knowledge (Objectives 1 & 2)
- V. Continually evolve NINA’s infrastructure and administrative capacity

The top three (3) rated areas (mean scores) of importance for NINA strategic activities include:

1. Create supportive environments for the dissemination of Indigenous knowledge and other ways of knowing that is relevant to advancing aboriginal health nursing (i.e. knowledge translation).
2. Increase awareness in Aboriginal and non-Aboriginal communities of the specific health indicators and needs of Aboriginal peoples in British Columbia.
3. Further develop student mentorship initiatives in BC to ensure aboriginal nursing student support.

While slight, variances between Mean scores, Aboriginal respondents and Non Aboriginal respondents are highlighted on a second chart to further assist NINA in prioritizing strategic plan initiatives.

Question # 9	Mean Score	1	2	3	4
Increase awareness in Aboriginal and non-Aboriginal communities of the specific health indicators and needs of Aboriginal peoples in British Columbia.	1.09	77%	14%	0%	1%
Contribute to development of effective and appropriate strategies for recruitment and retention of Aboriginal people into nursing as a health profession in British Columbia.	1.16	71%	21%	1%	0%
To develop and maintain, on an on-going basis, a registry of self-identified Registered Nurses of Aboriginal ancestry in British Columbia.	1.30	66%	18%	5%	3%
Further develop student mentorship initiatives in BC to ensure aboriginal nursing student support.	1.14	76%	15%	1%	1%
Build and sustain collaborative partnerships with regional, provincial and national organizations mandated to increase and support the numbers of aboriginal peoples in nursing.	1.15	72%	17%	1%	1%
Create supportive environments for the dissemination of Indigenous knowledge and other ways of knowing that is relevant to advancing aboriginal health nursing (i.e. knowledge translation).	1.08	77%	14%	1%	0%

Order of Priority (1 highest to 6 lowest)	Mean Score	Aboriginal Respondents	Non-Aboriginal Respondents
Increase awareness in Aboriginal and non-Aboriginal communities of the specific health indicators and needs of Aboriginal peoples in British Columbia.	2	1	2
Contribute to development of effective and appropriate strategies for recruitment and retention of Aboriginal people into nursing as a health profession in British Columbia.	5	3	4
To develop and maintain, on an on-going basis, a registry of self-identified Registered Nurses of Aboriginal ancestry in British Columbia.	6	2	5

Further develop student mentorship initiatives in BC to ensure aboriginal nursing student support.	3	5	2
Build and sustain collaborative partnerships with regional, provincial and national organizations mandated to increase and support the numbers of aboriginal peoples in nursing.	4	5	3
Create supportive environments for the dissemination of Indigenous knowledge and other ways of knowing that is relevant to advancing aboriginal health nursing (i.e. knowledge translation).	1	4	1

Ratings suggest an acknowledgement by respondents of the need/desire for strategic initiatives that will positively impact Aboriginal Health in the long term. However, the order of priorities indicates they are most interested in initiatives that will have an immediate impact on their professional practice. With this in mind, NINA can best meet the needs of stakeholders by focusing short term on direct service offerings identified throughout the report and build toward achieving a greater global role in Aboriginal Health in the long term.



Section V Recommendations

NINA has a solid Strategic Plan that can serve as the blueprint for its evolution as an Aboriginal Health Network leader. Taking into consideration NINA's current organizational structure and resources, the following recommendations are presented in a sequential order allowing for progressive development of the Association's human and administrative capacities.

1. Access funding to hire an Executive Assistant: This position is critical in that it is the first step in the evolution of NINA's infrastructure and human capacity. The position will help free up Board members to focus on implementation of activities that are achievable with the Association's current resources as well as enable devotion of efforts to the acquisition of financial resources needed for achieve long-term business objectives.

The position can be designated as "work from home". In addition, it is suggested that the Board designate the position as a part-time (i.e. twenty hours per week) until it becomes evident that Association business warrants a full-time position. However, efforts should be made to access funding for a full-time position to allow for increased hours during peak Association activities (i.e. conference planning) as well as the ability to shift to full-time without a disruption business that may occur if there is a need to seek additional funding.

Initially, this position could be responsible for implementing activities identified in the report that can be undertaken without the need for funding (i.e. completion and distribution of Nursing Registry identify and disseminate written resources, maintain contact with stakeholders, etc.). A duty of equal importance would be to assist the Board by tracking and reporting on the status of areas requiring follow-up. At minimum, qualifications for this position should include:

- a. Advanced Microsoft experience in Word, Excel and Outlook.
 - b. Experience in Microsoft Project Management and Publisher would be a definite asset.
 - c. Exceptional writing skills
 - d. Ability and demonstrated experience in working independently
 - e. Organizational skills
2. Complete Registry of Aboriginal Nurses: It is imperative that NINA complete this document and prepare it for formal distribution. This resource can be used to demonstrate to current members NINA's progress in implementing its Strategic Plan. In addition, it can be utilized as a vehicle to increase membership of survey respondents. For example, emails can be sent providing background on NINA's history and strategic goals with an announcement that a complimentary copy of the Registry will be provided to all new members.

Note 1: It is not recommended that membership fees be implemented until member benefits are clearly established).

Note 2: It is recommended that at minimum the Registry be updated and re-distributed annually. Again to maintain contact with membership, consideration may want to be given to sending listings of new additions/changes via email every six months.

3. Establish Community/Organization Notification Process: Utilizing current membership and survey respondent listings, request the name of a contact person that can provide new nurses during on-boarding/orientation. NINA can send a welcome letter, introduce new employees to the Association and provide the opportunity to become a member.

4. Develop a Tactical Plan: In order for NINA to achieve the goals and objectives of its 5 year Strategic Plan, it is critical that tactical plans are developed at least once a year. The tactical plan should include:
 - a. Prioritization of priority activities over the next year.
 - b. Resources available and/or required.
 - c. Project schedules for each priority activity that specify order of tasks, overall project completion timeline, timelines for completion of each task, and personnel accountabilities for completion of tasks.
 - d. Tactical plan status reports a minimum of each quarter.

Depending upon the expertise within the Board, a consultant may be required to assist. However, there are numerous “free” online samples that the Board can use as guides.

Key findings indicate that dedicated focus on the areas listed below can effectively meet respondents’ current professional practice needs. Further, these areas can be considered foundational to increasing membership potential and establishing NINA as a leader in Aboriginal Health in the future. Suggestions are provided throughout the report on specific initiatives that NINA can undertake in each of the areas but it is recommended that they be examined against NINA’s past experience as part of the tactical planning process.

- Increased Professional Nursing Support
 - Formalize networking process as a main component to NINA membership benefits.
 - Promote networking among stakeholders utilizing the Nursing Registry
 - Dissemination of Indigenous Knowledge
 - Offer training workshops - cultural competency focus for nursing professionals new to the field and/or new to Aboriginal Health organizations.
 - Distribute relevant written resources that can be sent to stakeholders via email
 - Foster networking among Aboriginal and Non-Aboriginal stakeholders utilizing the Nursing Registry
 - Student Mentorship Program Support
 - Establish a notification process within member and respondent communities/organizations to identify new nursing students that NINA can bring into its network
 - Create “a network in a network” through an informal process that can provide linkages for students to seasoned professionals (i.e. Professional Mentors)
5. Reinstitute Membership Fees: Including fees for membership will be an important revenue source for the Association as it continues to evolve. It is strongly suggested that should NINA decide to pursue this avenue, the tactical plan should be well in place free of any barriers that would prevent NINA from its commitment to follow through on member benefits. Focus should then be placed on revising/redeveloping the Association’s membership application. Caution should be given to the extent of membership benefits before instituting membership fees as there is a general tendency for people to not want to pay for something they have received for free in the past. Note: Development of a marketing plan would go hand-in-hand with this effort.

6. Develop a Marketing Strategy: At the onset, the marketing plan does not have to be overly sophisticated, simply focus on the most efficient and cost efficient communication mediums to meet NINA's target audience. For example:
- Establishment of a "Group" on Facebook.com and/or LinkedIn.com would enable stakeholders to provide support to each other through discussions. NINA could initiate and/or solicit from stakeholders news feeds, event postings, and downloads, etc. Minimal accountability would be placed on NINA's limited human resources to manage/maintain and the Board could provide the Executive Assistant with relevant data.
 - Establish a dedicated Website – A website would significantly contribute to NINA promotional efforts as well as provide a one-stop-shop for members in regards to distribution of information and heightened networking opportunities. In addition, given that ANAC's website does not contain up to date information, there appears to be a tremendous opportunity for NINA to fill the gap and position itself as being the place to go for emerging Aboriginal nursing issues. A website will become increasingly important when other promotional activities begin to impact industry awareness and increased membership. Currently internet searches for NINA provide links to sites that contain very little information about NINA and most of it is quite outdated.
7. Access funding for a Project Manager: As often occurs with grassroots organizations such as NINA, the Board of Directors are overburdened with the task of establishing policy, processes, planning and implementation of growth initiatives at the same time as managing the daily operational tasks. The ability for NINA to evolve to the capacity that will enable full achievement of strategic plan goals necessitates the hiring of a full-time Project Manager with skills in research, proposal writing and project management.



Appendix A – Nursing Survey Summary



Appendix B – Respondent Contact Data

