WHEN OPPORTUNITY KNOCKS: ENHANCING PROFESSIONAL DEVELOPMENT FOR NURSES WITHIN FIRST NATIONS AND INUIT HEALTH BRANCH

by

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ABSTRACT

Health Canada, First Nations and Inuit Health Branch (FNIHB), provides direct health services to First Nations and Inuit peoples in communities throughout Canada. Most health care providers are registered nurses working within a complex organization. The Canadian government promotes the public service as the employer of choice and emphasizes career development and continuous learning. This research examined how FNIHB could enhance the nurse's opportunities to engage in meaningful professional development. Results of focus groups and a questionnaire indicate that support is needed in four major areas: time, leadership, organizational culture, and career development skills. Three recommendations emerged: (1) create an organizational culture that supports learning; (2) create a nursing leadership that supports learning; and (3) help nurses develop their career-planning skills.

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Opportunity

Master of human destinies am I.
Fame, love, on my footsteps wait.
Cities and fields I walk; I penetrate
Deserts and seas remote, and passing by
Hovel and mart and palace, soon or late
I knock unbidden once at every gate!
If sleeping, wake – if feasting rise
before I turn away. It is the hour of fate,
And they who follow me reach every state
Mortals desire, and conquer every foe
Save death; but those who doubt or hesitate
Condemned to failure, penury, and woe,
Seek me in vain and uselessly implore –
I answer not, and I return no more.

John James Ingall (as cited in Lounsbury, 1912, para. 1-2)

CHAPTER ONE – FOCUS AND FRAMING

Effective people are not problem-minded. They're opportunity minded. They feed opportunities and starve problems.

Stephen R. Covey (Covey, 1989, p. 154)

Introduction

The Government of Canada provides direct health services to key populations in a number of settings. Health Canada, First Nations and Inuit Health Branch (FNIHB), provides or funds health care services to First Nations and Inuit peoples on reserves throughout Canada. The health delivery organization is a complex system of regions, zones, hospitals, nursing stations, health centres and health stations. The major health care providers are registered nurses offering services in the following areas: hospitals, public health and primary care nursing, and administration. Although the health care system and health care needs have changes dramatically, FNIHB has changed little over the past 50 years of operation, and the leadership role for nursing remains rooted in the past.

Throughout the federal government, many initiatives have been created to renew, attract, and promote the various government departments as excellent employment options. The government wishes to become the 'employer of choice.' Its action plans have placed a strong emphasis on the professional and scientific groups to promote career and leadership development within these groups. The Treasury Board of Canada Secretariat has put forth a policy that provides "a framework to build a learning culture in the Public Service" (Treasury Board of Canada Secretariat, 2002, p. 1).

The author has worked for Health Canada for 32 years and currently occupies the senior leadership position for nursing in British Columbia. The author is dedicated to lifelong learning, nursing leadership creation, development, and career development within the organization, and

this topic remains of significant interest. In planning a Royal Roads University project that would support nursing leadership and career development in FNIHB, the author consulted at length with the Executive Director of Nursing Services at headquarters in Ottawa. Discussions highlighted the importance of understanding how the nursing leadership could support nurses in their professional development.

Working Research Question

- How can First Nations and Inuit Health Branch enhance the individual nurse's opportunities to engage in meaningful professional development?

Sub-questions

- How and why do nurses engage in professional or career development activities?
- Will nurses take the challenge of seeking new opportunities?
- What are the organizational, cultural or systems issues that affect nurses taking on new challenges?
- How can the change process be used to reduce risk and improve resilience in nurses seeking new opportunities?
- What current changes external to government are occurring in health-care leadership and in the role of nursing?

The Opportunity and its Significance

The First Nations and Inuit Health Branch has provided health care services to First Nations and Inuit communities for more than 50 years. The area covered initially included the territories north of the sixtieth parallel. Health services to rural and remote centres throughout the north and the isolated regions of the provinces were offered. In the mid 1970s, a program was developed to provide more independence for First Nations communities by transferring the

control of their health services to local community or tribal council organizations. The Yukon and former Northwest Territories were the first governments to take direct control of their health services from Health Canada. Several large First Nations communities or tribal councils then took control of their health services under the transfer program.

Nursing services to communities remained unchanged; only the employer changed. The regional and zone structures across the country generally remained unchanged, other than a reduction of some administrative nursing positions with the closure of FNIHB health facilities. The author completed a Masters of Science in Nursing from the University of British Columbia that dealt with *The Transfer of Health Services From Federal Control to First Nations Community Control and the Leadership Role For Nursing* (Thompson, 1998). This study provided an opportunity to explore the leadership role of a nurse at the community level and in the first layer of administration in health services.

Nursing is organized in line with the seven regions across Canada, with a central Office of Nursing Services (ONS) in Ottawa. Each region has a unique structure, nursing relationships, and career development policy for nurses. No formal reporting relationships exist across regions or with ONS. Within each region, nurses report in a variety of structures to various senior regional executives. Each FNIHB region manages the career and professional development activities of nurses within its jurisdiction. In British Columbia (Pacific Region), the author, as the senior nursing position, reports to the Pacific Region director. However, the Pacific FNIHB operation, which consists of the remaining health centres, reports to the Regional Director through a separate structure. Although Pacific Region has distinct reporting structure for nursing, we have a unique educational policy that supports all nursing personnel in a wide variety of educational and career opportunities.

The Office of Nursing Services in Ottawa was created two years ago and a new position of executive director provided access for FNIHB to the Branch Executive (BEC) policy formation forum. The executive director created a "Transformational Strategy" with the help of all the senior nursing leaders in the regions and with consultants in Ottawa. The strategy has created a road map for change. The strategy identifies a need to create a plan for nursing leadership that includes competencies, development, mentoring, and succession planning. The strategy identifies a framework for career development for nurses. Collaborating with an Ottawa-based consultant, this author has completed preliminary work on the framework for leadership development with representative groups of FNIB nurses across Canada.

During discussion about a thesis project for Royal Roads, the Executive Director of ONS offered the author the opportunity to create a study of government opportunities and to discover how nursing can take advantage of various initiatives. The project could help build a strong foundation of understanding of nursing needs in the area of career development. This was an opportunity to discover how nursing leaders developed their own career paths, and whether that information could influence future initiatives for community health nurses.

FNIHB is the sixth largest health provider in the country. The health service extends to all provinces and territories through a complex arrangement of service delivery and agreements with First Nations and Inuit health service providers or organizations. In all areas, the major professional health care provider is the registered nurse. Health services extend beyond community health, home care, and hospital care to specialized areas of health delivery such as communicable disease control and health information management, with nurses taking major roles in these programs.

Nursing has remained unchanged in the practice settings, but the number of nursing leadership positions has continued to decline with each new round of budget restraints. Professional development opportunities and financial incentives to take on major leadership roles have also been removed within the nursing group in the federal government. As a result, few nurses are willing to move to a central office such as Vancouver, Edmonton, Winnipeg or Ottawa to take on a leadership position or to take advantage of career development opportunities.

Professional development and advancement opportunities are major attractions for nurses to encouraging their retention in the workforce and organization. Several studies and reports on the nursing workforce have been published. The Canadian Nurses Association (1998) prepared a discussion paper on recruitment and retention of registered nurses. The report recommended that governments and non-government organizations (NGOs) "promote and support autonomy for professional registered nurses in the workforce, improve opportunities for advancement in the workplace, and provide support for continuing education programs" (p. 29).

Identifying and creating opportunities for nurses to develop not only in a nursing leadership position, but also in other health-related roles will provide nurses with incentives to stay within the organization. An organization that supports and encourages the development of its nursing workforce will be attractive to outside applicants.

In the health care sector, several examples in the acute care environment of hospitals illustrate the benefits of creating opportunities for nursing. In the United States, the Magnet Hospitals' work defined a critical need for professional development opportunities, promotion and recognition, and skilled nursing leadership in the recruitment and retention of a professional nursing workforce (Graf & Halfer, 2002; Huerta, 2003; Pinkerton, 2002; Taylor, 2003). FNIHB

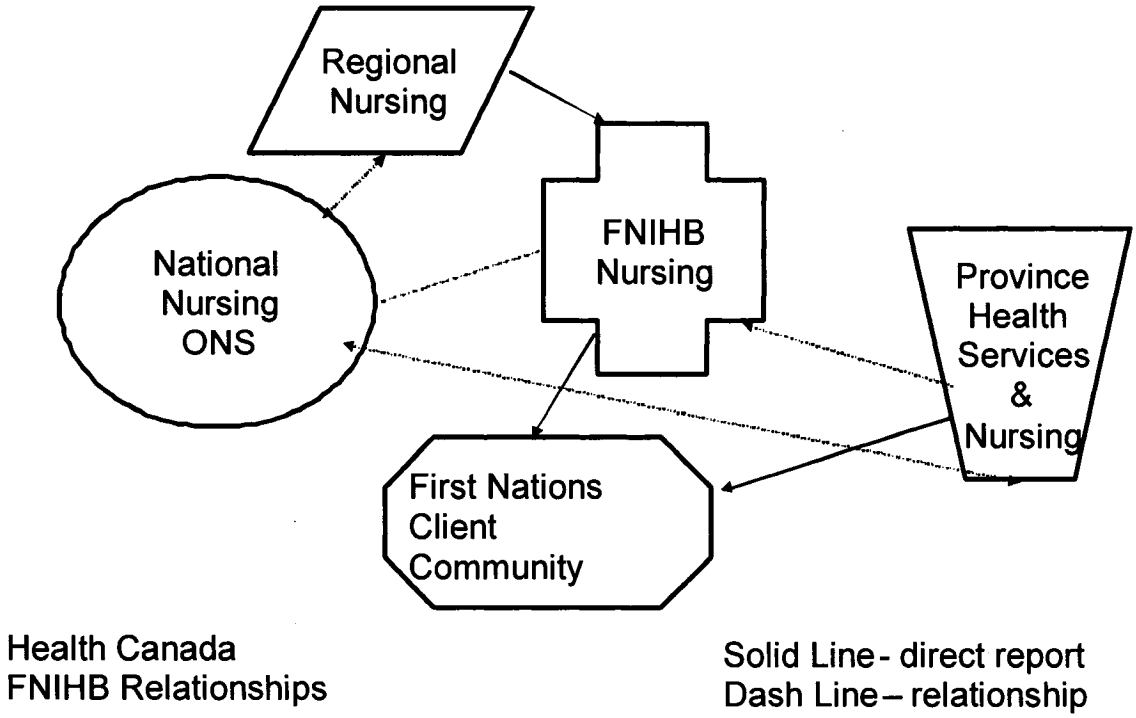
nursing needs to build on the current research to create an organizational culture and system that supports change and promotes nursing career or leadership development and opportunities.

Analysis of the Opportunity

First Nations and Inuit Health Branch has many linkages to provincial, territorial and Canadian health care organizations. FNIHB is also developing international relationships with countries that have distinctive health care services for Aboriginal populations, such as the United States, Australia and New Zealand. In some parts of Canada, the health care service for First Nations people appears to offer greater benefits to Aboriginal people then the non-Aboriginal population. This separate community health system has created friction in many areas of the country in the past.

The nursing profession also segregates the nurse who works in a First Nations community. The most frequently cited reason why a nurse works on a reserve is 'she cannot get a job any place else.' The 'second-class nurse' who works with Indians [sic] lacks the respect of her provincial counterparts in public health and hospital services. After a recent presentation to the Public Health Administrators Council about FNIHB services and programs, this author was asked about the number of native nurses working in B.C. communities and their "lack" of public health education (M. Bates, personal communication, November 17, 2003). The word 'lack' was used as a descriptor for enquiring about education and experience of our nursing workforce. The author was able to state that all staff are qualified with a degree in nursing or a public health diploma, and that in B.C., FNIHB has a greater proportion of masters-prepared nurses than the current provincial statistics.

Figure 1. Reporting Relationships Within FNIHB (Author's Concept of Relationships)



The health care system that supports community health and treatment services to First Nations communities is a tangled web of provincial and federal programs. Nurses are the major health providers through the federal services, but the provincial governments also provide treatment through physicians and hospital care. Health services are global in the discovery of new treatments, service protocols, wellness programs, prevention programs and a host of other developments. Nursing has strength in its provincial regulating organizations and bodies, and in the national and international nursing organizations. Nursing is evolving from task-oriented hospital service to a research-based health profession by developing evidence to support the best practices of nursing personnel.

Nurses working in FNIHB report to a nursing leader within a regional structure. The region has a senior regional nursing leader responsible for strategic planning, policy, education,

and recruitment-retention activities. The regional nursing leaders work in a collegial relationship with each other and with the consultants in Ottawa. The senior nursing FNIHB positions interact with their provincial counterparts and the provincial professional registering bodies.

The national office, ONS, works with national nursing organizations and the office of nursing policy of Health Canada. ONS is also responsible for collaboration with international nursing organizations and organizations supporting Aboriginal health services. A number of national Aboriginal organizations with mandates in the health field have developed in the last several years. Intricate relationships of Aboriginal, health, wellness, and research in various organizations have developed to further increase the complexities of understanding health services at the community level.

Organizational Context

First Nations and Inuit Health Branch of Health Canada is a complex organization currently in a process of reorganization. The major changes are at the regional level and at branch headquarters.

The community health nurse (CHN) works at a health centre or nursing station that provides services to an identified population in a given geographical area. The CHN reports to a Nurse-In-Charge (NIC) who is at the same work site. The NIC position is similar to the head nurse in a hospital. The NIC reports to a nursing officer who coordinates the work of facilities. In Pacific Region, this is the operations division where FNIHB is the direct service provider. No reporting relationship with the regional nursing team provides strategic planning, including educational opportunities for the region's nursing services. In British Columbia, the nursing leader reports directly to the Regional Director. The seven regional nursing services in Canada operate independently but work together to create a unified approach to health management. For

example, all nurses work under the same collective agreement; consistent implementation of the agreement across the country helps reduce grievances and labor strife.

The regional nursing leaders work closely with ONS in developing educational or career development programs, recruitment strategies, health programs, collective bargaining agreements, and initiatives to support nursing retention. The group worked together with the newly created Executive Director to develop the *Transformational Strategy and Roadmap* (Health Canada, 2002).

The mission and vision of Health Canada and of FNIHB as posted on the Health Canada website are:

- Health Canada's Vision: Health Canada is committed to improving the lives of Canada's people and making the country's population among the healthiest in the world as measured by longevity, lifestyle, and effective use of the public health system.
- Health Canada's Mission: To help the people of Canada maintain and improve their health.
- FNIHB's Vision: First Nations and Inuit people will have autonomy and control of their health programs and resources within a timeframe to be determined in consultation with First Nations and Inuit people.
- FNIHB's Mission: To establish a renewed relationship with First Nations and Inuit people that is based on the transfer of direct health services, and a refocused federal role that seeks to improve the health status of First Nations and Inuit. (Health Canada n.d.)

Currently FNIHB does not have updated mission or vision statements because a hold was placed on the transfer of health services program late in 2002. A review of the health transfer process is planned but has not begun; completion of the health transfer review will not occur until late in 2005.

The transformational strategy was developed in early 2002, at which time First Nations and Inuit Health Branch had its own mission and vision statements: In developing the transformational strategy and roadmap, nursing created its own shared vision and strategic agenda:

> Nurses are competent and valued health professional leaders who are supported by Branch headquarters and regional offices. Nurses:
>
> - contribute professionally to the FNIHB and HC vision and goals for the health of First Nations and Inuit;
> - work with key stakeholders (First Nation Health Authorities, F/P/T governments and NGOs) to achieve mutual goals through a focus on primary health care and public health principles;
> - provide quality, evidence-based, culturally safe care to First Nations and Inuit clients and communities in an advanced practice model;
> - practice to their full scope in safe, healthy and supportive environments;
> - grow as individuals through continuing education and professional development. (Health Canada, 2002, p.2)

Nursing services in FNIHB have created a roadmap that provides its nurses with a set of core values and a mission that offer direction even without a branch mission or vision. The Executive Director of Nursing recognized the critical importance of a vision in creating change. Within the strategy are a number of projects in the area of nursing leadership — leadership development and career development were identified, including the business of health care and the profession of nursing (Health Canada, 2002). Several career and professional development projects were identified, such as creation of a specialist in nursing of key populations (e.g.,

maternal-child and mental health); development of an information technology framework; creation of a nursing consultant to advise on career development, and creation of research opportunities (Health Canada, 2002).

In the project for nursing leadership, the work was split to separate the business processes from the leadership needs. The focus in nursing leadership would be to develop competencies and create developmental strategies. Nursing leadership–management in FNIHB has been an ongoing source of reports and research. In 1990, a major management review was supported by all of the nursing leaders, but the consultant's report and recommendations were never implemented. A University of Manitoba MSN student identified the critical role of the supervisor. A Lakehead University study reviewed nurses' perceptions of northern practice. The Assistant Deputy Minister's 1999 roundtable meetings of key groups of nurses in Ontario and Manitoba identified the need for improved support from nursing leadership. The most recent study, by the Aboriginal Nurses Association of Canada (2000), identified management as the major area needing improvement; and management as a major reason for leaving. This study also cited the need for career development opportunities as a major need for community health nurses. In June 2001, a group of nursing leaders created the first framework around leadership, and the work from this group was incorporated into the Transformational Strategy early in 2002.

The leadership development project continues to proceed slowly but needs a person to commit more time and energy to developing parts of the project. Focus groups of key nursing components were completed, including middle managers who developing the list of competencies, but this work will need to be validated by others, both inside and outside nursing. Defining the competencies for nursing leadership would be of little help without looking at opportunities to develop them. In preparing career development opportunities for those who wish

to take on leadership positions or other roles within the organization, there will be a need to understand what nurses will need to seek the opportunity and succeed. Seeking leadership opportunities and career development is a risk as the nurse moves beyond the safe environment of clinical practice to that of a learner, in taking on a role in education, clinical specialization, or leadership.

CHAPTER TWO – LITERATURE REVIEW

The literature review encompassed two major areas. The first was a review of documents within the government of Canada, the department of Health Canada and the First Nations and Inuit Health Branch. The review addresses the areas of career, professional or learning, with particular emphasis on nursing personnel. In the organizational review, the author considered several research projects that were funded by Health Canada with particular importance placed on professional development or nursing in rural and remote health services. The second major area of review was the current academic literature from the key concept areas identified by mind mapping the forces that affect career development.

Review of Organizational Literature and Documents

In the world of the Public Service, it is often difficult to determine for whom all the policy positions and statements are created. In *A Policy for Continuous Learning in the Public Service of Canada* (Treasury Board of Canada Secretariat, 2002), the application states, "this policy applies to Departments and other portions of the Public Services of Canada listed as Part 1, Schedule 1 of the Public Services Staff Relations Act" (p. 2). This would include every nurse employed by FNIHB, and they have a policy that supports them as knowledge workers. The policy acknowledges the importance of investing in people in the knowledge age. "The knowledge age has discovered the importance of people and needs to learn how to invest in people to support creativity and innovation....Living off the existing skills and capabilities of people is no more sustainable in the knowledge age than allowing rust-out and obsolescence of physical assets would have been in the industrial age" (p. 1). The policy was set forth as a *commitment to people* (p. 1), offering eight commitments to public servants that support a learning culture (see Appendix A).

Within Health Canada, the Treasury Board policy was followed by the *Strategic Learning and Development Policy* (effective February 2003). This policy was created to support the new "knowledge economy." Health Canada policy objective "is to make continuous learning and development an integral part of the Department's mission, practice, and operations" (Health Canada, 2003, p. 1). The policy promotes a continuous learning environment or culture, which is defined as "a culture where improvements in services and programs quality are continuously pursued and where the organization is continually learning to do its work more efficiently and more effectively through the actualization of employee potential" (p. 2).

Health Canada employs community health nurses in rural and remote sites in Canada, many of the areas are without access to internet or an intranet. How can they obtain a copy of the policies and appropriate learning plan formats for submission? Nurses in larger centres, such as Vancouver or Ottawa, may not be aware of the policies that affect their learning or career opportunities. In a large bureaucracy such as a government, information is provided through many means, from written memos to electronic forms aimed at staff in offices with easy access to all mass media. The information never reaches the nurse in a community that has no road access, limited mail delivery, and perhaps dial-up internet access, if that.

The one document with which most nurses are familiar is the collective agreement. The opening statement of Article 18 – *Career Development* acknowledges that members of the health services group "need to have an opportunity to attend or participate in career development activities" (Treasury Board of Canada Secretariat, 2003a, para 18.01). The career development article maintains the rights of the employer to have the final determination and approval of all career development activities of the employee. The contract does provide an opportunity for nurses to apply for such assistance as time, salary, and tuition support for a variety of learning

activities. Learning can include formal education, conference or convention attendance, and other professional development such as workshops, short courses or even research within or external to the department.

The collective agreement and polices of the Treasury Board and Health Canada support the need for career development. Public Service policies espouse the importance of a learning culture and in particular recognize the need of professionals as *knowledge workers* to be life-long or continuous learners.

Three key documents that address the career development issue for nurses have been produced over the past four years; all were research projects supported in part or in whole by Health Canada and/or FNIHB. In a survey of nurses in isolated First Nations communities, under retention strategies, the Aboriginal Nurses Association of Canada (2000) identified:

- Educational opportunities:
  - support nurses to up-grade education and attend conferences, workshops, etc., provide more in-service training opportunities: get nurses together regularly, and facilitate networking among nurses, including between MSB nurses and those employed by First Nations. (p. 50).

Our Health, Our Future, Creating Quality Workplaces for Canadian Nurses (funded by Health Canada) was the final report produced by the Canadian Nursing Advisory Committee (2002). The report opens with a quotation from Dr. Martin Luther King, Jr.: "The time is always right to do what is right" (Canadian Nursing Advisory Committee, 2002, p. IV) The quotation fits the report's theme of the "urgent need to repair the damage done to nursing through a decade of health care reform and restructuring...why Canada needs more nurses and better working conditions for nurses" (p. v).

Recommendations made included the following:

- Recommendation II: Create professional practice environments that will attract and retain a healthy, committed workforce for the 21st Century.
- Funds for Nurses and Students.
  - Governments should work with employers and unions to provide funding each year for 10 years, for each full-time nurse in the country, to be used for work-related professional development (e.g., specialty certification). Programs must be in place by June 2003.
  - Nurses working less that full time should be offered proportional funding based on hours worked the previous year.
  - These funds should be in addition to any existing training opportunities (e.g., orientation and in-service activities) or education required by the employer to do the present job, and should be indexed to inflation.
  - Employers should work with their managers, nurses and unions to devise schedules and nurse replacement strategies that allow nurses to take full advantage of education opportunities and guarantee their replacement in the work setting during educational leaves. (Canadian Nursing Advisory Committee, 2002, pp. 38–41).

The report offers many more recommendations for nursing education; the above two points are critical elements for nurses in remote communities.

The third major study that addresses nursing needs in rural and remote health delivery is *The Nature of Nursing Practice in Rural and Remote Canada* (Nursing Practice in Rural and

Remote Canada, 2004), the Final Report to Canadian Health Services Research Foundation. The report puts forward key implications for decision-makers:

> There is a pressing need for undergraduate and postgraduate education programs to prepare nurses for the realities of rural and remote nursing practice. Targeted funding is needed for university nursing programs that focus on preparing rural and/or remote nurses, in order to address the additional design and implementation costs.
>
> New ways are needed to systematically design and provide relevant continuing education for rural and remote nurses, including providing education on site, supporting nurses to travel for further and continuing education, using information technology. (Nursing Practice in Rural and Remote Canada, 2004, p. v)

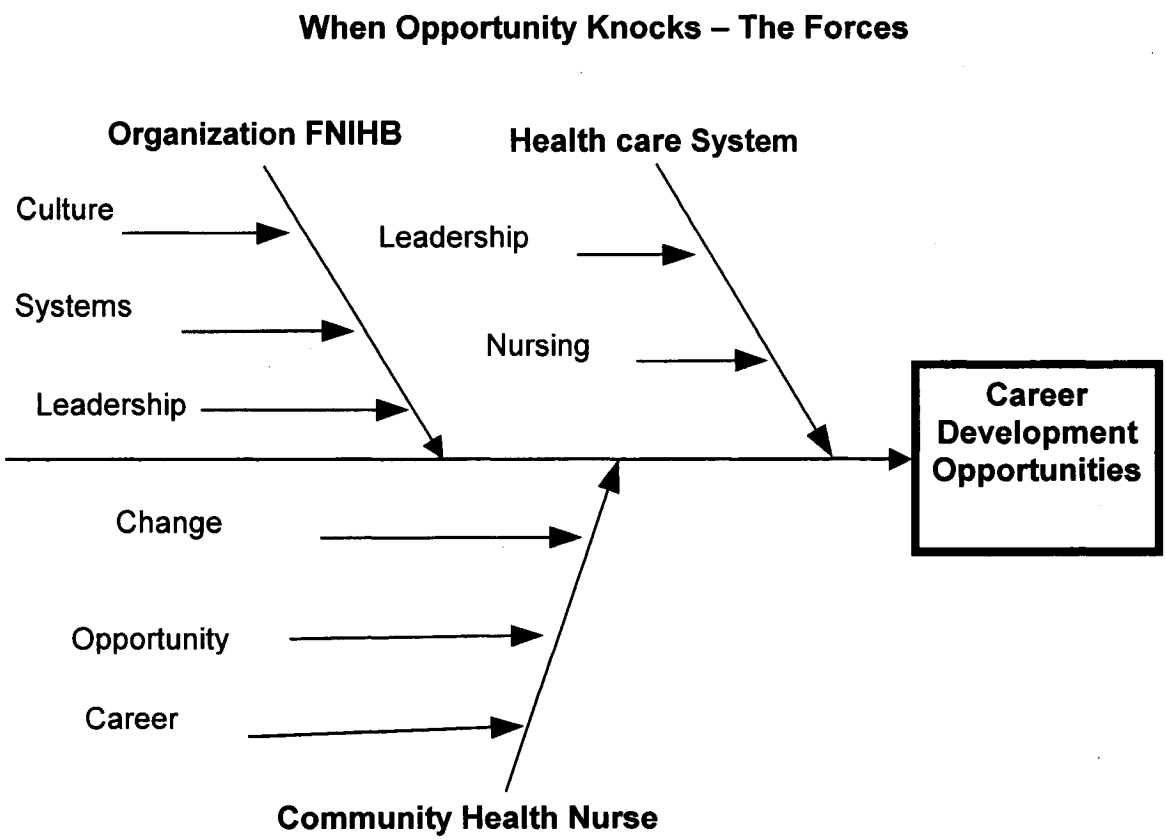
These three research projects linked the work environment and the importance of career development for nursing staff. A number of provincial and national documents over the past five years have been researched and prepared across Canada by various nursing directorates and ministries of health. These reports have identified the importance of the nursing environment for recruitment and retention of qualified personnel. In all of the nursing reports and reviews, career development opportunities are identified as a key factor in retention of nurses.

In *Banishing Bureaucracy,* Osborne (1998) identified the major myths that permeate governments during a period of reform and suggests instead a need for the reinvention of governments. He defines reinvention as the "the fundamental transformation of public systems and organizations to create dramatic increases in their effectiveness, efficiency, adaptability, and capacity to innovate...this transformation is accomplished by changing their purpose, incentives, accountability, power structure, and culture" (pp. 13–14). To create staff engagement there is a need to "reinvent" our government, our department or our branch.

Review of Supporting Literature

In support of the research inquiry, the author used a mind mapping process to determine the relevant key concepts. Figure 2 represents the major concepts in career development opportunities. For community health nurses, the forces are career planning or vision of future and available opportunity, which is affected by change. The FNIHB organization has three major components that affect career development: the culture and organization, the systems thinking, and the leadership. In the health care system, many aspects of the changing landscape of health care affect how the practice of nursing will change or evolve in the future. Two major factors affecting frontline nursing staff are health care organization leadership and nursing leadership.

Figure 2. Key Concepts Identified by a Mind Mapping Exercise



During the initial literature review, the focus was on three major concepts: change from the individual perspective, organizational issues of culture and systems, and health care system issues of leadership and the role of nursing. Early in the review process, it became evident that the area of career development, or professional development, needed exploring to understand the individual or organizational requirements for seeking or promoting learning opportunities. The concept of leadership was not reviewed as a separate theme, but was considered to be integral to all concept areas.

At the individual level, the nurse takes leadership in planning, seeking opportunity and change within her/his practice environment. At the organizational level, nursing leadership needs to support culture change and systems change.

Applying Bill Kinsella's famous line in the movie *Field of Dreams,* 'if you build it they will come,' translated in this situation to 'offer it and they will take it.' But is that really true? Policies and regulations support nurse's learning opportunities, but how can FNIHB enhance engagement in career development activities?

Organization Culture and Systems Influences

Organizational Culture

FNIHB is a large organization with a distinct culture. Harrison and Stokes have defined organizational culture as:

> the pattern of beliefs, values, rituals, myths, and sentiments shared by the members of the organization. It influences the behavior of all individuals and groups within the organization. Culture impacts most aspects of organizational life, such as how decisions are made, who makes them, how rewards are distributed, who is promoted, how peoples

are treated, how the organization responds to the environment. (Harrison & Stokes, 1992, p. 1)

Schein (1992) defines organizational culture and offers ten major categories of the "overt phenomena"... "certain things in groups are shared or held in common" (p. 8). The major phenomena associated with culture are:

1. *Observed behavioral regularities when people interact*: the *language* they use, the *customs and traditions* that evolve, and *rituals* they employ.
2. *Group norms*: the implicit standards and values that evolve in working groups.
3. *Espoused values*: the articulated, publicly announced principles and values that the group claims to be trying to achieve.
4. *Formal philosophy*: the broad policies and ideological principles that guide a group's actions.
5. *Rules of the game*: the implicit rules for getting along in the organization.
6. *Climate*: the feeling that is conveyed in a group by the physical layout and way in which members of the organization interact with each other.
7. *Embedded skills*: the special competencies group members display in accomplishing certain tasks.
8. *Habits of thinking, mental models, and/or linguistic paradigms*: the shared cognitive frame that guides the perceptions, thought, and language used by members of the group and are taught to new members.
9. *Shared meanings*: the emergent understanding that is created by group members as they interact with each other.

10. *"Root metaphors" or integrating symbols*: the ideas, feelings, and images groups develop to characterize themselves. (Schein, 1992, pp. 8–10)

FNIHB's organizational culture has developed over a 60-year period; it creates the platform on which all future development will be based. Learning, career development or education for nurses in communities is affected by the value placed on education or the rituals and customs of the organization in encouraging or enhancing opportunities for development. For community health nurses in FNIHB, beyond what is deemed a mandatory program (i.e., basic skills to get the work done), there is little encouragement to support broader professional development activities.

Simonsen (1997) promotes the importance of an organizational culture that supports development and uses career development as the agent of change. The culture of an organization provides the guide and map for how people interact and move within the organization. Positioning career development as a change agent that will "bridge the old with the new realities, reinforces the messages of change needed and educates employees about what's in it for them" (p. 21). She also recognizes the importance of linking career development or continuous learning directly to the mission and vision of the organization.

> A general people policy is stated as part of the mission, but it may not be interpreted at the level of detail individual's need in order to act on it. A development philosophy, with actions defined for managers and employees, can be the base upon which the rest of the design of a development process is built. (Simonsen, 1997, p. 48–49)

The "organizational culture has a powerful effect on the performance and long-term effectiveness of organizations" (Cameron & Quinn, 1999, p. 4). In health-care, culture is especially important "where rapid change is creating the need for new and varied cultures that not

only enhance performance and efficiency, but also increase both employee and customer satisfaction" (Vestal & Spreier, 1997, p. 15). "Culture is what distinguishes truly high-performing organizations from the pack" (Juechter, Fisher, & Alford, 1998, para. 1).

FNIHB's organizational culture affects performance of the community health nurse by inhibiting or strengthening his/her ability to seek career development opportunities. Creating a culture that positions "career development" directly into the organization's mission and vision would enhance the learning opportunities for employees and the effectiveness of the organization in the business of health care delivery.

Systems Influences

For the most part, human beings do not see the larger system process of which we are part. We see individuals within the system, but we do not see "It" – the whole, the system, the family, the team, the business partnership. We do not see "Its" process as "It engages with Its environment" (Oshry, 1995, p. 128). All people are all part of many systems, but the organization is also part of many other systems, open and closed systems that circle endlessly within and around each other. Individuals need to understand systems before they can develop solutions for the challenges they create. Senge (1990) recognized that "living systems have integrity…their character depends on the whole…the same is true for organizations; to understand the most challenging managerial issues requires seeing the whole system that generates the issues" (p. 66).

The resolution of challenges in one part of the organization can give rise to problems in other areas; problem resolutions cannot work in isolation of the whole system. Wheatley (1999) asks:

> If we were to solve all individual problems, every one of them, would this fix the organization? Most people would reply "No"…Clearly, they understand that there are

other forces at work, holding the organization in its troubled state. They may not be able to name them, but they know that they're there. (Wheatley, 1999, pp. 142–143)

In creating an environment that offers enhancements for career development to nursing staff, a portrait of the system needs to be devised. Wheatley (1999) describes it as "seeing the interplay between systems dynamics and individuals is a dance of discovery that requires several iterations between the whole and its parts" (p. 143).

The need to study the whole and the parts of an organization — such as review events or decisions, and investigate in detail the system — to gain insights about relationships and insights for career development (Wheatley, 1999).

Senge (1990) offers a view into sustaining change momentum for learning in an organization that builds on a systems approach. "Behaviour within large organizations is influenced by subtle fields of thought and emotion and these fields are susceptible to change—indeed they are continually unfolding" (p. 501). He believes by cultivating these fields we may have extra points of leverage to create change or introduce new ways of being.

To bring a system or organization back to a state of health, it must be reconnected to itself; "the system needs to learn more about itself from itself" (Wheatley, 1999, p. 145). A state of health for the organization is needed to support a learning environment and career development opportunities for nurses.

Through understanding the systems theory and organizational culture literature we can create an approach for enhancing the nurses' learning career or professional development opportunities. This is critical knowledge that will assist in reaching or creating awareness for community health nurses who are at the greatest distances from the centre.

Health Care System

Organization and Leadership

The health care system continues to face major restructuring, reviews, commissions of inquiry and debate by every sector of society. Hudson (2003), in an editorial comment, states "the cacophony of health-care noise concerning the poor performance suggests a specific need for able health-care leaders" (p. 4). He explains that the current process of developing health care leadership is founded on "the concept of progressive responsibility within the major healthcare domain until the individual is 'fit to practice without supervision'...the process is Darwinian in nature" (p. 4). People are promoted into health care leadership based on traditions of movement upward through the ranks of practicing managers or professionals, not on ability to lead a health care organization.

"The single most important commodity in health care is people" (Sperry, 2003, p. 212). By the very nature of the business of health care, being responsible for the health and wellbeing of the public, it is critical to maintain a skilled and knowledgeable workforce of professionals. An important element of skill and knowledge is an environment that supports learning and career development. Sperry discusses the importance of the coaching role of health care managers and portrays the role of the "developmental coach" as "an effective method for a manager to deal with an employee's future job responsibilities or even a career change" (p. 127).

Martin (2003) develops two roles for learning and development for the health care leader. "One is that you become a model of a learner for those who recognize your example as a leader, and the other is that you take on a responsibility for supporting learning" (p. 69) for those you lead. The health care leader is in an influential role and it is the leader's attitude to development and learning, and personal investment of resources that will shape the employees' values for

learning in the organization. In development, "the way in which you support others will all be influential once you are in a leading role" (p. 69).

A reflective practice for leaders in a learning environment is key support offered by Martin (2003). "If you engage in critical reflective practice and share some of your reflections with your colleagues and teams, this will be influential in generating reflective approaches as a normal aspect of work" (p. 69). The openness of a leader to share learning experiences will encourage others to appreciate the opportunity a reflective practice has on learning that may be transformative, both in the work and personal environment of individuals.

In Canada the health care system with its many organizations is coping with issues around health care that are similar in all developed countries. In Canada we need to attract or develop leaders who understand the "dynamics of change and complexity of economic constraints" (Tieman, 2002, para 15). The primary Canadian magazine on health care issues, *Healthcare Papers,* devoted a complete issue in 2003 to a discussion of health care leadership and its development. "The final test of a leader is that he or she leaves others with the conviction to carry on," was the quote on the cover (Lippman, 2003, p. 1).

Nursing and Nursing Leadership

Nursing continues both an internal and external struggle with the concept of "profession." Nurses have moved from a task-orientated, apprenticeship education process to knowledge-based university education. A large number of practicing nurses remain who have not received a university education and practice at the bedside, offering excellence client care. The younger practicing nurses have been educated at universities with educational preparation in frameworks, concepts models, and research in nursing practice. This has created debate over the role of career or professional development.

> The work of a professional extends over an anticipated lifetime of occupational service, encompassing activity of employment, and productivity. Career commitment is a nurse's attitude toward nursing as profession or vocation and the motivation to work in a chosen career role (Blau, 1985; Gradner, 1991; Hall, 1971). Commitment to a career is important in nursing because of the relationship to development, satisfaction, and retention of staff nurses in organizations and the overall profession (Barr & Desnoyer, 1988; Garner, 1991, 1992). Nurses must "adopt a career mentality toward their work and be true to that orientation for the whole of their professional lives" (Joel, 1999, p. 4). (Huber, 2000, p. 671)

The nurse "as professional" requires a lifetime commitment to learning or professional development activities to maintain or improve knowledge within nursing.

The commitment to learning for nurses has become a fundamental standard for organizations that register nurses to practice in their jurisdictions. For example in British Columbia the Registered Nurses Association of British Columbia's [RNABC] (2003) sixth standard of practice of self-regulation states "meeting the requirement for continuing competence, including investing own time, effort or other resources to meet identified learning goals" (p. 20). Yoder-Wise (1999) believes that a key to maintaining competency is "continued learning" (p. 437). Learning can happen in many situations from conversation, readings, lectures and workshops. Nurses need to see that "the continued learning that the professions, healthcare employers, boards of nursing and professional associations are most concerned with is formal study — graduate education and continuing education" (p. 437).

The nurse must create a lifelong learning approach to career or professional development, and the role of nursing leadership is to support development. In the business world, career

development programs "have been documented as a positive force", and there is "recognition of a manager's responsibility for assisting subordinates with career development" (Marquis & Huston, 1996, p. 517). But in most organizations, the management group receives the most attention in career planning and developmental opportunities. "Generally, more that 80% of an organization's employees are non-management, so it is imperative that attention also be paid to their career development" (p. 517).

Marquis and Huston (1996) suggest that including career development as part of management functions impacts employee retention. They offered the following list. Note the list includes retention and career advancement as justifications for a career development program.

1. Reduces employee attrition.
2. Provides equal employment opportunity.
3. Improves use of personnel.
4. Improves quality of work life.
5. Improves competitiveness of the organization.
6. Avoids obsolescence and builds new skills. (pp. 518–519)

Marquis and Huston (1996) offer a guide to the development of the nurse-manager in the function of career development of nursing staff, identifying the need to develop skills in career development and management. With the appropriate preparation in career development by supporting, coaching and advising nursing staff, the nursing leader should see positive results such as "alleviate burnout, reduce attrition, and promote productivity" (p. 533).

The need for nursing leadership to be actively involved in the development of staff is stated by many of the current academic nursing leaders. "The nurse manager plays a crucial role in ongoing assessment and evaluation of employees, providing opportunities and encouragement

for their advancement and maintenance of abilities" (Sullivan & Decker, 2005, p. 268). Sullivan and Decker also suggest the nurse manager is ideally placed to communicate the nurse's educational needs to the administration to improve the allocation of resources for career development opportunities (p. 268).

During the performance review or appraisal process in most health care organizations, career development or planning is considered an integral part of the practice. The manager is responsible for the nurse's appraisal. Therefore she/he must be prepared to assist in the guidance of the career planning and development of staff. The nurse who designs personal performance goals has an opportunity for career advancement if the goals "meet organizational goals [which] can permit earlier advancement in personal career goals" (Grohar-Murray & DiCroce, 2003, p. 217). Grohar-Murray and DiCroce consider that "opportunities for growth and advancement are more readily perceived by those who are informed and involved" (p. 217).

The nursing leader must support and guide professional development for her/his nursing staff, but the leader also has an obligation to his/her own career and learning development. Grossman and Valiga (2000) created a view of leadership in nursing's future:

> Emergence as a leader is a developmental learning process in which capacities, insights, and skills gained through one experience or at one level serve as the basis for further growth, thus, leaders go through stages in their development. It also is generally acknowledged that one learns to be a leader by serving as a leader: merely talking about being a leader or observing others in that role does not make one a leader. One is a leader when he or she exercises leadership.
>
> Finally, leadership development is a lifelong process. As nurses progress throughout their careers, they will face new challenges. The need for change will always

> exist, and groups will need leaders to help them weather the forces of change. Conflict will always exist, particularly as resources become more scarce and new healthcare workers challenge traditional roles; groups will need leaders to help them manage those conflicts. New visions will continually need to be articulated as previous visions are realized or changing societal expectations demand new directions; groups will need leaders to help them see and realize those visions. As the circumstances of our lives are constantly altered, our leadership skills also need to be defined, renewed, and further developed. (Grossman & Valiga, 2000, pp. 188–189)

The role and effect of nursing leaders has been well documented in recent research, both in Canada and internationally. The nursing leader affects the staff nurse's quality of patient care and care outcome. The nursing leader has a direct effect on the quality of work life of the nurse and is a major factor in his/her career or learning development opportunities.

Taylor (2005) expresses the view that "the goal of professional development is improved practice through change — changes in ways of doing or thinking about one's work.... As professionals, we should be thinking about developing ourselves professionally; however, as leaders, we should also be thinking about developing our organizations professionally" (p. 164). The leader is responsible for his/her development, the employees, and the organization professionally in the process of change.

Career Development

Career is not just what one works at or the job, but should be viewed as a "lifestyle concept" (Niles & Harris-Bowlsbey, 2002, p. 7). Niles and Harris-Bowlsbey broaden the view of career as "the course of events constituting a life" (p. 7). A broad career description "highlights the multiple life roles people play and acknowledges differences across people regarding life-

role" and the "importance of work in people's lives" (p. 7). The development then of career is "lifelong psychological and behavioral processes as well as contextual influences shaping one's career over the life span" (p. 7).

In defining career development in this way, the onus of career or lifestyle is on the individual and not on the organization or work site. Confusion is encountered in the role of career counselor, facilitator or advisor who is offering career development consulting. Niles and Harris-Bowlsbey (2002) define the work as "interventions" that are "activities that help people develop self-awareness, develop occupational awareness, learn decision-making skills, acquire job search skills, adjust to occupational choices after they have been implemented, and cope with job stress" (p. 7).

Before we can assist in developing interventions, it is important to understand how individuals choose their career paths. Career choice and development from a sociological perspective affects social economical disparities and social mobility (Johnson & Mortimer, 2002). "Occupation is a strong determinant of a person's status within the community, earnings, wealth, and style of life" (p. 37). The choice of career is a complex mix of social and psychological factors, from family, community, cultural or educational goals to significant others. Environmental issues support or constrain the individual's opportunities to take a chosen career. Choice of career can be affected by the perceived value, either intrinsic or extrinsic, by people-oriented motivation or whether the career path sustains the work-ethic individual or family (pp. 37–39).

Career development and process and the literature devoted to its understanding resemble a giant jigsaw puzzle. The puzzle includes pieces such as genetic endowment, environmental resources and barriers, learning experiences, interests, abilities, values, personality, goals,

choices, satisfaction, performance, change (or development) over time, and multiple transitions, such as school-to-work and retirement (Lent, 2005). Lent believes the greatest challenge in career development is not examining the individual puzzle pieces but forming a logical image. A career is not static but a moving picture over time. It is important to build the story and understand how the puzzle has come to be at this point. The best predictor of career outcome expectations is self-efficacy.

Lent (2005) completed a metaanalysis linking social cognitive theory to career development processes and outcomes, the findings would have implications for creating interventions:

- Interests relate strongly to self-efficacy and outcome expectations.
- A person's ability or performance accomplishments are likely to lead to interests in a particular domain to the extent that they foster a growing sense of self-efficacy in that domain.
- Self-efficacy and outcome expectations relate to career-related choices largely (though not completely) through their linkage to interest.
- Past performance promotes future performance partly through people's abilities and partly through their self-efficacy, which can help them organize their skills and persist despite setbacks.
- Self-efficacy appears to derive most strongly from past performance accomplishments, but is also responsive to vicarious learning, social encouragement and discouragement, and effective and physiological states. (p. 114)

Canadian researchers Donner and Wheeler (2004) have developed a model for career planning and development. The model supports career development as a dynamic continuous spiral of a planning process in five phases:

- Phase One: Scanning Your Environment

  What are the current realities/future trends?

- Phase Two: Completing Your Self-Assessment and Reality Check

  Who am I? How do others see me?

- Phase Three: Creating Your Career Vision

  What do I really want to be doing?

- Phase Four: Developing Your Career Plan

  How can I achieve my career goals?

- Phase Five: Marketing Yourself

  How can I best market myself? (p. 7)

In the development of the *Donner-Wheeler Career Planning and Development Model,* the nurses not only wanted to plan but to "shift their focus from job to a focus on career and long-term commitment" (Donner & Wheeler, 2004, p. 6). By focusing on long-term commitment to the profession, nurses find the right match between themselves and the employer, view each employment as an opportunity to learn, and dedicate themselves to lifelong learning both professionally and personally.

> If we have learned one thing over the course of our work, it is that to sustain nursing for the future, we need to build cultures in workplaces where nurses can talk about their careers, not just their jobs, and where employers see supporting nursing careers as a benefit for themselves as well as for their employees. (Donner & Wheeler, 2004, p. 149)

The worldwide change in health care and the deepening shortage of nurses has created a situation for most employers of nurses. Employers must now develop nursing recruitment and retention strategies that include a career development culture to maintain their professional workforce. The responsibilities "between employers and employees has shifted 'from an expectation of long term to a transitory relationship; from perception of entitlement to shared responsibility; from employees being of an organization to being a factor in production; and from corporations taking a patriarch's role to employees bearing more of the responsibilities' (Altman & Post, 1996, p. 51)" (cited in Donner & Wheeler, 2004, p. 150).

The individual has the chief responsibility of developing and maintaining a career plan. To support his/her plan as well as the organization, the individual must create a culture that supports *career development*. To create the "success of a career development culture requires the active support and involvement of three principal actors: top management, supervisors and employees themselves (Conger, 2002, p. 371)" (cited in Donner & Wheeler, 2004, p. 150).

Ben Ball (1998) developed a set of competencies for career management from the individual's perspective. They were created because the "flatter, delayered organizations offer fewer opportunities for long-term job security and career progression in the conventional sense" (Ball, p. 3). From an analysis of case study interviews, the four competencies identified by Ball "seem to account for a wide range of career choice and career maintenance tasks described by the interviewees in their work history" (p. 6). Ball offers the four competencies with complete descriptions:

- Competence 1: optimizing career prospects
- Competence 2: career planning – playing to your strengths
- Competence 3: engaging in personal development

- Competence 4: balancing work and non-work. (pp. 6–11)

In identifying of these competencies, Ball suggests that organizations and individuals need to "start to define a model of career self-management competencies which can be adapted by employee and employer" (Ball, 1998, p. 11). The model would support career development of the individual and assist the organization with employee performance and effectiveness.

In reviewing the literature on career planning and development, the author focused on the requirements of the individual. A starting point to develop interventions is offered by understanding the needs, competencies or qualities of the individual in a career. The organization has a responsibility to create and maintain a culture that supports both career development and learning of the employees.

Change - Transitions

Life is no straight and easy corridor along
which we travel free and unhampered,
but a maze of passages,
through which we must seek our way,
lost and confused, now and again
checked in a blind alley.
But always, if we have faith,
A door will open for us,
not perhaps one that we ourselves
would ever have thought of,
but one that will ultimately
prove good for us.

A.J. Cronin (as cited in Johnson, 1998, p. 9)

Change is a critical element in the taking of opportunities for development. The need to risk or challenge involves change. The change is an intertwining of personal and organizational

change. Without an understanding of the change process, there can be no encouragement to challenge the taking of opportunities. Leaders can support or encourage nurses to seek the opportunities if they have the knowledge and skills needed to sustain change for individuals within the organization.

Rebecca Chan Allen (2002) signifies change as a journey, much as A. J. Cronin tells us that we cannot travel in straight and easy lines. Allen's journey consists of a spiral journey map, random flow journey map, or the arrow journey map (pp. 32–34). Change is viewed as a circular ongoing process by most of the authors of change both personally and organizationally (Allen, 2002; Anderson & Anderson, 2001; Senge, 1999). The steps process identified by Bridges (2003), Kotter (1996), and Skinner (2002) appears to be linear, but each discusses the cycle of never-ending change both for an individual and the organization.

The start of the change journey is an awakening (Allen, 2002, p. 51) or hearing the *wake-up call* (Anderson & Anderson, 2001, p. 57). This requires the individual or organization to shift out of a state of inertia to be challenged by the discovery of possibilities (Allen, 2002, p. 51) or by the "recognition that the status quo in the organization no longer works" (Anderson & Anderson, 2001, p. 58). The wake-up call has four identified levels according to Anderson and Anderson (2001) that go from "we must change" to "the change required is transformational" to "transformational demands new strategies and practices" to "transformation requires me to personally change my mindset, behavior, and style" (p. 58). Considering change as a need to alter or adapt one's mindset, behavior and style will help to create supports needed to make personal transitions.

Bridges' (2003) first phase of the three-phase transition model is "ending, losing, letting go" (p. 4-5). It is a critical time for both personal and organizational change because it helps recognize and honour the past. Bridges has us:

- Identify who's losing what.
- Accept the reality and importance of the subjective losses.
- Don't be surprised at overreaction.
- Acknowledge the losses openly and sympathetically.
- Expect and accept the signs of grieving.
- Compensate for the losses.
- Give people information and do it again and again.
- Define what's over and what isn't.
- Mark the endings.
- Treat the past with respect.
- Let people take a piece of the old way with them.
- Show how endings ensure the continuity of what really matters. (pp. 25-36)

The concept of loss, both for the individual and a group of individuals or organization, will create appreciation of the meaning of transition at the time of major change. Honouring the past is an important tradition for First Nations people. In an organization with a rich long history of services with First Nations, it will be important to recognize and respect the past.

Kotter (1996), Senge (1999), and Skinner (2002) build on the need to motivate, create or initiate change. Skinner (2002) looks at personal change through the lens of "Social Learning Theory/Social Cognitive Theory" developed in the late 1940s:

> Social cognitive theory links the individual with the salient attributes of the environment....The pivotal concept is the reciprocal determinism, which emphasizes the dynamic interplay between the person and the environment. Behavior is seen to result from the continual interaction among three components: (1) characteristics of the person; (2) behavior of that person; and (3) the environment in which a behavior is performed. (Skinner, 2002, p. 126)

Motivation to change requires not only a personal recognition, but also the behavior to challenge and the supportive environment to sustain the change initiatives. Seeking opportunities, the nurse will need encouraging and sustaining by the nursing leadership of the organization.

The individual can initiate personal change to seek opportunities, but the organization must also take advantage of transition to be a true "learning organization." Kotter (1996) provides an eight-stage process for creating major change:

1. Establishing a sense of urgency.
2. Creating the guiding coalition.
3. Developing a vision and strategy.
4. Communicating the change vision.
5. Empowering broad-based action.
6. Generating short-term wins.
7. Consolidating gains and producing more changes.
8. Anchoring new approaches in the culture. (p. 21)

This is similar to Senge's (1999) *Dance of Change* that builds on the challenges of each phase before "growth...processes of profound change" (p. 28).

The Dance of Change:

- The challenges of Initiating
    - Not enough time
    - No help (coaching and support)
    - Not relevant
    - Walking the talk
- The Challenges of Sustaining
    - Fear and anxiety
    - Assessment and measurement
    - True believers and non-believers
- The challenges of Redesigning and Rethinking
    - Governance
    - Diffusion
    - Strategy and purpose. (Senge, 1999, p. 28)

Anderson and Anderson (2001) build change on a nine-phase model that is used to lead a conscious, transformational, organizational change. The process model starts with the wake-up call and progresses through an organized change process. The progress is viewed as:

1. Preparing to lead the change.
2. Create organizational vision, commitment, and capacity.
3. Assess the situation to determine design requirements.
4. Design the desired state.
5. Analyze the impact.
6. Plan and organize for implementation.

7. Implement change.
8. Celebrate and integrate the new state.
9. Learn and course correct. (Anderson & Anderson, 2001, p. 169)

The challenges of Senge's dance, the phases of Kotter's process, and the Anderson and Anderson model all identify the need for leadership that acknowledges the fears and anxieties but also builds on communication and empowering others to act. These points are critical for the transition of the individual and in creating organizational change. The change models or processes have dynamic steps and are organized in a circular flow that offers tools to direct change.

Trust is a critical factor in taking a quantum leap because one is venturing into the unknown (Allen, 2002). Building trust will improve the view of change from gain to growth or compliance to commitment. Bridges (2003) builds trust by managing the three phases through skills such as honouring the past in the first phase. Kotter (1996) builds trust through leadership from communication to vision. Anderson and Anderson (2001) create trust through building organizational vision and understanding of a need to change; seeking commitment; and creating capacity to change.

Allen (2002) challenges us to guide *change journeys*. She offers ideas and tools that combine personal "knowledge, situations, and experiences to create new and wonderful innovations" (p. 3). The change literature has an array of ideas, tools, models, and processes that would greatly enhance the guidance of change journeys, both for individuals for and organizations.

A new paradigm is needed — one that creates the conditions for fostering information flow, connectivity, relationships, and emergence of plans from the members of the

organization. Such a paradigm has major implications for leaders and change agents. Learning to support these processes and letting go of the need for control and certainty is a major challenge." (Olsen & Eoyang, 2001, p. 19)

Organizations can create partnerships in change for developing the individual and to grow, enhance, and construct the preferred future for all.

Summary

The literature review uncovered a maze of connecting pathways between the individual and the employing organization. Connections are developed through the values and culture of the organization within the broader systems that both the employee and the institution function. Trails are blazed in the health care system and the nursing profession to change the way that business is accomplished. Both organizations and health care are realizing the importance of investing in their future through people. This needs to be built on leadership, communication, relationship and partnerships in vision and planning.

Career as a lifelong quest, a way of living, can be planned and developed, given the right tools and competencies. Change is inherent in living and considering it as "a journey" is how we should prepare for change. The literature identified that we need to enhance a nurse's opportunities with support for developing career competencies and planning.

'Riding the wave of opportunity' for the nurse will require building the boat. Building of the boat must be in partnership with those who will support her/his journey within the organization.

Each time a person stands up for an idea, or acts to improve the lot of others, or strikes out against injustice, she or he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current that can sweep down the mightiest walls of oppression and resistance.

Robert F. Kennedy (as cited in Wheatley, 1999, p. 136)

CHAPTER THREE – CONDUCT OF RESEARCH REPORT

Research Approach

Nurses in FNIHB have specific needs, desires, anxieties, and fears around seeking new challenges. The organization has deeply held beliefs, values and ways of being in a large complex system of relationships. Health care systems and the nursing profession are evolving in a shifting health care environment that has seen vast changes in delivery and management, including shifting health care delivery from hospital to community-based, from physician services to interdisciplinary providers, and reduction of health care budgets. Intense research activities in nursing have been carried out. These activities have been centred on client care settings and the practice of nursing, as well as on the expanding variety and numbers of health professionals beyond the traditional nurse–doctor health care providers. Changes in health care are being directed by the need for development of the evidence to support client care, inform leadership, and identify best practices (Martin, 2003). Gathering data through an action research approach will offer a way "to change social reality" (Morton-Cooper, 2000, p. 11). In the 1940s, Lewin described action research as the way to research social practice for "social management or social engineering....Research that produces nothing but books will not suffice" (p. 144). Action research builds on the assumptions that "recording of events and formulation of explanations by an uninvolved researcher is inadequate...that designated 'subjects' should participate directly in the research process and those processes should be applied in ways that benefit all participants directly" (Stringer, 1999, p. 7). Involvement of the nursing community in the research will identify their needs, desires, anxieties, and fears around seeking new challenges. Action research as a "disciplined inquiry (research) which seeks focused efforts to improve the quality of

people's organizational, community, and family lives" (p. 9) will identify the need for the nursing environment or social reality to adapt.

Action research for the nursing community is "community-based research," which Stringer (1999) describes as "its purpose is to build collaboratively constructed descriptions and interpretations of events that enable groups of people to formulate mutually acceptable solutions to their problems" (p. 188). Community-based research may have many results and recognizes the importance of protecting the integrity of all members. "It is oriented toward ways of organizing and enacting professional and community life are that are democratic, equitable, liberating, and enhancing" (p. 188). Stringer warns that authoritarian modes of control and expressions of "the way things are done" (p. 189) are important concerns when working in large institutions such as governments.

Schein (1992) recognizes the importance of "insider" action researchers in organizational culture issues (p. 147). "Insiders learn what is really going on...reveals enough about the culture to make further, more formal study easier and richer...helping leaders manage cultural issues in their organizations" (p. 147). Nursing leadership is important in identifying cultural assumptions and how they may aid or hinder any strategic change in career development for community health nurses.

Making a recommendation for actions to the sponsor holding a senior nursing leadership position has the organizational position and power to affect change for the nursing community. Stringer (1999) identifies the need to work strategically when attempting an action research project in large organizations, bureaucracies or where long-standing practices are institutionalized. "Researchers are likely to disrupt practices....That can have impacts on people's egos, dignity, power, status, and career opportunities" (p. 137). Through this study, the

author wants to identify the opportunities for nurses, offer recommendations to enhance the individual nurse's ability to seek the opportunity, and to make recommendations at the highest possible level in the organization that can support the nurse to seek professional challenges.

Research Methods and Tools

To find ways to enhance the nurse's opportunities, the author needed to develop recommendations to enhance challenge-seeking behaviors and to identify what recommendations from a nursing leadership perspective at the organizational level can be offered to support the community health nurse. To explore these two areas, the author used a paper-based questionnaire for the community health nursing population and focus groups for nurse leaders. Within the nursing leadership group, three focus groups were held across the country and an initial group of senior executive leadership was also facilitated.

Community Health Nurse Survey

The use of a written questionnaire for community health nurses (CHNs) was required because CHNs are scattered across the country in isolated communities. Currently more than 500 nurses are stationed at more than 100 work sites. A questionnaire can be defined as "a printed self-report form designed to elicit information that can be obtained through written responses of the subject" (Burns & Grove, 1993, p. 368). The written approach is similar to oral interviewing, but lacks the ability to seek clarification and explanation, and does not permit probing. The survey has an important advantage over all other methods, particularly in our organization, because it reaches the broadest number of nurses at the lowest cost. Flexibility is also an important advantage where the work site is often a 24/7 operation, such as nursing stations in remote First Nations communities (Palys, 1997, pp. 168–170). An Internet or intranet-based survey would have been preferred, but although all but two of the Health Canada facilities are

connected to the internal email system, most have only slow dial-up ability for connecting to the intranet. Some communities also have high-speed access to the Internet. All of the communities have phone systems that support alternative ways to return questionnaires (e.g., facsimile transmission).

> Questionnaires can be designed to determine facts about the subject or persons known by the subject; facts about events or situations known by the subject; or beliefs, attitudes, opinions, levels of knowledge, or intentions of the subject. (Burns & Grove, 1993, p. 369)

Bernard (2000) identifies three conditions where self-administered questionnaires are preferable to face-to-face interviews: "(1) You are dealing with literate respondents; (2) you are confident of getting a high response rate (at least 70%); and (3) the questions do not require face-to-face interviews or the use of visual aids" (p. 237). The use of questionnaires for this population of CHNs would be the most economical and the technology, a minimum of a facsimile machine, would be available to support the process.

Developing the questionnaire involved a careful crafting of questions after conducting the initial focus group. The American Statistical Association (1999), the University of Leeds (2001), and the University of Illinois at Chicago (2004) online resources helped the author develop questions for the survey. A short group of questions, mainly close-ended with one open-ended question, was developed to seek attitudes or belief values that could be completed within 10 minutes. The surveys were returned anonymously by mail or fax.

The survey of community health nurses provided the "seed of hope." Bellman (2002) believes that "hope comes when new perspectives generate new alternatives...helping people first understand the difference between what they have and what they want and then see that they

can do something to close the gap" (p. 183). Nurses need to be informed that there are opportunities before they seek change.

The author developed the questions, which were then piloted with the assistance of nursing student in a baccalaureate program who was required to work on a nursing research project. The questions were assessed for their clarity and their ability to collect the necessary information, while not raising unrealistic expectations. The pilot survey questions were administered within an office group of nurses who were familiar with the working environment of CHNs. A second pilot survey among other community nurses who were not familiar with the work site was conducted to ensure that the questions solicited the required information.

The survey data fell into two areas for analysis: the quantitative data can be computer coded through a Microsoft Excel spreadsheet. The open-ended question will create the qualitative data necessary to generate the themes (Palys, 1997, p. 198). Creating data that are both qualitative and quantitative will support both management and nursing leadership needs. The issues of reliability and validity are important in quantitative research where the "same phenomenon can be measured consistently over time or the measure is valid for the purpose it was developed for (pp. 63–64). The data gathered must be considered trustworthy and authentic for the purpose stated. A copy of the survey tool is available in Appendix B.

Nursing Leaders Focus Groups

The nursing leadership in our organization has several meetings each year, hosted by one of the regions. The senior nursing leaders' meeting brings together the nursing officers and consultants who hold similar executive-level positions across the country. The focus group inquiry method "is essentially a group version of a face-to-face interview" (Palys, 1997, p. 161). The leadership has changed dramatically over the past six months and most of the nursing leaders

are new to the organization. They will bring a wealth of knowledge and experience from other health care organizations. The nursing leaders will be able to consider CHNs seeking challenges from the broader perspective of organizational culture and systems. These are both important aspects of obtaining information from nursing leadership. It raises the issue of importance of career development for the nursing population. The finding from focus group also identifies the importance of organizational culture and system on CHNs seeking challenges. This initial focus group will help to narrow and define the CHN's survey questions and changes will be made to the focus group questions if necessary. A copy of the focus group questions is available in Appendix B.

A second level of leadership supports the front-line CHNs directly. In the regions (or provinces) of Alberta, Manitoba, and Ontario, there are regular meetings of operational nursing officers. The remaining regions, including B.C., no longer have more then one or two of these individuals who could meet regularly. The option to approach the other regions to hold focus groups asking for similar information from this group of leaders would be an excellent source of data. "Focus groups are powerful means to evaluate services or test new ideas...interviews of 6–10 people at the same time" (McNamara, 1999, para. 1). They can be rich sources of information at one time. "Palys states focus groups may provide provocative and/or insightful information to the forces (as cited in Johnson & Leavitt, 2001, p. 130). The use of appreciative inquiry will facilitate the bringing forth of assumptions "to break outside of our filter or frame" (George, Farrell, & Brukwtizki, 2002, p. 36), which, in large complex organizations such as Health Canada, can become entrenched.

The focus group discussions were taped and then transcribed for development of themes. Theme development for the action research project was done in a way similar to theme

development in qualitative research, such as in the grounded theory method (Bernard, 2000; Munhall & Boyd, 1993). Grounded theory research is aimed at understanding "how a group of people define, via social interactions, their reality" (Munhall & Boyd, 1993, p. 182). Bernard (2000) says that "the heart of grounded theory is to identify themes in texts and coding the text for the presence or absences of those themes" (p. 444). The data gathered, as with the survey, must be considered trustworthy and authentic for the purpose stated versus ensuring validity and reliability with a quantitative research inquiry tool.

Margaret Wheatley (1999) discusses "meaningful information...a living network will transmit only what it decides is meaningful" (p 151). There was concerned that not all the nurses or nursing leaders could be reached with the survey and focus groups, but if the right questions were asked, information would "move instantaneously across great distances" (p. 151). "I don't have to touch everyone; I just have to support those first courageous voices and encourage them to put it out on their own airwaves" (p. 151). This can create the "seeds of hope."

Project Participants

The project team directed by the author included a nursing student in a baccalaureate research nursing class and administrative support services in three regional offices as well as the author's office team. The nursing student, as a staff member, helped with the survey process and the survey data input. The administrative assistants to senior nursing leaders in Alberta, Manitoba and Ontario arranged the focus group meetings sites and provided addresses or contacts for sending out the surveys. The administrative team in the author's office helped in mailing surveys for Alberta and Manitoba, in preparing the information packages in British Columbia, and the collecting returned faxed and mailed surveys. The focus group tapes were managed separately by the author and a single clerk helped with transcription to ensure confidentiality.

The survey questionnaires were sent out with an information sheet (see Appendix C), inviting all community health nurses to participate. An return-addressed envelope was placed in the mailed surveys that involved an address outside of the government system. The fax numbers remained confidential either in author's home or in a closed office. It was hoped that the survey would be seen by all in the health facility and would attract at least one nurse per facility to respond. A second information note (see Appendix C) was sent to health facilities in British Columbia to inform the nurses of the project and offer participation for those who wished to take part.

Focus group members were convened by their respective senior nursing leader. The focus groups were planned to be held during a lunch hour or following a regularly scheduled regional meeting of the nursing management team. The project was given time on the agenda as an information session and then a request for participants was made. The author facilitated a focus group that allowed participants to build on each others' ideas; it attracted only those participants interested in the topic.

Throughout the survey and focus group phases of the project, the voluntary nature of the project was stressed. In each group, either at the community level or major city meeting, nurses had the option of participation.

Ethical Issues

In considering the ethical demands of research it is important to prepare all documents and process with participant's welfare in the forefront. Morton-Cooper (2000) lists the key ethical issues to consider in research:

- Voluntary (as opposed to coerced) participation.
- Participants to have given informed consent.

- Preventing participants and others who may be indirectly involved from becoming psychologically or physically harmed by the research.
- Individuals to retain the right to withdraw from the study and/or to retract consent.
- Anonymity and confidentiality.
- Accurate recording and safe management of data produced by the study.
- Observation of professional and employer codes of conduct.
- Adequate feedback and reporting of the study's progress.
- Mutual respect and support of co-researchers as part of a collaborative team. (pp. 41–42)

Adherence to these ethical guidelines from research planning to the invitation to participate to the final document will ensure the protection of individuals. In addition, there is a "code of conduct" for a professional that needs to be reviewed and evaluated and the project framed within professional and employers' ethical codes. The ethics codes of professionals and employers are often more than codes of conduct; they often include underling values of the professional or employer. In British Columbia the CNA Code of Ethics is enclosed in our Standards of Practice (Resisted Nurses Association of British Columbia [RNABC], 2003b, p. 12). Ethics is part of every nursing role or function because nurses deal with relationships, and have a commitment to those they serve. The Treasury Board of Canada Secretariat (2003b) recently created the *Values and Ethics Code* to guide the activities of all Public Servants and to "serve to maintain and enhance public confidence in the integrity of the public service" (p. 6). By observing these ethical standards, which are similar, we put people first. This research project therefore placed the welfare of nurses first.

The key is information. From invitation to final report, the author wants to keep nurses and their leadership informed about the project and the final report. The information needs of departmental leadership and our client group, First Nations people, will be imperative. There will be a need to identify early if there will be challenges from these two critical partners of nursing. Morton-Cooper (2000) warns that all research has possible side effects and it is critical to be aware of the unstated concerns or powers that can affect a research study conducted in one's own organization.

"Bias means to slant away from the true or expected....Many factors relating to research can be biased: the researcher, the measurement tools, the individual subjects, the sample, the data, and the statistics" (Burns & Grove, 1993, p. 264). Action research by its very nature involves people with a "view to creating a fairer and more just society" (Morton-Cooper, 2000, p. 76). Bias of the researcher within this research approach is caused by being an insider in the process and wishing to create a fairer world. Researchers need to guard against ignoring results or misrepresenting results that do not reflect their view of right way or right results. The researchers in the areas of social, community or action research need to recognize, record and reflect on their feelings and thoughts to gain an understanding of their beliefs and values related to the interactions with others in the study (Bernard, 2000; Munhall & Boyd, 1993). A written journal can be useful in recording researcher bias, recording information gathering, planning ideas, and notes on thoughts or feelings – sometimes just one-word impressions.

The one area of bias not yet discussed is bias in survey responses from nurses who have concerns because of the author's current position in the organization. The covering letter offers explanation of the data use as an aggregate of the results. Internal mailing and faxing options were used to ensure the confidentiality of the received surveys. In British Columbia, where the

author holds the senior nursing position, additional information on data management was offered. A note advised CHNs that no information from the surveys would be provided to their nursing managers and B.C. results would be aggregated with all other regions.

Study Conduct

The study process was originally scheduled to start in early September 2004; however, ethical approval was not received from Health Canada until October. The first senior nursing leadership focus group, on September 28, 2004, in Toronto with nine participants, was conducted to refine the survey tool development and the focus group process.

The lack of a specific number of nurses at a given period within Health Canada health facilities created difficulties in planning the possible survey returns. Community health nursing staffing varies from no nurse in position and the unit closed to short-term contract staff or agency staff who would not qualify for educational support. With this limitation in numbers, it became important to target at least one response from each facility in order to consider the data useful. Survey packages were sent to 102 FNIHB health facilities as identified from various regional mailing lists because there was no single list of all FNIHB facilities in Canada. Sixty-four completed surveys were returned.

Two focus groups of nursing leadership in the regional offices were originally planned, due to travel and time resources. Senior nursing leaders from across Canada requested the opportunity for their nursing managers to attend a focus group. Therefore a third group was held to build relationships. The leadership focus groups were held November 15, 2004, in Edmonton with Alberta Region (nine participants), November 23, 2004, in Winnipeg with Manitoba Region (five participants), and November 24, 2004, in Ottawa with Ontario Region (five participants).

Survey Process

The following steps were established to manage data preparation, analysis, and management. The process was assisted by the research student under the author's direction. The author's process was adjusted as the study commenced and consisted of:

1. Development of a draft set of questions and an information sheet.
2. Piloting of survey among key community health nurses requesting written responses.
3. Preparation of packages with invitation, information sheets, survey and return envelopes.
4. Forwarding information to each of the four regions prior to mail-out and for Ontario all documents sent by the regional office system of emails and faxes.
5. Mass mailing from central mail room for Pacific Region. Setting up separate confidential fax in office and separate mailbox return in office building.
6. Data managed in a separate filing system.
7. Data entered into MS Excel spreadsheet and open-ended question responses entered into a word document.

Focus Group Process

The following steps were developed for the focus groups. They were amended as dates and travel arrangements were made. As a new researcher and unfamiliar with facilitating a focus group, the author used Krueger and Casey's (2000) manual on focus groups as a guide in developing questions, holding the focus group, and managing the data. Author's guide to focus group management:

1. Development of focus group questions and pilot with senior nursing leadership. Taping of the process and review tapes to guide survey questions or focus group question amendments.
2. Preparation of invitations, information packages, consents and a PowerPoint presentation for information sessions.
3. Coordination of place, time and travel for the three cities and forwarding electronically all documents to the respective administrative assistants for information.
4. Preparation of all materials and two tape recorders and additional tapes for each city.
5. Performing the focus group.
6. Validation of data with the participants.

Focus groups were facilitated with second information sheets (see Appendix C) and a consent form (Appendix C). Informed consent was received and filed according to the city of participation. A single tape machine was set up and permission to tape was received verbally from the group. Written notes of key points during the discussions were also taken. At the end of the session, each participant was offered an opportunity to review a copy of the final recommendations and report. Participants were advised they would receive, via email, a list of key comments from the author's notes and review of the tapes. The participants had an opportunity to provide amendments to the author.

Data Management Process

The data received were managed using two systems of electronic and paper filing. The steps were as follows:

1. Development of a journal for recording daily reflection in a large three-ring binder to hold additional documents such as ethical review board preparation documents and other supporting research documents.
2. Development of a paper file system for surveys.
3. Development of electronic file system for all emails, letters and notes through the project process.
4. Focus group raw data were created as MSWord documents from transcripts of focus groups. CHN survey data were placed into an Excel spreadsheet and a Word document record of the additional comments question.

The qualitative data from the survey were managed by reviewing the information for:

- Frequently used words or phrases
- Association with key concepts in the literature
- Overall themes or groups of ideas
- Stand-alone comments or stories.

After the review, the student research assistant and a community health nurse reviewed the data and themes to validate the author's analysis.

Data from the focus groups were reviewed in a similar process. Responses were examined by question for themes, then ideas were consolidated to determine overall concepts for the group. The question responses and overall themes between focus groups were compared to determine similarities or differences.

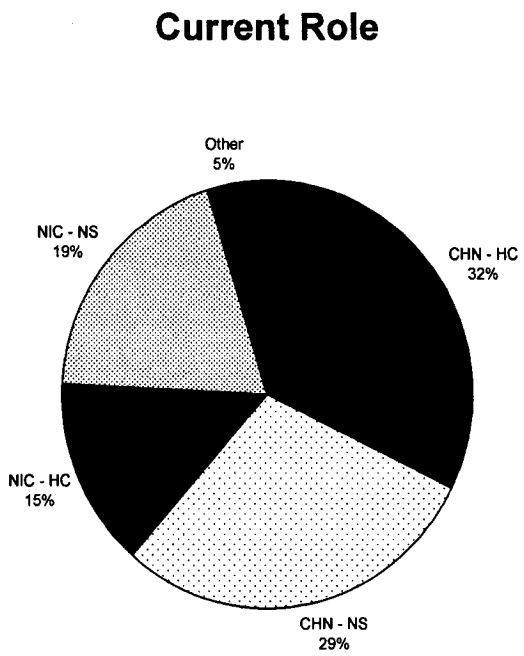
CHAPTER FOUR – ACTION RESEARCH PROJECT RESULTS AND CONCLUSIONS

Findings of the Community Health Nurse Survey

The survey packages were sent to 102 First Nations and Inuit Health Branch health facilities. It was difficult to determine from the facility title the actual type of community health services provided because facilities are not named in a consistent way. In recent years many units have been renamed using a First Nations name or words within the addresses. Sixty-four completed surveys were returned, representing a response rate of 62%. See Appendix B for the detailed survey.

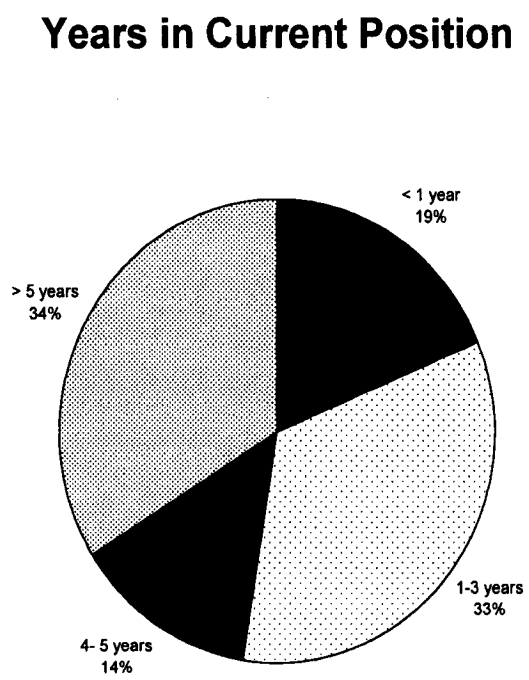
Characteristics of the respondents were 61% community health nurses (CHN 3) including direct care providers in both health centres and nursing stations. Nurses-In-Charge (CHN 4) comprised 34% of the respondents in both types of facilities. The remaining 5% consisted of other assignments, such as home care workers (Fig. 3).

Figure 3. Distribution of Positions Currently Held by Respondents



Sixty-six percent of respondents had been in their current positions for less than five years, while 34% had more then five years in their current positions (Fig. 4). This proportion was similar to previous studies of FNIHB nursing populations. A Canadian Institute for Health Information demographic and employment profile in 2001 and the earlier Aboriginal Nurses' study also indicated similar employment stays in rural communities.

Figure 4. Years in Current Position in FNIHB



The current position information is important to consider in light of total service in the FNIHB (Figs. 5 & 6). In reviewing the total length of service, more than 50% of the nurses had more than five years of service to the branch, either in a single region or a number of regions.

Figure 5. Years of Service in FNIHB

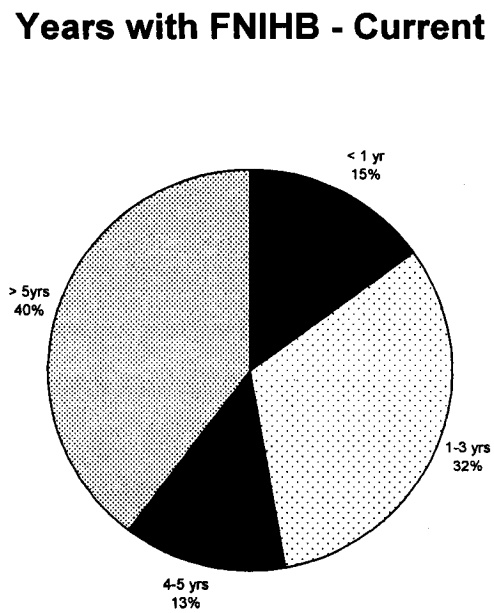
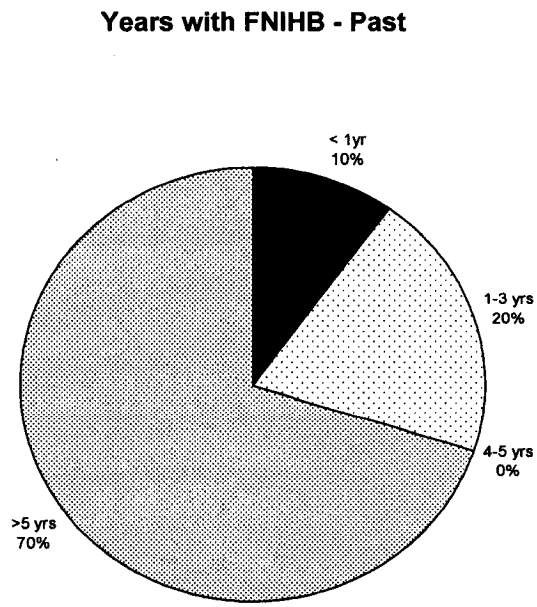


Figure 6. Years of Past Employment with FNIHB



The survey respondents reflect the population distribution of nurses across all areas of nursing practice, with a few in the early years of practice and a strong cluster of nurses toward the end of their careers.

Figure 7. Years of Practice as a Registered Nurse

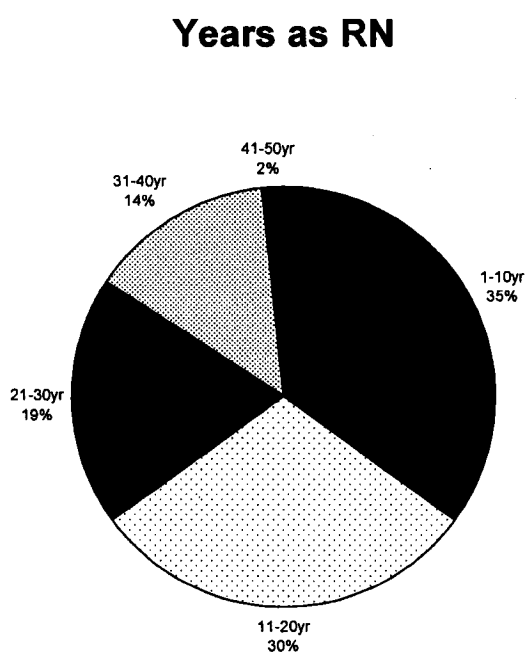


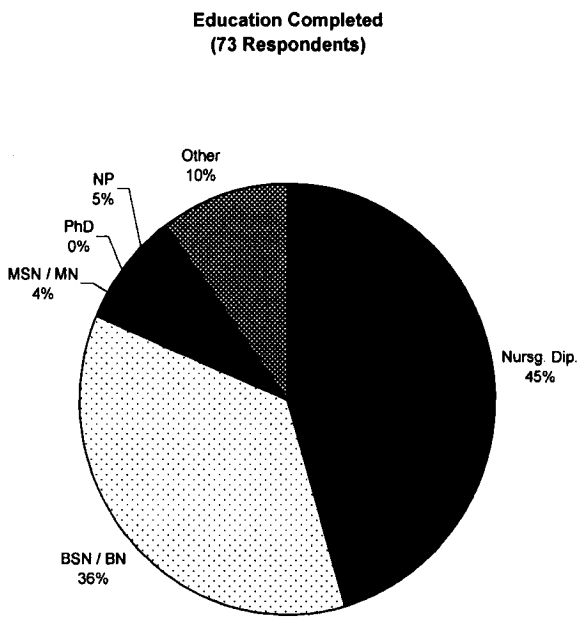
Figure 7 illustrates the percentage of nurses who have practiced for more than 30 years who are currently working in rural communities. This is important when discussing career development because many nurses may be planning to retire.

The respondents were evenly distributed between the three major regions of Alberta, Manitoba and Ontario, with four reporting from British Columbia; and none from the Atlantic or Saskatchewan regions. The survey requested a list of all regions in which an individual had been employed. For most, it was a single region, but a number had worked in two or more regions

The nurses were asked to identify other positions held in the organization. They held a wide variety of nursing positions from staff level (such as public health) and hospital to educational roles (such as a practice consultant or educator), or administrative roles from director of patient services to nursing manager. Of the respondents, 30% had held positions other than community health nurse.

The education-related questions provided some interesting insights into respondents' understanding of educational requirements in FNIHB (Fig. 8).

Figure 8. Completed Education



The "other" category shown in Figure 8 includes "therapeutic touch," emergency diploma, midwifery, nursing unit manager or case manager. The question referred to completed education in nursing with diploma, BSN/BN, MSN/MN, or PhD in nursing listed; therefore, was the question confusing or do nurses have diverse understandings of nursing education?

Currently, a few respondents are enrolled in a variety of programs, from traditional nursing to other related endeavors. The breakdown is as follows:

1. Five were BSN or BN
2. Four were MSN or MN
3. Three were PhD Nursing
4. Others listed: Masters in Public Health; BSN Microbiology; Certificate in Community Health; PhD Epidemiology; and Bachelors in General Studies.

Nurses are also enrolled in a wide variety of non-nursing education from music and voice, securities broker, chef/cook, industrial mechanic, and many courses listed that are not nursing oriented. For example, Critical Care Certificate, Diploma in Reproductive Health, or Advanced Cardiac Life Support (ACLS) were listed as non-nursing. In all, more than 30 courses of study were listed, and including the above nursing education, make a total of 47 respondents taking personal or professional development.

To the question about the need to have a degree for employment, 40 said "No"; of the 12 nurses responding "Yes," 11 required a degree in nursing, one indicated the need for a masters degree. Currently FNIHB requires a degree in nursing as the entry to practice in community health nursing services.

The second part of the question related to training taken within FNIHB. The results do not make sense: 19 indicated "No" and 13 indicated "Yes." The third part of the question asked if support was received. Eleven indicated "No" and five said "Yes." The yes respondents indicated they had received varying combinations of tuition, books, travel, salary, and/or time benefits for education. The responses to the question and lack of clarity of the "No" or "Yes" totals were difficult to interpret.

In the past FNIHB has supported the two major programs, Primary Care and Community Health, for community health nurses. The programs saw of 26 and 24 nurses graduate respectively. An additional seven respondents listed less common educator positions, such as Foot Care or Nursing Unit Administration as required for employment. Programs such as Out Post Nursing (OPN) at Dalhousie University or the Northern Clinical Program were required in the past; therefore, they would qualify as required programs. For the required programs, the respondents received funding for tuition, salary, travel allowances, books and supplies, in most cases up to 100%.

The key questions around employer support for a nurse's career development reflected that it was strong for both time and financial assistance. Sixty-seven percent of the nurses wanted time at work to complete studies and 74% wished financial assistance. The list of other ideas from respondents was extensive and offered insight into some of the nurses' needs for support that the organization could offer. Some of the comments were:

- Nurse career counselling
- Nurse bonus for education
- Travel costs
- Buddy system *(not defined by respondent)*
- Access to teleconferences
- Assist in keeping Pediatric Advanced Life Support (PALS), Basic Trauma Life Support (BTLS), etc. (Basic trauma management courses)
- Co-worker support
- Do not excuse employer shortage of nurses *(not defined by respondent)*
- Committee to increase capacities

- Bring education to communities
- Support in workplace
- Short courses of special intensity
- Pay for cost and paid working days
- Educational leave for short-term condensed university classes
- Provide teaching and support and staff to enable on site education.

The list offers the employer some ideas and activities that would enhance a nurse's career development activities. A number of the comments such as "buddy system" or "do not excuse employer shortage of nurses" will required further clarification to determine the meaning to the respondent.

The final question related to career development opportunities for nurses and their degree of interest in pursuing current or future career directions. The overwhelming response (96%) indicated that there was a need for opportunities. Some of the opportunities respondents listed were:

- Quarterly conferences and in-services
- Emotional support
- Native studies
- Integration / collaboration between universities
- Encourage in research field
- Career fair for all nurses
- Funding masters completion
- Partner / mentor / shadow coach
- Dealing with transferred community

- Assist bridging NP course
- Circulate information about courses
- Consider supporting postgraduate certificate programs
- Provide choices.

Respondents also listed specific course needs, such as Sexually Transmitted Diseases (STD), Tuberculosis (TB), immunization, computer class, diabetes education, researcher, and management.

Responses to the closed-ended questions offered a mix of ideas from tuition to time that might be supportive in enhancing the nurse's career development. On the final page, nurses were thanked for their participation and support of ongoing nursing education. The respondent was also offered space to add any further comments they wished.

The final comments of 18 respondents were recorded in a single MSWord file and reviewed for themes that were common to the previous captured ideas and any additional themes that may have been expressed. Several of the comments told career stories of the nurse and her professional development journeys.

The two major enhancing themes of *time for work* and *financial support* were echoed in the general comments, but time was woven through most of the comments and many of the stories. Two additional themes of *leadership-management support* and *communication* were identified.

Time

The first theme was *time.* Sample comments from the surveys were:

- I personally do not have time at work…It is unrealistic for RNs to learn at work as we cannot concentrate and are being pulled in too many directions.

- It would be more healthy for me to learn away from work in a quiet setting!
- I find it really helpful when I am on a course or training to be away from home so that I am not distracted.
- Found it very difficult and stressful to work and do courses while working.
- Requesting for education is time-consuming for me as a field nurse.

Management Support

The area of management support or leadership from the first-line manager (such as nurse-manager, zone nursing officer) is a key theme with nurses as with the short responses of career counseling, not using staff shortages as excuses, emotional support, and providing support in the workplace.

Sample comments from the surveys on *leadership* were:

- Honour collective agreement education policy.
- Honour FNIHB education policy.
- Provide more in the way of professional development and ongoing education....[In] remote areas of the provinces it is difficult for them to attend courses and classes in urban centres.
- Encourage nurses to explore all possibilities.
- I have thought extensively about my four options....I just need a little guidance.
- FNIHB is very bureaucratically run organization. FNIHB has extremely poor communication between nurses, managers and even within management. Also very inefficient and wasteful organization like most of the other government organizations.
- FNIHB needs to provide ongoing support to nurses.

- Staffing needs to be addressed. I have cancelled attendance at educational opportunities due to lack of replacement staff.
- Working in the northern community one forgets the importance of career development and growth and learning. We get wrapped up in the day-to-day tasks of our work.
- Since starting with Health Canada in 1987, I have not seen any sincere commitment from management for nursing education. In order to meet the needs of my learning plan, I would apply to my manager, but he/she could ultimately deny the education. It defeats the purpose of me doing a learning plan if they don't feel that the education is what I need.
- The tools for furthering our formal education are sorely lacking. We do not have Internet access in all communities — is it the 21st Century????

Communication

Communication is an additional theme derived from the comments. Sample comments were:

- I would like to further my career, but I lack direction about which path to pursue.
- Recommend educational package on employment with incentives, employer support and employee responsibilities.
- Mandatory orientation which includes educational needs with long-term learning plans.
- The nurse educator is of no assistance when it comes to education planning for career advancement. She does not plan any education for nurses or forward any information on opportunities.

Skills Development

In the main body and throughout the comments section, a number of requests were made to support what could be termed "skills maintenance courses/education." ACLS, BTLS, PALS, Communicable Disease Control (CDC) certification, TB or STD/HIV were requested under the career development sections of the questionnaire. In the comments section –samples of requests:

- TB course, Denver, Cardio-Pulmonary Resuscitation (CPR).
- Immunization + Primary Care + Degenerative Diseases.
- PALS, TNCC (*unknown to researcher*), ACLS.
- PALS, BTLS, CHN upgrading and Northern Clinical Program (NCP).

From these comments, it seems that the respondents' understanding of career development and skills maintenance for their current position needs further exploration.

The comments section had many expressions of "thank you," "thanks for the survey," "thanks for the opportunity to voice my thoughts," and one parting word: "I hope this is sincere renewal taking place regarding the importance of further education. I believe the survey has planted the 'seeds of hope.'"

Findings of the Nursing Leadership Focus Groups

Each focus group was composed of nurse managers and at least one educator who offered supervision and support to community health nurses providing direct client care. Focus groups were held in Edmonton (Alberta Region), Winnipeg (Manitoba Region), and Ottawa (Ontario Region). The group in Edmonton was the largest at nine participants and the Winnipeg and Ottawa groups had five each. The discussions in all of the groups were lively, interactive and offered the lived experiences of nursing leaders. The focus group findings will be discussed according to the question format shown in Appendix B:

- Professional Development, the Joy or Challenge
- Engagement in Professional Development
- Support, Personal Meaning
- Support from Organization and Nursing Leaders
- Key Message

In reviewing and presenting the themes expressed by the various participants, the three group responses are combined in a single dialogue under each of the headings. The respondent will be identified only by the city letter representing the focus group from which the quote has been taken:

- **E** for Edmonton
- **W** for Winnipeg
- **O** for Ottawa

This labeling will provide access to the data for future reference.

Professional Development: the Joy or Challenge

The joy in profession or career development activities was being challenged. The challenge came from formal classroom settings to remote work sites or non-nursing working situations. Supporting verbatim comments were:

> **E**-I find it interesting because I think for me very often the situations that were most enjoyable or that I really was excited by, when I think back on them they were also the ones in which I had the most difficulty or that were the biggest challenge.
>
> **E**-I think one of the most challenging and enjoyable times for me was actually when I first started with the organization in a community and suddenly you're the leader and you get to be part to watching the whole program develop and community develop their health

services. That was a very exciting and challenging time. I really learned a lot and I think it was that position and that experience that enabled me to try this position because really didn't think I was a manager type person.

O-I think the challenge is in a different way of thinking. Finding the time to do it and the mood to do it.

O-What I find makes the learning much more fun and what drives me to it is when I'm challenged to think in a different way, and I remember that sometimes the process of doing that, initially it's very frustrating, however…I think of it as a chicken being born from an egg. First there's a little crack. Then the light goes on, Wow!

W-I would have to say my most enjoyable was coming to First Nations and Inuit Health and going north…I didn't think that being isolated would be enjoyable. It turns community health nursing in the north is the best job out there really, although the isolation is difficult.

W-My most challenging was being a nurse in administration…I was a 23 year-old head nurse and had been on the job two weeks…It was a difficult role.

O-I have a friend who's also in nursing; actually she used to be my nursing teacher and made a professor in school, who'd challenge me in such a way to frustrate me to no end. She'd say: "Now what about that idea?" In my little mind I had one idea of doing things and she'd use this questioning approach and challenge me every time I'd go away…I still hold her in high regard because she challenged me in a positive way that made me grow outside of my little self.

The nurses considered the cultural and environmental aspects of their learning to be critical — cultural learning, as with First Nations communities but as with other cultures in the

world or other environments for living and working. They also acknowledged learning from people they worked with. Supporting comments were:

> **W**-I think what made it most enjoyable was learning from different cultures, the different native culture in the north. It was a privilege to work with many people of varied backgrounds. It wasn't just the people that lived in the north, it was also the staff, from across Canada, England, you name it.
>
> **W**-For myself the most enjoyable activity undertaken within nursing was traveling to the Middle East and working there fore a couple of years — a cross-cultural nursing experience I had.
>
> **W**-Cross-cultural experiences were incredible- Middle East and Thailand.
>
> **O**-I like different mixtures of people and groups and sharing with different people. And I find it's so beneficial, particularly when they're not nursing people because you get a different perspective
>
> **O**-I like different environments. I like getting out and meeting different people. The problems though are there are too many different things to choose from.
>
> **E**-The bigger lesson was that I needed to be open in my education-openness to the education I could gain from the culture I was in.

The challenge and cultural environmental themes are intertwined in the stories of personal educational or professional journeys. Giving nurses the opportunity to tell their stories of personal joys and challenges in learning was important in understanding the lived experiences of nursing professionals.

Engagement in Professional Development

The engagement in professional development activities from formal education at a university setting to short courses, workshops or skill development sessions was based on two identified themes of need and opportunity. Comments to support *need*:

E-I think there's a need. In my case there was a need...there was a deficiency, and in those days I put into practice in places that were downright scary...

E-The same happened to me. I think early on it was just recognizing there were things I had not learned about...after two or three nursing stations and I was more frightened.

E-I think for me too I was driven to get more education....

E-For me, I wanted my (wings) and the independence that came with that. Initially it was financial, and then for the degree, it was that I felt inadequate...I think it was pressure that got me motivated.

W-I actually started in the health-care profession not as a nurse, working at a major teaching centre. And all these young people, and going on. I just looked up at myself and went: "Man, I got to be doing something here." That's what drove me to go and I guess now that I've been out working, I'm starting to get that feeling again like I need to move on to the next step-so for me it's personal.

W-That's so true...one incident pushed me to Saudi, but the fact that I was coming back to Canada is what results in the degree preparation, because to be offered the same opportunities that I was being offered in Saudi Arabia, I would never be offered those opportunities here.

O-There's just a need to get more information. A need for just learning. You don't necessarily have a goal-just need to get your brain recharged.

O-I think you have to be driven to learn because [in health care you have to be current] to do your job effectively.

O-You can't be a leader then if you can't pass this information on to someone else who's looking to you for direction, support and guidance.

O-To engage in nursing, you have to really believe the stuff…Science changes all the time, and so if you don't keep up with that science, you are teaching…not evidence-based practice. That's the danger in not keeping engaged in learning.

Comments to support opportunity were:

E-The opportunities were presented and I just jumped on the opportunities that were on my doorstep. After that it was interest. If a program was running in my area, again opportunity…and really these are things I need to know.

E-I did my LPN immediately after high school…and then it was just opportunity.

E-I'm not particularly ambitious, but my husband transfers and I'd say "okay." I got to go, there was absolutely no positions that were open there. There was a health unit down the road so I took leave, went there, came back and was in charge in 6 months after six years…I've loved every job I've ever had.

E-I think we've got lots of opportunity here. Anything I've ever asked to do or for as far as education-we always get it.

W-The timing was right and I lived very close to the university. I don't feel I was ever supposed to be in university ever again until I thought: "this is a really good opportunity."

W-Of my professional development enjoyable experiences, what made it enjoyable getting opportunity to learn to do the job that I was doing better.

O-Again it comes down to opportunity. It depends on where you are and that kind of thing.

O-In your remote areas sometimes you get more opportunities because you tend to raise you hand and say: "what about me way out here? I need some opportunities."

O-A good education will never go away. So I'm passionate about learning and improving myself. So I'm driven in that way because it's been ingrained in me from day one. That in itself drives, when I realize I'm in a country where I can make use of opportunities.

O-All the challenges…I've really enjoyed it. I've found it gave me lots of opportunities. I've had opportunities to attend professional development which I didn't when I worked in a hospital because they don't have funding.

Nurses defined their needs both in personal and professional terms, including the importance in relationship to client care and nursing colleagues. Opportunities to learn took many forms from skills to practice to a country with excellent educational resources.

Support

The support needed for career or professional development activities for the nursing leadership was *time*. Time was critical; both time from work site and home were required to enjoy and gain from any learning experience. Supporting comments:

O-I think the challenge is in a different way of thinking. Finding the time to do it.

O-I think one of the other things is we tend of (to?) worry education is added on. I would think, although I agree when you say don't need anything more, it's committing my free time in respects to that. If I had my ideal world, I would spend part of my work life producing and part of my work life reflecting.

O-Sometimes it's accommodation. For example: "Well, we know your work and we know you're doing a course, not to worry, take your time if you need this time"

W-The organization does support a half-day off per week, which many, many of the nurses are taking advantage of for the first time.

W-The biggest thing for me with support is the time.

W-I have to agree. It's the time. The financial part of it, if it's something you want to do, you find a way to finance it. It's the time you need.

E-I think one of the things about living rurally is just the logistics of that. The funding has often been there, still there's all that travel time, time away family and putting a significant amount of time, of your life, on hold basically for the time that you're doing that. So that's the challenge.

E-I think it's more than giving time. If you get time, all that happens is the load is waiting for you when they come back…the load stays the same. So what's happening is trying to take time off to work on the course but then comes back to it all still waiting.

E-Part of that I think is a workload issue where if you go away and come back with this knowledge and extra skills but you're expected to share it with others of top of all your other daily duties and responsibilities.

W-Especially when you start looking at challenges of balances…you need to have that time.

W-Time is everything, finances, I'll be honest and extra money is a good thing.

In the area of support, a number of ideas were expressed around personal support from family, friends and even from self, from fear to permission. Comments that support the need for personal support were:

W-What I find very interesting is that people commented on the support of their families being crucial to helping them get through challenging times. Unfortunately, not to belabor the point, I'm not in those circumstances. My husband thinks this is a complete waste of time and why do this now, is there going to be a better time?

W-My Mom was a nurse for 52 years. And my Dad and my family who actually phone and ask how my papers are going and what presentations I'm doing and are very interested in my thesis. Really, no matter what I'm up to they offer assistance.

W-You have a choice…there are things I don't have time to do anymore and you what? if it means I pay $12 an hour for someone to come in and take care of the fact that my kitchen floor looks gross…but do I not have to do, and giving myself permission to do that…Guess what? No, I can't and it's okay.

O-I think you need to prioritize and really know what's important and what you have to do because…there's some things you have to do, and if you're only person and don't have the support.

O-And you start to question, not your value and your worth, you've got your inner strength and self-esteem…I don't need someone to pat me on the back.

O-The support system, although I didn't find it with my husband, who supported me initially but afterwards went "Oh God"…but I had very good friends and family members who supported me who said: "You go, girl. Get it done."

E-I think things like encouragement, recognition, financial support, time allocation…that's not just from management, but that's at home as well.

E-Everyone has to sacrifice something to get the best in the end-and that's where the support comes from – the people around you understanding what you're doing, not

questioning why you can't help them...why you can't be there and why you're a mess and stressed to the nines. Or why you're cranky or up all night.

O-If you're a high achiever there is also fear of failure ...that little thing "failure" is not an option comes back and it's not an option.

O-Fear of the unknown is in there.

O-Being uncomfortable. When I have that level uncomfortability [sic] it's like that change process—you're frozen. Where everything you knew all of a sudden is not what you know. It's kind've [sic] scary.

The need for support for nurses undertaking career or professional development opportunities moves from time to personal support of family and self.

Support from Organization and Nursing Leaders

The nurses in the focus groups sought support from the organization beyond time and financial to systems-wide issues of value and respect for nurses and career development. Supporting comments were:

E-You should encourage that to happen, even if you are short a nurse. You can always try and get someone else to come in. You can't stop them. The perception of time away from the community to do this education is...they don't see it as a valuable at this particular time.

E-I think utilization. You can go away and get an education, then there's no place for it. It's not valued in any way. I think we're talking recruitment and retention issues. It would be well to put people to their uses in meaningful ways.

E-opportunity, funding, encouragement, recognition, direction.

O-Showing genuine respect…even respecting that not everyone is motivated to be whatever they're supposed to be…you're able to recognize it and find another way around it to challenge that person.

O-I think about the recognition bit. All roles are important.

O-You reap what you sow…absolutely…you invest and it'll come back tenfold.

W-When issues are all-consuming, to be able to say, "You know what? You're not going to see me today because I can't do it"…just recognizing that in the human learner, not the adult learner, the human learner. It gets overwhelming, the jobs that we all have. They get overwhelming at times and it goes away and we can go up hill again.

W-I think a lot has happened in terms of ONS raising the bar in terms of people's awareness about nursing, but regionally, even though I think the volume's been turned up on the nursing voice, we are still quite mute compared to some of the other voices within…I still think leadership at perhaps the regional director level needs to look a bit more at nursing.

W-I think FNIHB, Health Canada needs to change the…they've got to change what they're saying…we're not walking the talk…you don't want to educate people to the degree level, then don't insult them.

The second major organizational issue was nursing leadership or the supervisor. The individual in this role has critical importance, not only as a leader but also as a mentor, enabler, challenger, guide, presence and availability for a nurse journeying through his/her career.

Supporting comments were:

W-She's there when you need her. The things that you're having problems with, she knows something about, she can help you, show you the way. Not do it for you, but point you in the right direction.

W-I think awareness…an understanding of how the organization works and how things can be remedied as they come up or who to go to get the answer from…ability to have the time themselves to be aware of the issues that have arisen–even if it's just in the sense of a long arm.

W-Just to bounce ideas off of, a different set of eyes to look at it, some else's input…also flexibility in term of workload…help in terms of prioritization what needs to be done now?

O-Mostly making themselves available…being present.

O-Role modeling – I want to see my leader – vision.

O-I want them to inspire me.

O-Supporting the fact nurses are knowledge workers and not technicians.

O-For me it's credibility.

O-I think it's kindness, too, we're back to that control word. Knowledge is power, and if you're controlling that knowledge or the information and you don't share, it is detrimental.

O-Knowledge is power, but if you share the power, you share the knowledge. It shows effective leadership because it is enabling. Yes, it is.

E-To look at nurses who are working in First Nations and the huge spectrum of opportunity and interest from nurses. And some disappointments about what they believe and feel and may be all the connects and disconnects or the connections needed to be

refocused again for us as a department and a leadership partners. I'm hoping we have something really concrete to work with in the future. I'm really pleased we have the broad spectrum from my generation to the newest generation of nursing leadership and give us an idea of really looking where we're going.

Key Messages

The nursing leader's focus groups had two main themes as key messages. The need for a nurse to have a personal vision or passion for learning and the organization's need to adapt to a culture of learning. Supporting comments for personal vision:

E-I enjoy learning, but now my learning is more targeted. — It's not for the purpose of getting a degree or certificate, it's more what I'm interested in.

E-Education has always been key for me — partly because I wanted to do it.

E-Meeting the expectations of the community, of your peers, of the organization, that's very challenging, but it's a love-hate relationship. When you meet an expectation, you're ecstatic and you feel you've accomplished something. — For me, I had to find a way to visualize that — myself doing that, meeting those expectations.

E-I think the satisfaction, it can either work or education, but I think having a sense of meaning in what you're doing goes a long way to having a purposeful experience. Now it may be challenging, it may be something not enjoyable, but if you have a sense of meaning it can be appreciated in the bigger picture.

W-That whole experience made me much more cognizant of the fact that ongoing learning is something you have to do as a professional and as an individual. You can't take anything for granted.

W-I just looked up at myself and went: "Man I got to be doing something here." That's what drove me to go and I guess it was the next step at the time.

W-There's a whole host of very interesting jobs if you increase you education — whether it be degree, RN to masters, and on. — I think basically it's a career path.

W-This is where you envision your career being. This is what you're working toward. You're not there yet and you're not planning on letting go of that goal.

W-I've kind've left it up to my own motivation. I certainly don't require the buy-in of anyone else to support me in that capacity. If I'm buying into it myself, that's my own thing.

O-I've had so many opportunities in my career to learn and not all of them have been formal…I have so much passion for nursing.

O-You have to have a goal or a vision where you're going.

O-I'm a goal-directed person. I have this method of constantly evaluating where I want to go next and what I need to do to get there …a lot of it is about how I deal with my educational opportunities and I do that deliberately. — I don't just fall into them. I'm looking for what I want to learn and how I'm going to learn it. I think that's part of reflective practice. I think that's expected of us as nurses.

O-First of all, it was enjoyable because I wanted to do it. I had a goal. I usually start with a goal, stay focused, and then you say: "Okay, where do I want to BE? I want to get there." No matter what it comes to.

The need of the organization to support learning and to be a "learning culture" was critical to many of the nursing leaders who participated in the focus groups. Supporting comments were:

E-I believe it's a shared responsibility conducting professional development. The employer, the professional and the associations to create learning environments — learning environments which are consistent and supportive of competencies that are required for various scopes. And the onus is on the organization to explore various modes or avenues in helping nurses realize professional development. It might be on-site, it might be various distance modes –anything from hard copy to electronic media, web-based or video conferencing. That's all part of the package that enables professional development to occur, it facilitates it.

E-Increase the education budget. Although we're not doing too bad.

E-Create a learning culture.

E-Further create a learning culture in the organization.

W-If I'm honest, that's stupid, but because historically the organization has not had the ability to support people to be off.

W-There needs to be a long term education policy in Health Canada and it needs to be adhered to and it needs to nationally implemented and not region to region. I'm not picking on the west, but historically there has not been equitable standards applied to education. That's a really big problem and it's a real big retention issue in this region, I'll tell you that right now. And another thing is to tailor people's continuing education needs and wants to what they actually need and want...not a cookie-cutter for all the nurses...let us have some independence with education.

W-I think what is frustrating for a lot of people is that we espouse that we are a learning environment—we don't walk the talk. We want to be. We hope we are, and to some

degree we are because the learning centre offers all kind of good courses, but as you said they're not directly related to nursing.

W-We need adherence to long-term education policy or whatever is determined and it needs to be equitable, available or some portion of it.

W-I think nurses, generally speaking, want to work, want to continue to do anything to support their professional development. Not all, but most. I think that employers need to be committed to support that in whatever way they can. We talk a lot about recruiting nurses, but in terms of retaining them we don't do quite as good a job. I think if there were a committed approach to supporting nurses' ongoing education and professional development, we might do a better job of that.

W-I think FNIHB, Health Canada needs to change…they've got to change what they're saying. We're not walking the talk.

O-Some of it's professional expectations, at least in our province, Ontario, when it comes to practice. We are expected to have learning plans every year. We are expected to be flexible about what we need, to know and how we're going got learning it.

O-I think what I'm saying in the regards is a transformation. There was a lot of talk that we expect nurses to do this…bringing in a perspective that didn't exist within the organization of FNIHB because we're so insular. Those outside ideas of how the world works beyond. We're saying of course this is important. Doesn't everyone know this is important?

O-I think it's a culture, a philosophy, an expectation of the organization.

O-Someone sees the potential in you that may be at time you didn't see it in yourself, or you were at a weak time that you're going through and someone says: "Yes, I challenge you because I know you have the capability to do this."

O-I think we get better results when we engage people's excitement for learning.

O-You invest and it'll come back tenfold.

The key messages from the focus groups offered opposite points from the commitment and vision of the individual to the commitment of an organization to creating a learning environment.

The community health nurse survey group respondents discussed skills maintenance courses such as PALS or BTLS as career development activities. But in the leaders' focus groups, when they referred to them, they termed them regurgitation, proscriptive courses required for continuing employment, but were not considered professional development.

Study Conclusions

The results of the action research project identified four major themes — time, organizational culture, leadership, and career development.

Time

Bringing the results of the survey and the focus groups together, the overwhelming requirement for professional or career development activities was time. Nurses needed time away from the work site, time from family pressures, and time to process the learning and integrate learning into practice. Nurses see time as essential, going to great lengths to gain uninterrupted time for learning. One nurse leader reports "hiding-out" from family at Starbucks to research and write. Another used the extensive driving times to her communities as an opportunity for reflection. One nurse said that she wished that part of her work day could be dedicated to

reflection. Time comes also with a second requirement of management support to the "*work*" that is left behind. In the community, nurses need relief staff to come in and carry on the care of clients. In the office environment, leaders need permission to delay or omit some of the workload.

Organizational Culture

The organizational issues to support career development include broad areas such as culture or environment. The organization needs to create a culture of learning. The learning environment must be created equally across the whole country or branch. The culture needs to support a nurse's learning with broad opportunities and with appropriate technologies. A "learning culture" includes respect for the employee. Senge (1990) gives us "the basic meaning of a 'learning organization' — an organization that is continually expanding its capacity to create its future" (p. 14). Valued and respected employees in a learning environment will help to create improved client services to First Nations peoples.

Leadership

The management or leadership of the organization has a significant effect on the career development activities of nurses. Leadership or managers of the nursing departments have a major influence on career development. The community health nurses cited communication issues as a concern — lacking information or lacking opportunity to attend educational opportunities. The first-line supervisor was seen as a *gate keeper* to educational resources. They controlled the financing of the educational costs for the nurses and they were also responsible for obtaining nursing relief services. Skill in mentoring, guiding, advising or coaching a nurse in professional or career development options or opportunities was important to both community

health nurses and the nurse leaders. These skills were not learned by the nurse leader ,or the other work pressures of the organization did not permit the supervisor the time needed to coach staff.

The nursing leadership management literature offers a number of important characteristics of the nurse manager. They are responsible for creating a motivating climate that supports professional development (Marquis & Huston, 1996; Sullivan & Decker, 2005). Nursing leaders must be role models, coaches, guides, facilitators and change agents (Grossman & Valiga, 2000; Huber, 2000; Sullivan & Decker, 2005). The nursing leadership is in a critical relationship with front-line nurses and they required a host of skills to nurture career development for them.

Career Development

The nurses all saw the importance of career or professional development. Throughout the surveys and the focus groups, nurses repeatedly mentioned the importance of professional development due to the evolving science of nursing, changing health care environments and/or the personal need for growth. For the nurses to engaging in professional development activities, respondents identified a need for planning skills, and a need to develop, taking advantage of opportunity and requiring the learning to be a challenge. The nurse leadership recognized the importance of a personal plan or vision in the process of career development. Donner and Wheeler (2004) wrote their book for nurses because they "believe that nurses want to take control of their careers and have a right to know how to do that and be supported by colleagues as they do it" (p. 3). They identify the value of career planning: "it is a focused professional development strategy that helps nurses take greater responsibility for themselves and their careers and prepare for ever-changing health systems and workplace environments" (p. 7). Nurses need a vision and a planned approach to their professional or career development activities. They need

to see their future role or place in health services to gain personal control of their career development.

Scope and Limitations of the Research

The study was conducted with a specific group of nurses — those employed in community nursing services in First Nations and Inuit Health Branch of Health Canada. The results of the study are therefore limited to this specific population and context of nursing practice. The results may be applicable to similar populations or practice context.

The results from the focus groups of nursing leaders may be applicable to nursing leaders in similar work environments who support or supervise nurses over great distances. The survey results are tailored to a specific population of nurses; questions referring to programs such as the clinical training were internal to FNIHB and therefore the results cannot be applied to other populations.

The study was completed over a very compressed time frame of three months. The project was national in scope with the data collection of a survey to CHNs and because concrete employment numbers were not available at a given point in time, it was difficult to estimate the return rate of questionnaires. The decision to consider at least one return per health facility was not based on the project need but on the fact that at least two other surveys were circulating to the same population of employees of the branch. Caution needs to taken in generalizing the results of the survey to the total front-line community health nursing staff.

The survey questions had limitations on application. Question 5 asked for the number of regions worked in. It may have been more appropriate to inquire about the number of positions held versus the number of regions worked. The number of positions would have provided a more accurate picture of career mobility. The first three questions in section B under professional

development activities created confusion in the responses; the numbers did not add, showing that respondents were confused with the questions.

The author was a novice at research; therefore, a journal and binder were critical to understanding the process. The author was also an insider, and guarding against leaps in processing information was vitally important to ensure awareness of bias in the study. On the other hand, insider knowledge was important in creating a stronger commitment and interest in the overall project by the nursing leadership.

CHAPTER FIVE – RESEARCH IMPLICATIONS

Study Recommendations

The action research project set out to discover what would enhance the community health nurse's opportunities to engage in meaningful professional development. The author asked what the branch could do to execute, construct or develop the enhancement. By examining nurses and nurse leaders career development activities, engagement, support or challenges, the study concluded there were four major themes: time, leadership, organizational culture and career development. The themes led to the following recommendations for enhancing a nurse's opportunity to engage in professional development.

Create an Organizational Culture that Supports Learning

The government of Canada produced *A Policy for Continuous Learning in the Public Service of Canada* (Treasury Board of Canada Secretariat, 2002), which offers all federal departments a framework to build a learning culture. The complete document from the website is found in Appendix A. The policy offers eight commitments that are needed to form a learning culture.

The recommendations are investing in life long learning with policies and plans to support learning with the appropriate time and resources. Employees create personal learning plans and managers must make available training and learning opportunities to fulfill obligations in respect to the development needs identified. The employer must develop measurable goals against the learning organization framework and report annually on the activities and progress in moving toward a learning culture.

The commitments outlined in the policy should form the objectives of not only the department or organization of Health Canada but also the FNIHB. Currently the Human Resources department is responsible for strategic learning and development for all branches within Health Canada. Ownership, planning and reporting of a continuous learning environment must be developed in partnership with all employees and managers.

Senge (1990) tells us that "we can build a 'learning organization,' organizations where people continually expand their capacities to create the results they truly desire, where new and expansive patterns of thinking are nurtured" (p. 3) if we are willing to step back and see the whole picture or system. The learning organization will truly excel when it will "tap people's commitment and capacity to learn at all levels in the organization" (p. 4). Providing all employees an opportunity to be part of the branch's framework for continuous learning launches the shifting of the organizational culture to support learning.

Create a Nursing Leadership that Supports Learning

The nursing manager or leader's relationship with community health nurses is critical. They offer CHNs an opportunity by guiding, coaching and mentoring the nurse's career development. The groups of supervisory nurses have been steadily eroded over the past years in order to control health-care budgets. For nurses with the "loss of senior leadership in nursing and a loss of meaningful relationships for many nurses with a nursing supervisor who was visible and access...frustrated with their experiences in the healthcare system — nurses report feeling a decayed sense of respect for themselves and their work" (Canadian Nursing Advisory Committee, 2002, pp. 17–18).

A nursing leader is not born to the position and, in many instances, the nurse is in the wrong place at the right time and she is appointed "acting" head nurse, nurse in charge or

supervisor. We do not offer specific training or development to nurses before they take on these roles, and even in educational institutions all nurses are considered "leaders" but are not equipped with adequate skills.

A framework of skills and knowledge or competencies for nursing leaders needs to be developed. Creating a framework, offering plans to achieve the skills or knowledge, and creating measurements for the developed competencies will provide a guide to leadership development. The human resources competencies for the nurse leader will include the areas of coaching and mentoring to guide the nurse's professional development.

Throughout the government and the managers' forums on the government websites (Canadian School of the Public Service, Treasury Broad of Canada Secretariat or department-specific sites, Health Canada, Department of Northern and Indian Affairs), there are a number of frameworks and developmental plans for leadership or management. By incorporating these guides into a single framework for nursing, which is consistent with nursing literature on leadership development, a unique guide to preparation of the nursing leader in FNIHB will be created.

The time theme needs to be built into the skills that a nursing leader develops to support career development. Staffing to offer the nurse relief during absence for learning activities and time management planning to help the nurse create appropriate learning time are skills that a nurse manager needs.

Develop Career-Planning Skills

The skill to plan one's career does not come naturally to all people. Nurses at the remote health facilities often lack the knowledge and skills to plan their career path or to take advantage of educational opportunities. Lent (2005) identifies self-efficacy as a critical element for

individuals who successfully plan their career development. The individual not only needs the inner ability to develop, but must be given the tools or skills to create a plan.

Donner and Wheeler (2004) provide a model of career planning and development on page six. The model needs to be implemented in a meaningful way for all nurses. If the model was utilized at the orientation of every new nurse, then it would become standard practice for all employees. The learning plan would be created with the new employee, and reviewed and updated at each annual performance review. This would create a cycle of planning and evaluation of the individual's learning needs and achievements.

The current nursing population would require a different approach for the initial development. Starting with small groups of nurses on their work site with a supervisor and an educator would assist in the development of their learning plan. This would begin a cycle of planning, development and evaluation.

To make the process of career planning for nurses in the community truly effective will require a skilled nursing manager to facilitate or guide development. Incentives, both for the nurse and for the supervisor, could provide motivation. Supervisors need to create resources for learning, such as time away from the work site, and build the time element into staff learning plans. Incentives for nurse managers could include reporting the career development activities of their staff on their own performance reviews. Currently, the government provides bonuses to executives for performance; consider offering a bonus or recognition to middle managers for the career development activities of their staff.

Throughout the branch, recognition and reward needs to be built into career development achievements. Creating a reward system that is branch-wide and publicized for employees' career

development achievements is important, especially for nurses who are distant from major centres such as Ottawa or Vancouver.

Organizational Implementation

FNIHB of Health Canada has a culture of care for First Nations people throughout Canada that is more than 50 years old. However, it still manages the community health nurses — the major care providers — in a very traditional manner. This author recommends that a partnership be created to offer nurses a culture that truly supports learning. This partnership would be formed between employees and their managers to create a framework that honours the commitment of The government of Canada to the Public Service. Creating a partnership supports a bottom-up approach versus human resources–driven initiative to create learning.

The policy is in place to support a learning environment. The FNIHB has a rich resource of professionals with associations that require continuous professional development or learning. These factors make a good place to initiate that change by creating a learning environment. Positive change can only occur by creating a planned change process. Olsen and Eoyang (2001) have proposed that organizational change needs to shift from "top-down" driven change to a complex adaptive system (pp. 5–7). Constructing a plan and offering an integrated framework to move toward a continuous learning environment built on partnerships will be key to gaining organization approval and commitment. If this can be built for the nursing population, it will offer important opportunities for all employees of the branch.

The development of nursing leadership is critical to the future of the nursing workforce and ultimately to the level of client care services. The literature and research from the Aboriginal Nurses Study, the Canadian Nursing Advisory Committee, and the author's study all have indicated the importance of the nursing supervisor in career development and nursing retention.

Preparing nurses with the skills and knowledge to support them at their work sites is important not only to career development but also to seizing presented opportunities. The nursing manager affects the community health nurse's decision to stay with the current employer. The nursing shortage is well documented through the media and nursing organizations; no employer can afford to lose qualified nursing staff.

Preparing nurses to develop their own career development plans prepares them for the work environment. Skill development is important for all staff, but nurses as care providers will support improved, evidence-based care for all clients. Learning will be based not only on need but on the knowledge and skills needed for the current nursing position, now and the future. Donner and Wheeler (2004) believe that when we take control of our career planning and future we gain energy; we see our potential and ability to create our own professional future (p. 93). Creating a preferred future is important to both retention and recruitment. In the survey, a respondent indicated we need to be the "employer of choice" and a focus group member also noted that we can recruit but not retain unless we commit to career development.

Creating an organizational culture for learning and a nursing leadership that supports learning and education for career development all has resource implications. Funding will be required for the development and implementation of the framework and for the ongoing resources for learning. If we do not commit to a learning environment with the appropriate resource base, then FNIHB loses resources in nursing staff turnover and a lower level of client care services.

Implications for Future Research

During this research project, the nurses' stories were intriguing. Nurses related stories both on the survey and in focus groups on a learning journey that held meaning for them. For

some, the learning journey was a first educational experience; another related a cultural learning experience on the beaches of the Queen Charlotte Islands. The aspect of storytelling in nursing has always been a fascinating tradition in the nursing culture. Nurses use story in a variety of settings. In First Nations community health practices, the story has become a way of passing down the wisdom of nurses who work with First Nations peoples.

In the future it will important to captures many of these stories. Stories of nurses on learning journeys and nurses learning about First Nations could create a written history of the practice setting. There are several small volumes of works by former northern nurses, but they do not capture the rich history of the practice and the nurses who have shared their learning about and with First Nations.

The terms *career* or *professional development* need defining or framing for nurses to direct their decision making. A guide needs to be created to possibilities for careers with nursing as the basic educational preparation. Throughout the project, the skill maintenance programs were confused with professional development activities. Nurses need to view themselves as professionals and to separate their skills from the acquisition of new knowledge to practice. The confusion did not extend to the nursing leadership, who viewed the skills activities as cookie-cutter or regurgitation of facts and not learning. The view of the "profession" of nursing needs to be built downward in the organization.

CHAPTER SIX – LESSONS LEARNED

Research Project Lessons Learned

Lessons learned as a first-time action researcher are important to pass on to future researchers to reduce some of the pitfalls. This section will relay the learning research journey as a documented history of the action research practice. The review is important to assist future researchers in producing positive organizational change through action research.

Timelines are critical; the limited time for a Royal Roads University project is a constant reminder to develop tight timelines and to adhere to them at each stage of the process. Seek advice early and often about the timelines from experienced researchers because they will have a better feel for the possibilities.

Be flexible and open to new ideas or shifts in direction as opportunities present. For example, a research assistant who needed a nursing research project to fulfill course requirements was able to assist with the project.

Literature review is a significant part of the work. Complete the literature review early and do not pick up one more text or article or note as the volume of material becomes overwhelming. If the literature is completed early, there is time for minor changes or additions. This makes it simpler to incorporate additional material during the writing phase.

The scope of the project is a master's research project. View the time and plan the scope based on the available time, particularly if there are additional ethical reviews or more than one data-gathering instrument to be piloted. In most cases, the data gathering is less than three months and if you are working in a full-time position, then time is a critical element.

Keep data analysis a simple process. Use scissors and tape to create themes or messages and help to generate order out of the chaos of information. Do not second guess or doubt the themes or ideas, it is your research and interpretation of the data.

Mind mapping is a technique that helps give a visual of the project. It can help others to see how you have moved from one idea to another or how ideas connect. Mind mapping can also be used with the data and study participants to provide a visual map of the themes generated.

Using a reflective journal is a great tool to manage your ideas and thoughts and to create a visual picture of your travels. Using a binder where pages, notes or pictures or even the odd carton could be added enhances the text notes.

Employment needs careful planning of work responsibilities and your role as a researcher. Gain support from work colleagues early and have them take an active part in all phases of research project. It becomes learning for the whole work team. Keep awareness for the broader organization possibilities of moving research recommendations down the road to implementation in the future.

Personal balance: family and friends need to take part in the journey, not just the graduation ceremony. Learn to take time for relationships and offer the four-footed companions the occasional walk. Take time for personal needs such as exercise and proper food, both of which nourish the mind and improve the writing. Enjoy the journey — you only come this way once.

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APPENDICES

Appendix A

A Policy for Continuous Learning in the Public Service of Canada

(Treasury Board of Canada Secretariat, 2002)

Publié aussi en français sous le titre

Une politique pour l'apprentissage continu dans la fonction publique du Canada

Introduction

This policy provides a framework to build a learning culture in the Public Service. It represents a broad-based consensus across the federal government of what is currently needed to build a learning organization and contributes to the agenda of Skills and Learning for Canadians.

Context

The world is in the midst of an unprecedented transformation from an industrial-based economy and society to a knowledge-based economy and society. Just as this transition is changing the way we work, the way we communicate and the way we live, so too, it is changing the way modern societies are governed and the way the Public Service will be called upon to serve Canada and Canadians.

The Government of Canada has recognized that in the knowledge age, the most important investment a country can make is in its people — human capital (the skills and capabilities of people) is to the knowledge age what physical capital was to the industrial age. The industrial age learned the importance of investing in the upkeep, improvement and modernization of physical capital in order to maintain its productivity and avoid rust-out and obsolescence. Similarly, the knowledge age has discovered the importance of people and needs to learn how to invest in people to support creativity and innovation. Living off the existing skills and capabilities of

people is no more sustainable in the knowledge age than allowing rust-out and obsolescence of physical assets would have been in the industrial age.

As an organization dedicated to serving the needs of Canadians and their government, the Public Service of Canada must remain worthy and deserving of the trust of those it serves. It must be at the leading edge of public sector management and administration. As an institution, the Public Service must be able to attract and retain its fair share of talent, in an increasingly competitive and highly mobile labour market. To do this, it must be recognized for its sustained commitment to employees – their knowledge, know-how, creativity, diversity and linguistic duality.

As a first step in strengthening this commitment to people, this document sets out a learning policy for the Public Service of Canada. It addresses the importance of training, development and learning in ensuring that public servants of the 21st century are knowledgeable, effective and creative in fulfilling their mission to serve Canadians.

Policy objective

The objective of this learning policy is to build a learning culture in the Public Service and stimulate, guide and promote the development of the Public Service as a learning organization committed to the lifelong learning of its people. The Public Service of Canada recognizes that this is critical to fulfill its mission as a national institution in the knowledge age, to maintain the trust of those it serves, to support the career goals of its employees, and to achieve results for Canadians.

Policy application

This policy applies to Departments and other portions of the Public Service of Canada listed at Part 1, Schedule 1 of the *Public Service Staff Relations Act.*

Effective date

This policy is effective May 1, 2002. It replaces the following policies:

Training and Development Policy with the companion *Training Guide* (1994)

Development of Supervisors, Managers and Executives (1994)

Due to specific deadlines of some commitments in this policy, a review of this policy will be initiated in 2005.

Terminology

To begin, a common understanding of terminology is important. Within any learning lexicon, there are many terms that are often used interchangeably and yet may have quite different interpretations. The definitions that follow are provided for the purposes of this learning policy:

Learning Definitions:

Training *(formation)* —represents an organized, disciplined way to transfer the knowledge and know-how that is required for successful performance in a job, occupation or profession. It is ongoing, adaptive learning, not an isolated exercise.

Development *(perfectionnement)* —refers to all means intended for developing employees' *skills and abilities, as well as their careers*, through the practical application of knowledge and know-how. It requires an exposure to diversity of ideas and diversity of experience, through many means such as training, formalized activities of mentoring and coaching, and exchanges.

Learning *(apprentissage)* —at the individual level is the acquisition and the creation of new knowledge and ideas that changes the way an individual perceives, understands or acts. It is enhanced by the freedom to think creatively and leads to innovation

Organizational learning *(apprentissage organisationnel)* —occurs through a collective process of creating and capturing new ideas, knowledge and insights. As a product, organizational learning is the outcome of the collective learning that takes place in finding new and better ways of achieving the mission of the organization.

Continuous learning *(apprentissage continu)* —is a lifelong process comprised of the sum of training, development, and learning. Once individuals work in an environment where these three activities are present, and actively participate in each, lifelong learning becomes a reality.

Learning organization *(organisation apprenante)* —is a collective undertaking rooted in action. It is built around people, their knowledge, know-how and ability to innovate. It is characterized by continual improvement through new ideas, knowledge and insights which it uses to constantly anticipate, innovate and find new and better ways to fulfill its mission. A learning organization cannot exist without a commitment to lifelong learning for its people, so that the linkages between training and development and learning are sustained.

Personal learning plan *(plan d'apprentissage personnel)* —is a method of focusing future learning efforts to better reflect an individual's learning needs, interests, and style

Other Definitions:

Employer *(employeur)* —is the Treasury Board and its Secretariat.

Corporate *(collectif)* —*is public-service wide.*

Individual *(individu)* — is an employee, a manager, or a person occupying a confidential position in an organization to which this policy applies.

Organization *(organisation)* —is a department or other portion of the public service as listed at Part 1, Schedule 1 of the *Public Service Staff Relations Act* for which a deputy head is responsible.

Roles and responsibilities

Learning is a shared responsibility between the individual and the organization. There is a mutual obligation – an obligation on the part of employees to take charge of their own professional development and an obligation on the part of the organization to offer an environment that is conducive to learning. This includes providing access to training, learning and development opportunities in the official language of choice, where applicable, and respecting the diversity needs of employees. In the Public Service of Canada, the following responsibilities form the basis of a learning policy:

- ***Individuals*** must commit to lifelong learning by being:
  - *willing to learn*, to continually upgrade and improve their capabilities;
  - willing to invest time and energy in learning and in integrating learning into their everyday approach to work; and
  - *committed to applying* their learning and sharing it with others.
- ***Organizations*** (Deputy Heads) must ensure that:
  - *employees are provided* with the training, development and learning opportunities to fulfil the organization's mission and job requirements, within the wider context of Public Service values while ensuring responsible spending; and
  - *managers have access* to the training, development and learning needed to fulfil their *responsibility* to manage in accordance with Public Service-wide values, principles and best practices.
- The ***Employer*** (Treasury Board Secretariat) must:

- identify *fundamental corporate requirements* and common knowledge needs for managers and employees irrespective of department or job and to make available training, development and learning opportunities through which they can achieve the necessary proficiency.
- identify the *common knowledge* needs of Public Service managers where there is a corporate duty of care by the employer to ensure a common knowledge among all managers or a common need of managers to act in a similar or concerted way and to make available necessary training, development and learning opportunities.
- establish learning goals, monitor and report findings.

Collectively, all parties are responsible:

- to develop and nurture a *Public Service-wide learning culture* that promotes and encourages investments in learning. A coordinated, employer-led approach is needed to ensure that training, development, learning, and career development efforts of individuals and organizations add up to a significant, cohesive result that serves the interest of the Public Service of Canada and, therefore, Canadians.

Policy Commitments

The Commitments in this policy represents a broad consensus within the federal government of the principles and the actions required to build the foundation of a learning culture. Organizations may undertake initiatives that go beyond these specific commitments.

Commitment 1

The Public Service of Canada is committed to fostering a learning culture in the Public Service that is essential to fulfilling its mission as a national institution in the knowledge age.

Building a Public Service-wide learning culture requires a broad-level commitment. It is a shared responsibility that requires commitment on the part of employees, managers and organizations, as a whole. The commitment by all to building a learning culture will be essential for the Public Service to fulfill its mission as a national institution in the knowledge age, to remain worthy and deserving of the trust of those it serves, and to achieve results for Canadians.

Commitment 2

The Public Service of Canada is committed to becoming a learning organization that invests in the lifelong learning of its employees.

To help foster a learning culture, the Public Service of Canada is committed to becoming a learning organization, committed to lifelong learning. It recognizes that learning occurs all the time, everywhere. It supports both individual and organizational learning and encourages all types of learning. Building a learning organization, committed to lifelong learning will ensure that the Public Service: is able to attract and retain its fair share of talent in an increasingly competitive and mobile labour market; enables its employees to meet the challenges they face in serving Canada and Canadians in the knowledge age; and, provides employees with the environment to achieve their personal career goals.

Commitment 3

Building upon this public service-wide policy, all organizations will have their own training, development and learning policies and action plans as soon as possible – and no later than March 31, 2004 – with a clear commitment of time and resources.

Organizations supporting individuals in their learning plans will also need to establish commitments of their undertakings and expectations, which recognize the unique aspects of their operations, and these may well go beyond the basic commitments set out in this Public Service-wide policy.

Commitment 4

The Public Service of Canada is committed to ensuring that, as a minimum, all permanent employees who wish to have a personal learning plan will have an opportunity to have one by March 31, 2004.

Personal learning plans for employees will serve to make the commitment to increased training and development in the Public Service of Canada more explicit and to enhance accountability for that commitment. While this is an ambitious goal, it is achievable.

Commitment 5

The Public Service of Canada is committed to identifying the fundamental corporate requirements and common knowledge needs of public service managers, to making available training, learning and development opportunities to address those needs and to fulfilling its obligations as employer with respect to training and development.

The employer has the responsibility to establish the framework to promote the desired cultural change and ensure that individual and organizational efforts results in a cohesive and effective Public Service that provides quality service to Canadians. To this end, the employer's

role is to identify the common knowledge needs and to ensure that those needs are addressed through a coordinated approach.

Commitment 6

The Public Service of Canada is committed to encouraging and supporting the efforts of employees to improve and enhance their professional qualifications and accreditation through formal education, subject to the mission and operational requirements of their organization.

In keeping with the need to nurture a learning culture, employees should be supported in their efforts to enhance their academic or professional qualifications or credentials. Encouraging employees to develop and enhance their professional qualifications and abilities, or pursue further accreditation in their field, will require a practical approach. It may involve partnering with recognized universities or colleges in specialized areas of study, or an expansion of the types of accreditation that are recognized as professional qualifications. However this commitment is approached, it must be supportive of training, development and learning in individual areas of specialization, while also respecting the requirements of the organization in fulfilling its mission.

Commitment 7

The Public Service of Canada is committed to measurable targets against which to mark progress toward becoming a learning organization, committed to lifelong learning. As an initial step in this direction, it is committed to year-over-year increases in training and development expenditures as measured in time and money over the three years after the coming into force of this policy, not including expenditures required for statutory official language training.

Systems to capture learning activities and expenditures and methods of evaluating outcomes are not well developed. However, one measure of whether an organization is making progress is its investments in training and development. Achieving improved levels of training and development over the next three years would establish one of the essential building blocks toward becoming a learning organization. With training and development firmly established in the work environment of individuals, other learning activities will be more easily pursued.

Commitment 8

The Public Service of Canada is committed to annual, public reporting by organizations on their training, development and learning activities as a means to measure and recognize progress.

To make the implementation of this policy successful, it must be possible to measure and mark progress. Although organizations will use their own reporting vehicles, it is recognized that, initially, measuring and reporting on training, development and learning will require extra effort in some departments and agencies in gathering information. However, in the knowledge age, where investments in people are critical to an organization's success, this information will be needed for organizational business planning and priority-setting, in any case. It will also be important to link the measurement of progress with performance reporting, to ensure accountability of managers and management teams in implementing policies and practices conducive to building a learning organization.

A key step in the evolution of effective measurement of training, development and learning will be the creation of a common methodology. Consistent data is necessary for the year-over-year comparisons needed to measure progress at the organizational and corporate levels.

Evaluating the impact of investments in training, development and learning will be a process that develops over time. This policy will be evaluated after three years of implementation. As this policy is intended to stimulate the development of a learning organization, updates may be required as the Public Service of Canada moves closer to this goal.

References

Authority: *Financial Administration Act*, Section 11(2)(b)

Legislation: *Public Service Staff Relations Act*

Official Languages Act

Employment Equity Act

Enquiries

Clarification and assistance may be obtained from your departmental human resources people or from:

Human Resources Strategies

Strategic Planning and Analysis Division

Human Resources Branch

Treasury Board Secretariat

Appendix B

First Nations And Inuit Health Branch

Community Health Nurse Survey

Section A

1. Which of the following describes your current role?

   - ❑ Community Health Nurse in a health centre
   - ❑ Community Health Nurse in a nursing station
   - ❑ Nurse-in-charge in a health centre
   - ❑ Nurse-in-charge in a nursing station
   - ❑ Other, Please specify: _____

     _____

2. How long have you been employed in your current position?

   - ❑ Less than 1 year
   - ❑ 1 – 3 years
   - ❑ 4 – 5 years
   - ❑ Greater than 5 years

3. How many years have you been employed by First Nations and Inuit Health Branch (FNIHB)?

   Current:____months____ years

   Previous:____months____years

   Total:____years

4. How many years have you been employed as a registered nurse?

   ____ years

5. As an employee of Health Canada in which regions have you worked?

- ❑ Pacific
- ❑ Alberta
- ❑ Saskatchewan
- ❑ Manitoba
- ❑ Ontario
- ❑ Quebec
- ❑ Atlantic
- ❑ Yukon
- ❑ Northwest Territories
- ❑ Nuivat

6. What region are you currently employed in?

   (If dual employment, indicate primary region)

- ❑ Pacific
- ❑ Alberta
- ❑ Saskatchewan
- ❑ Manitoba
- ❑ Ontario
- ❑ Quebec
- ❑ Atlantic

7. Have you been employed in other positions within FNIHB?

- ❑ No
- ❑ Yes If yes please indicate and list positions in order of most recent first.

  1)_____ 2)_____

3)_____ 4)_____

5)_____ 6)_____

8. Please indicate all completed education within nursing

- ❑ Nursing Diploma
- ❑ BSN or BN
- ❑ MSN or MN (Masters in Nursing)
- ❑ PhD in Nursing
- ❑ Nurse Practitioner
- ❑ Other Please list:

_____

_____

9. Please indicate if you are currently enrolled in any nursing education programs

- ❑ BSN or BN
- ❑ MSN or MN (Masters in Nursing)
- ❑ PhD in Nursing
- ❑ Nurse Practitioner
- ❑ Other Please list:

_____

_____

10. Please indicate all other education completed outside of nursing

Section B Professional Development Activities

1. Have you been in a position in which you were required to complete a degree

   If yes indicate what level

   - ❑ No
   - ❑ Yes
     - o Bachelors
     - o Masters
     - o Other

2. Was this employment with FNIHB?

   - ❑ No
   - ❑ Yes If **no** skip to question 4.

3. Did you receive support from FNIHB while working on the degree?

   - ❑ No
   - ❑ Yes If yes please indicate all that apply.
     - o Tuition
     - o Books / supplies
     - o Travel allowances
     - o Salary or training allowances
     - o Time off with pay
     - o Other, please indicate:_____

       _____

       _____

       _____

4. a) Please indicate if you completed either of the following certificate programs for continued employment?

- ❑ Primary Care
- ❑ Community Health
- ❑ Other _____

_____

_____

_____

_____

b) Were you funded by:

- ❑ FNIHB
- ❑ Self
- ❑ Other

c) If funded, please indicate all that apply:

- ❑ Tuition
- ❑ Travel allowances
- ❑ Time off with pay
- ❑ Salary or training allowances
- ❑ Books / supplies
- ❑ Other, please indicate: _____

_____

6. Please list and describe all professional development activities that have been taken

but have not been captured in the previous questions.

_____

_____

_____

_____

_____

7. What can an employer or organization do to assist or support a nurse's ongoing career development activities?

   - ❑ provide time at work
   - ❑ financial assistance
   - ❑ other Please make suggestions:

     _____

     _____

     _____

8. Should there be a variety of career development opportunities for nurses depending on their interests in pursuing current or future career direction?

   - ❑ No
   - ❑ Yes Please make suggestions:

     _____

     _____

     _____

Thank-you for completing this survey. Your support for ongoing nursing education is appreciated. If you have any further comments please add below.

Focus Group Questions for

Nursing Leadership Groups

Introduction: written as per information sheet

research project and informed consent

Opening Question:

- **Tell us who you are, where you practice nursing and what you most enjoy when you are not practicing nursing?**

Introductory questions:

- **Consider the nursing or other professional development activities you have undertaken throughout your career as a nurse**

  What was the most enjoyable activity?

  What was the most challenging activity?

Transitional questions:

- **When you consider your professional development activities**

  what made the activity enjoyable?

  what made the activity a challenge?

- **What has persuaded you to engage in professional development activities in past**?

  Personal wish?

  Requirement of position or for a new position?

- **What (who/how) helped support you during professional development activities?**

  Personal? Family? Friends?

  Organization? Employer? Supervisor?

  Financial? Time?

- **What does support in this context mean to you?**

Key Questions:

- **What can an organization (or employer) do to support the nurse's professional development?**
- **What can a nursing leader (or supervisor) do to support a nurse to seek professional development?**

Ending Question:

- **Reflecting on our discussion what is the key message about professional development you would give a health care organization for nurses?**

The bolded are key questions and the other points underneath will be used only if there is a lack of response to the main question as examples.

Appendix C

Information to Participate

Research Project	How can First Nations and Inuit Health Branch enhance the individual nurse's opportunities to engage in meaningful professional development? What are the organizational issues? What are the nurse's challenges? What is current situation in external health care organizations, for nursing, and professional, career or leadership development?
Project Leader	Charlotte Thompson, RN MSN MA (c) Royal Roads University, Victoria, BC Bridget Stirling, RN MPH PhD Royal Roads Faculty Project Supervisor
Project Sponsor	Kathleen MacMillan RN MA MSc PhD (cand.) Executive Director Office of Nursing Services Health Canada FNIHB

You are invited to participate in a research project. Participation in the project is voluntary and you may refuse to participate or withdrawn from the study at anytime, without penalty.

I am a graduate student enrolled in the MA (MALT) program at Royal Roads University with a focus on leadership and training. In preparation for completing an action research project as my final component of the program, I contacted Kathleen MacMillan and discussed the opportunity of completing a project that would be of a broad scope. Leadership and career development have been a part of my interests both professionally and personally, therefore I was

eager to combine these two interests into a project that may support future professional development opportunities for FNIHB nurses.

The purpose of this project will be to identify what is available in the area of professional development for government employees; what is available for nursing; what are the issues from the nurse's perspective to seek challenge, risks, resilience factors; what are the organizational issues; and what is happening in the external health care environment. In completion of the study I will identify the government opportunities for nursing and prepare a report. The information gathered on nurses, the organization and the external health care environment will be used to make recommendations on possible approaches to meet the challenges created by nurses and the organizations in seeking professional development opportunities.

I am requesting the support of nursing leadership in First Nations and Inuit Health Branch of Health Canada in the gathering of information to complete my study. Nursing leaders will be approached to attend a focus group that will explore the area of professional development from the leader's point of view. This will be followed up by a general survey to nurses in field units to look at career development from their perspective.

Please be assured that all responses from both focus groups and surveys will be confidential. All responses will be summarized with other responses so that no one individual or group can be identified. The study is supported by the Office of Nursing Services FNIHB. The data and confidentiality agreements are in place between Royal Roads University and Health Canada Ethic Review Board. The collected data will be retained by me in a secure filing cabinet and be destroyed upon completion of my degree requirements. The study has received ethics approval from Royal Roads University and Health Canada.

Contact information if any questions or concerns:

Charlotte Thompson Work Phone # xxxxxxxxxxx fax xxxxxxxxxxx

xxxxxxxxxxx xxxxxxxxxxx

Email xxxxxxxxxxxxxxxxx

Research Project **When Opportunity Knocks**

Enhancing Professional Development for Nurses within First Nations and Inuit Health Branch

Investigator: Charlotte Thompson RN BSN MSN

Purpose: To identify the factors that will enhance the individual nurse's opportunities to engage in meaningful professional development.

Research process: Focus groups of nursing leaders within FNIHB

Survey of community health nurses within FNIHB

By signing this consent form, I agree:

1. The study has been explained to me and my questions answered.
2. The possible harms and discomforts and possible benefits of the study have been explained to me.
3. I understand that I have the right not to participate and the right to stop at any time.
4. I am free now and in the future to ask questions about the study.
5. I am aware there is no guarantee that what is disclosed in focus groups will remain confidential.
6. Focus groups will be audiotaped.
7. I understand that no information to identify me, will be released in print (without asking me first).
8. A copy of the final report will be housed at Royal Roads University and will be publicly accessible.

Consent ------ I hereby consent to participate.

Name of participant_____(print)

Signature _____

Consent obtained by_____ Date_____

Community Health Nurses Working in Pacific Region

Currently I am conducting a research project for my MA in Leadership and Training at Royal Roads University. The project will engage nurses working for FNIHB in a discussion of the challenges, issues, and opportunities on the subject of career or professional development.

I have excluded community health nurses in British Columbia due to the ethical concerns. I do feel that it is important for nurses working for FNIHB in British Columbia to be aware that the study is in progress and that any future benefits that may arise due to the data gathered and the report prepared will be extended to all FNIHB community health nurses.

I would invite any FNIHB community health nurse in British Columbia who wishes to complete the survey to please feel free to do so. The surveys are anonymous and data will only recorded as totals. I wish to assure you that no information will be shared with you nursing supervisors or regional educational or practice support teams.

Please see the attached **Information to Participate**

if you wish to take part in the survey.

Charlotte Thompson RN MSN MA(c)

Regional Nursing Consultant

Pacific Nursing Services

First Nations and Inuit Health Branch

Health Canada