

Clinical Nurse Specialists Working with First Nations and Inuit Communities



CHSRF/CIHR Chair Program in
Advanced Practice Nursing

By Joanne Veldhorst, RN, MSc & Alba DiCenso RN, PhD
McMaster University

This thesis can be found in <http://morris.mcmaster.ca/>

THE ISSUE

First Nations and Inuit communities are experiencing increased rates of type 2 diabetes, arthritis, hypertension, heart problems, depression, and substance abuse in addition to an increased rate of suicide among teens. Birth rates are three times the national average, with high rates of teenage pregnancy. Front line nurses working in these communities find it challenging to care for the complex needs of this population. In 2004, First Nations and Inuit Health Branch (FNIHB) of Canada introduced the role of the Clinical Nurse Specialist (CNS) to provide front line nurses with access to nursing experts and to assist with complex care issues.

THE PURPOSE

To examine practice patterns of CNSs working with First Nations and Inuit communities in British Columbia, Alberta, and the Atlantic provinces.

What did we do?

We conducted a mixed methods study that included two phases. Phase one involved surveying five CNS who were employed by FNIHB for at least nine months on the role of the CNS, practice patterns, role implementation and facilitators and barriers to role implementation. Phase two involved a face-to-face or telephone interview with three study participants along with their respective Regional Nursing Officers (RNOs) to help clarify findings from the questionnaire and to further explore identified gaps and issues.

What did we find?

- CNS practice patterns included responsibilities for education, research, leadership and consultation with a small role for direct patient care.
- Facilitators to CNS role implementation included federal commitment to the role, recognition of the need for greater expertise in complex care issues, CNS role confidence, experience and expertise.
- Barriers to role implementation included lack of role clarity and knowledge regarding the CNS role, isolation in practice, resistance from staff, lack of adequate funding, difficulty with recruitment and difficulty managing the large geographical catchment area.

Despite barriers, CNSs indicated that overall they were satisfied with their roles.

How will this research help?

The role of the CNS could be better utilized in the management of complex care needs of the First Nation and Inuit communities if the barriers that limit the CNSs practices are addressed.

What's next?

In order to entice CNSs to work in rural remote areas future work is needed to clearly define the CNS role in aboriginal communities.

BOTTOM LINE?

CNSs can play an important role in managing complex care issues in the First Nations and Inuit communities.

Funding for this research provided by First Nations and Inuit Health Branch (FNIHB)

FOR MORE INFORMATION:

Renee Charbonneau-Smith, Knowledge Exchange Specialist, CHSRF/CIHR Chair Program in APN
McMaster University, 1200 Main St. W., HSC 3N25, Hamilton, Ontario L8N 3Z5
Phone: 905-525-9140, ext. 21286, Fax: 905-524-5199, email: charbon@mcmaster.ca