

À la recherche d'une relève temporaire : stratégie de recrutement de personnel infirmier dans les communautés nordiques autochtones

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Dans le but de trouver une solution à la pénurie actuelle d'infirmières dans les communautés autochtones du Nord-Ouest de l'Ontario, la Direction générale de la protection de la santé des Premières nations et des Inuits à Santé Canada a commandé une étude sur la pertinence d'établir une équipe de relève constituée d'infirmières provenant des petites villes minières des environs. On a présenté un questionnaire à questions libres et à questions fermées à un échantillon aléatoire de 237 infirmières en vue d'analyser leur degré de sensibilisation, leur disposition et leur niveau de préparation à la pratique des soins infirmiers en région nordique et de déterminer quels sont les facteurs favorables et défavorables au recrutement. Les conclusions révèlent une connaissance du recoupement des dimensions professionnelles et personnelles qui caractérise cette pratique; elles justifient le bien-fondé d'un système de rotation qui chevaucheraient les compétences fédérale, provinciale et locale. Malgré sa complexité, avec du temps et de la volonté, ce type de structure de relève régionale semble viable.

Mots clés : santé des Premières nations, pratique des soins infirmiers en région nordique, recrutement

Finding Temporary Relief: Strategy for Nursing Recruitment in Northern Aboriginal Communities

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To address a recurring shortage of nurses in the aboriginal communities of Northwestern Ontario, the First Nations and Inuit Health Branch, Health Canada, commissioned a study to explore the viability of establishing a relief pool among nurses from nearby small industrial towns. An open/close-ended survey completed by a random sample of 237 nurses from the target population documented levels of awareness, willingness, and preparedness for northern practice, as well as recruitment incentives and disincentives. Findings demonstrate an awareness of the overlap between the professional and personal dimensions characteristic of such practices, and suggest support for innovative rotations that would cut across federal/provincial/community jurisdictions. Although complex, given time and willingness, a regional relief system seems viable.

Key words: aboriginal health, northern nursing practice, recruitment

Introduction

For the past several years, aboriginal communities in Canada's North have experienced exceptionally high rates of turnover among nurses (Need acute, 2001). In remote parts of Northern Ontario, for example, it is not uncommon for one third of the funded positions to be unfilled at any given time. As a result, if they cannot attract full-time staff, local health authorities and the First Nations and Inuit Health Branch (FNIHB), the department of Health Canada responsible for the health of aboriginal people on reserves, are forced to rely on agency nurses to provide vital services, each for a few weeks at a time. One small community in the region had 42 different nurses during a recent 1-year period. This situation has serious implications in a system where nurses are the principal primary-care providers. Of necessity their focus is on maintaining acute-care coverage; chronic care and public health programs do not receive the attention they warrant. Continuity of care suffers in various ways, too. For instance, patients tire of having to repeatedly recount their symptoms and history every time there is a new person and, frustrated, sometimes simply stop going to the nursing stations for follow-up (Minore, Boone, Katt, Kinch, & Birch, in press). Lack of knowledge about

procedures can affect patients as well. Temporary nurses may administer medications but not order refills because they are unfamiliar with the system for pharmacy orders; this causes disruptions in the course of treatment.

The health human resources situation in the Sioux Lookout Zone, FNIHB's administrative division for the northernmost part of Ontario, mirrors that found throughout Canada's provincial and territorial North. There are 28 communities, accessible only by air, scattered across the Zone, a vast area of subarctic boreal forest equal in size to Germany. Some 16,231 Cree and Ojibway live there, in places of fewer than 100 to as many as 1,600 people. The larger communities have a nursing station, staffed by two or three nurses and paraprofessionals (Community Health Representatives and Mental Health Workers) hired from the community; the smaller ones have satellite stations that nurses from nearby communities visit on a routine basis. These people are also served by physicians and other health professionals who fly in regularly from the town of Sioux Lookout (population 3,465). Most of the time, however, the nurses are the only health professionals available.

While the system often struggles along with "make do" staffing measures, alternative arrangements are being sought. Prior to the current study, Health Canada surveyed nurses whom it employed in the Zone to identify strategies that might lower the rate of attrition there. Among the remedial actions proposed was the rotation of nurses into Zone communities — ideally the same individuals to the same communities — on a routine basis to provide short-term relief; the nurses would be drawn from small industrial towns in the region.

To explore the feasibility of this option, Health Canada commissioned the authors to conduct a survey of non-FNIHB nurses in Northwestern Ontario to determine their level of awareness, willingness, and preparedness with regard to northern practice. It also sought their thoughts about elements essential to the success of such a strategy. Exploring the idea does not mean that a formal policy will ensue, of course. As the present paper shows, development of a rotation-based relief recruitment program, although possible, will require considerable shifts in personal perspectives and institutional policies.

Literature Review

In terms of formulating a health human resources recruitment policy for rural and remote areas, the respondent population was somewhat unusual. Such studies tend to sample from among those already attracted to working in an under-serviced area, who are able to provide informa-

tion based on their experiences (Lillington, 1997). In contrast, as Wilmore (1997) did with respect to recruitment of specialty nursing in Australia, the present study focused on generic factors — identified by a general population of nurses — that might influence decisions about entering a particular type of practice. The larger objective, following Meyer, Mannix, and Costello (1991), was to inform the development of a strategy that would tap an alternative nursing resource for a rural area.

Studies on recruitment into rural nursing focus mostly on organizational factors within hospital settings (Fosbinder, 1994; Fuszard, Green, Kujala, & Talley, 1994; Stratton, Dunkin, Szigeti, & Muus, 1998). Less attention has been paid to individuals' adjustment to their surroundings (e.g., Didham, 1993). In comparison, the literature on the location choices of rural physicians takes into account both professional and personal dimensions (Alexander, 1998; Kazanjian & Pagliccia, 1996; Pathman, Williams, & Konrad, 1996). To be effective, recruitment strategies must consider nurses' awareness of the range of nursing and non-nursing realities in rural and remote settings, as identified by Hegney (1996).

A defining characteristic of nursing in Canada's remote aboriginal communities is the interplay between one's professional and personal lives (Canitz, 1991; Gregory, 1992; Scott, 1991). Nurses employed in most settings are able to maintain a high degree of separation between the two. Even those working in rural communities can set limits, although there is some erosion of boundaries since nurses' clients are also neighbours (Lee, 1998; MacLeod, Browne, & Leipert, 1998). For those employed in an isolated northern aboriginal community, however, efforts to keep a professional distance have been shown to negatively affect the community's acceptance of the services offered (Boone, Minore, Katt, & Kinch, 1994; O'Neil, 1989).

O'Brien-Pallas and Baumann (1992) note, with reference to recruitment programs generally, that "policies which take into account individual nurses' needs must be explored" (p. 15). This observation is made in the context of setting a broad research agenda on quality of nursing worklife issues. In that regard, they propose a conceptual framework of interdependent factors to be studied, considered alternately as *internal* or *external* in character. The latter, as the term suggests, are external to nurses and agencies: client demands on the system, health-care policies, or labour-market conditions. More relevant to the present discussion are the internal dimensions, those that pertain to nurses themselves and the environments in which they work, including, in this case, overlapping professional/personal lives while they are in a community.

Research Questions

The purpose of this study was to elicit the opinions of nurses from the region representative of those who might be recruited for a relief pool. As well, it was deemed important to determine any gaps in their understanding of nursing practice in aboriginal communities and how these might be addressed by the Branch. This led to the following questions: (1) *What type of orientation would help individuals reach a decision about northern nursing practice?* (2) *What recruitment strategies would be most effective in attracting nurses to the North?* (3) *What factors might deter nurses from working in the North?* (4) *What strategies would be most effective in informing nurses about northern nursing opportunities?*

Methodology

The survey instrument contained 22 questions: one open-ended; three closed-ended; and 18 multiple-response closed-ended, 11 of which incorporated open-ended components to accommodate respondents' perspectives. For purposes of content validity, the instrument was developed in consultation with three FNIHB-based experts on nursing recruitment and northern nursing practice, then reviewed by the Regional Nurse Educator and Acting Regional Nursing Officer for the Ontario Region. The questions were also informed by previous studies commissioned by the Branch on the learning needs of nurses working in First Nations communities (Silverman, Baumann, & Boblin-Cummings, 1994) and on recruitment and retention (Lillington, 1997). In formulating questions the researchers were able to draw on a decade of experience as members of a transdisciplinary research team — which also included two nurses of aboriginal heritage — that had undertaken several projects on the delivery of health services in collaboration with First Nations communities and organizations in Northern Ontario. Face validity was assessed by pre-testing the survey tool with 10 nurses from a variety of practice settings across the region, including individuals with recent experience working in First Nations communities.

The survey explored respondents' views on working conditions for nurses in northern aboriginal communities with regard to workload, the types of clients and acuity of care, in-service education, and cross-cultural issues. It also inquired about the levels of preparation required, resources, staffing, and supports. Other items canvassed their opinions on contract conditions in the North including length of contract, pay levels, overtime remuneration, and benefits. Respondents were asked to specify which types of orientation and recruitment strategies would cause an individual to choose a northern nursing position. As well, they were asked to provide information about their own nursing background, recent nursing

experience, employment history, nursing responsibilities, and, specifically, their cross-cultural nursing experience with aboriginal clients. For the purpose of analyzing the responses, they were also asked to provide some personal demographic information.

Questions seeking factual information used standardized response categories. For example, for the question *While employed as a nurse, what have been your primary areas of responsibility?* respondents were provided an exhaustive 23-item list based on the categories used for registration purposes by the College of Nurses of Ontario. Other items asked respondents to put themselves in the position of a nurse planning to go north. For example: *Considering the perspective of someone accepting a northern nursing position, what type of supports would be essential to make working in an isolated First Nations community easier for someone like yourself?*

The survey was administered to a stratified random sample of 622 registered nurses drawn from 1,126 registrants of the College of Nurses of Ontario living in the northwestern part of the province. Those employed at the time by FNIHB were excluded from the sampling frame; however, this criterion did not rule out nurses with previous experience working in northern aboriginal communities. Nursing preparation was a key variable of interest; proportionate sampling meant that the 170 BScN and 452 diploma RNs included in the sample reflected the levels of preparation found among the region's nurses. The survey was completed by 237 individuals, an overall response rate of 38.1%, which is in line with the 34% return rate expected for population surveys with a mailed follow-up (Dillman, 1978). Rates of return were somewhat higher for RNs who had completed a BScN ($N = 74$) than for those with diplomas ($N = 163$): 43.5% and 36.1%, respectively. In terms of academic preparation, BScN-prepared nurses are over-represented but the variance is slight (3.9%); therefore, with respect to preparation the results were generalizable to all RNs in the region, other than those working in the Sioux Lookout Zone. The demographic characteristics and employment experience of the sample are highlighted in Table 1.

Although the survey yielded both quantitative and qualitative data, this paper is based on the qualitative part of the data set because it focuses on *perceptions* that might inform the human resources policy being contemplated. A few descriptive statistics are used where appropriate only to indicate the extent of support for various ideas. Due to the preponderance of multiple response categorical variables, usual measures of independence were not appropriate because of within-subject dependence among responses.

The internal dimensions of the O'Brien-Pallas and Baumann (1992) framework for studying quality of nursing worklife issues were adapted as a heuristic device, to organize and identify relationships within the

Table 1 *Characteristics of Sample (N =237)*

Variables	Mean	SD	
Age	43 years	9.51	
Number of children	2	1.11	
Total number of years since qualifying	19	10.53	
	Number of Responses	%	
Language	226	100.0	English
Marital status	232	84.1	Married or equivalent
Current employment status	226	51.3	Full-time employment
Primary area of practice	203	85.7	Direct care
Primary setting	231	82.3	General hospital
Experience nursing aboriginal clients	203	83.7	Acute care
Experience in First Nations community	224	86.2	No experience

data. This framework classifies these internal factors into four categories: *individual*, *social/environmental/contextual*, *operational*, and *administrative*. For purposes of the analysis, these constituted an initial list of what Patton (1990) refers to as “sensitizing concepts,” used to organize qualitative data. Additional categories arose from the data; *indigenous concepts* are usual in such an approach. The content analysis followed inductive procedures whereby the volume of information collected was reduced by focusing on recurring concepts and their interrelationships (Morse & Field, 1995). Interrater reliability was achieved by having each of the researchers code the data independently, then compare and consensually agree on the categorization.

Findings

To frame a recruitment strategy that might make a short-term relief plan workable, it is necessary to understand nurses’ expectations regarding various aspects of work in northern aboriginal communities. A number of these fit the categories generally characteristic of nursing worklife as identified by O’Brien-Pallas and Baumann (1992). This paper discusses the study-specific worklife issues that fall within each of the “internal” domains of their paradigm under the rubrics *individual*, *social/environmental/contextual*, *operational*, and *administrative*. The paper then introduces the

indigenous concepts emerging from the data that are outside of such a generic model but must be considered in formulating a successful nursing recruitment strategy for the North. Dealt with under the heading *personal/professional interface*, these provisions are essential to sustain individuals' commitment to work in a northern setting on a basis sufficient to meet local needs. The key findings are summarized in Table 2.

Table 2 *Factors Affecting Northern Nursing Recruitment*

Individual

- Adventure and cultural awareness
- Requires flexibility for job sharing and short-term contracts

Social/Environmental

- Opportunity for independent practice
- Concern for personal safety

Operations

- Vast distances
- Scarce human resources
- Cross-jurisdictional collaboration

Administration

- Wages, including isolation pay
- Transfer of services to communities

Personal/Professional Interface (Indigenous Concepts)

- 24/7 schedules
- Accommodations
- Essential services
- Informal social contact with community members

Individual

Within this category, O'Brien-Pallas and Baumann (1992) cluster several factors in two subcategories, home/work interplay and individuals' needs. The first subsumes various conditions of employment (i.e., job sharing, flexible scheduling) that accommodate nurses' personal lives. In this instance, work away from their home community would add to the complexity for employees attempting to balance the competing demands of work and home.

Most respondents (76.4%) thought that rotating work schedules — part-time for an employer in their home community and part-time in a First Nations community — would attract more nurses to northern practice. In their comments, they said that “short-term contracts would fit with present work schedules.” They also thought that “experienced

nurses [might] take a three-month leave from their current job on a rotational basis." They noted, however, that these types of rotations would work only if nurses were assured that they could "go north without penalties." They did not want to risk "loss of job position" or "continuing seniority" in terms of their current employment. A parallel suggestion was a "job share" approach, whereby nurses would alternate between their current position and a position in a northern community.

While these two ideas are intriguing and not to be dismissed, there is a significant obstacle to their implementation. Both depend on securing the agreement of the hometown employer. This obviously will depend on labour-market conditions at the time. Currently the small industrial towns of the mid-North are experiencing nursing shortages, but the supply/demand balance fluctuates. One thing that does not change, however, is the issue of jurisdiction. Provision of health services to aboriginal people on reserves is the responsibility of the federal government, whereas the main employers of nurses in Northwestern Ontario towns are funded, directly or indirectly, by the provincial government. For either the *job security* or *job share* provisions to function on a useful scale, the FNIHB would have to establish protocols with multiple employers that cut across the jurisdictional boundary. This is a significant hurdle, but it might well be cleared. The Ontario Ministry of Health and Long-Term Care recognizes that the province has obligations to all aboriginal residents, and certainly administrators at health facilities in regional centres are aware of the staffing difficulties faced in neighbouring First Nations communities.

Under individual needs, O'Brien-Pallas and Baumann (1992) list a number of factors that reflect personal beliefs, including autonomy, career goals, attitudes, and life values. Some survey respondents saw these notions as integral to the promotion of a new recruitment policy. About one in five (19.8%) suggested reasons why nursing in First Nations communities could be considered attractive. Their responses, while varied, emphasize the fact that northern practice represents a "challenge," "change," and "adventure." For some, the challenge was the "autonomy" and "independence" associated with practice in a remote setting. They noted that northern nursing would give one the opportunity to use "clinical skills in all areas of nursing." For nurses who wanted a change, the North could offer a "sabbatical" with "new experiences" not available in their current employment setting. Those who had been in their current position for a number of years saw this as a decided advantage. The adventure associated with northern nursing was rooted in the opportunity to experience a different lifestyle. For a number of respondents, the communities offered a type of "outdoor" life that was otherwise not available, even in the region's smaller centres.

Eight out of 10 (85.8%) thought that the opportunity to practise in a different cultural setting could be attractive. They expressed the belief that nurses might go north because of the opportunity to “make a difference” and satisfy their “desire to help people.” Respondents who previously had been to northern aboriginal communities generally characterized their experience as positive. A nurse who had been employed in the Northwest Territories wrote: “My six-month contract gave me exposure to a unique culture within Canada and yes, I would do it again if my situation permitted.” In sum, various individual factors could make a rotation nursing resource strategy attractive and useful for promotion purposes.

Social/Environmental/Contextual

Some contradictions are inherent in the nurses’ role in the North. For example, despite having considerable decision-making responsibility locally, they function within FNIHB’s widely distributed health-care system, which makes them accountable to supervisors located hundreds of kilometres away. Also, although they collaborate with physicians and other health-care professionals, the physical distance that separates them from these colleagues gives First Nations-based nurses relative independence within the health-care team.

Survey respondents saw the social/environmental/contextual differences as creating both incentives and disincentives that must be addressed in the formulation of a new nursing recruitment strategy. The opportunity for independent practice was a significant attraction (73.3%). Some respondents commented that nursing in remote communities could be a valuable “job experience.” However, some of these appeared not to understand the advanced level of knowledge, skills, and judgement required, by suggesting that the experience might appeal to “new graduates who are keen.” Nonetheless, independence clearly emerged as a job feature that might be exploited — in the best sense of the word — in promoting relief rotation work.

Weighing against this positive are some significant negative beliefs about the practice environment itself. Violent incidents at nursing stations in some places have been widely reported by the region’s press. It is not surprising, then, that respondents had some serious concerns about personal safety and security issues in isolated First Nations communities. “Bad experiences” for nurses, their colleagues, and others were identified as a recruitment barrier by about one half of those surveyed. Although only 16 respondents had actually nursed in an outpost, some of their comments graphically capture the broader concerns. Speaking of her brief experience, one nurse stated: “I only lasted two weeks on a northern reserve...no policing available, guns were easily available...took shots

at the nursing station.” A few individuals acknowledged that the nature of nurses’ experiences depended on the stability of the particular community. An individual who had nursed in several communities observed that the “dry reserves” tended to be more stable. Another commented that nurses “either loved it or hated it,” depending on the community. To be effective, any recruitment strategy must acknowledge and address such concerns. Our respondents suggested that the only way to change negative perceptions, when promoting a new strategy, is to ensure the inclusion of “positive representation from nurses that have worked in the north.” There was also a feeling that involving the leadership from aboriginal communities would signal their commitment to ensuring nurses’ safety.

Operations

The combination of large distances and small populations makes for a regional health-care system that lacks both human and physical resources. The geographic and demographic realities tend to overwhelm the sustained efforts and heavy investments made to improve operations. This is reflected in the fact that nearly all respondents believed that lack of “backup” was a major reason why nurses were reluctant to accept northern positions (92.7%). Most respondents were reasonably accurate in their estimation of the health human resources that would be available on site (at least one other nurse, translators, and paraprofessionals), although a surprising number (68.2%) expected a full-time physician. They also believed that multidisciplinary support was required “on call” but were not confident that needed consultants would be available.

The interaction between factors identified by O’Brien-Pallas and Baumann (1992) are evident in the overlap between suggestions regarding the personal need for flexibility and the system’s care-delivery needs. As a case in point, although focusing on aboriginal communities, the respondents also included the industrial towns and rural areas of Northwestern Ontario in their responses. Since these places are widely scattered they, too, lack resources. Perhaps, some reasoned, health human resources issues should be viewed more holistically across the entire region. Emphasizing that the nurses who possess the necessary skills and experience were probably already working in acute-care settings, a number of respondents suggested a need for special arrangements with community hospitals. They envisioned a situation wherein nurses employed in a hospital would combine their regular responsibilities with scheduled rotations in First Nations communities. Such workplace initiatives would have a number of benefits, they believed. The aboriginal communities would have access to “excellent, experienced staff” and “well-networked” professionals for primary care and relief rotations.

Nurses based full-time at the nursing stations would not have “to be expert at four or five areas.” And the community hospitals, whose clients include many aboriginal people, would have staff with enhanced trans-cultural nursing expertise. Further, the variety afforded by such employment options might make hospital positions a more “attractive package” to potential recruits.

Administration

Administrative factors affecting nurses’ work lives are diverse; most relevant are wages, benefits, management philosophy, institutional policies, and recruitment programs. The last mentioned, of course, incorporates elements of the preceding four. So, when respondents were asked what would make the relief strategy work, their responses were dominated by one factor: money (91.6%). In their comments, they said that “higher wages,” “bonuses,” “isolation pay,” or “tax-free salary” would draw nurses to work in remote communities. Moreover, partial underwriting of the high cost of food and housing was seen as a necessity.

Some nurses were concerned that a shift in management philosophy might negatively affect working conditions. Health Canada and aboriginal communities across the country have a shared commitment to a process in which responsibility for the delivery of community-based programs is transferred to the local leadership. Under this model FNIHB plays a supportive role in the development of delivery mechanisms at the request of the community leadership. A number of respondents perceived that the transfer process had resulted in a “lack of accountability” on the part of local authorities and that an equitable relationship between nurses and community leaders should be encouraged. One said that nurses need to have “a reasonable degree of autonomy, i.e., to be able to perform duties, make decisions, be effective working with community and band council and not be...told to leave or stop doing a certain thing at the drop of a hat with no explanation or evaluation.” There was also concern that the leadership might not appreciate the fact that nurses are accountable for their practice or have to function within boundaries set by their profession.

Respondents stressed the importance of involving members of host First Nations communities in the recruitment process, as well as ensuring adequate representation from “the nursing stations and hospitals” serving First Nations clients. They pointed out that successful recruitment depends on nurses having accurate and complete information, and that “the nursing roles and conditions that one would encounter” should be depicted honestly in advertising and other publicity. First-hand information would be particularly useful, such as “discussions with nurses who have already...worked in the north” or “cooperative placements” for

nursing students. Those contemplating the rotation pool should be offered “trial” periods of “at least three months to feel comfortable and learn the role.” Nurses considering short-term placements could be provided with a video “showing where you would be working, the area, what [the communities] have to offer.”

Professional/Personal Interface

Because of their geography, most northern aboriginal communities are places where nurses are immersed in their jobs. The traumas that occur frequently — snowmobile accidents, poisonings, suicide attempts — must be tended without regard for work schedules or personal time. This adds to the usual heavy caseloads that result from a high incidence of acute and chronic conditions. So nurses function in a high degree of isolation, professional and social, with little separation between the two aspects of their lives. Recognizing this reality, the respondents identified several provisions necessary to sustain nurses in a worklife where their professional and personal lives intertwine. The indigenous concepts emerging from the data are comprised of *accommodations*, *essential services*, and *informal social contacts*.

Respondents saw nursing on reserves as “a 24-hour-a-day job” and expressed the need to offset personal isolation through contact with family (69.1%). Since separation from family was seen as an impediment to any relief rotation plan (83.8%), it was suggested that benefits be extended to support family visits, which would mean suitable “accommodation for family and spouse.” This expectation is at odds with current arrangements; nurses’ housing is usually proximate to the nursing station, with individual bedrooms but shared living space. Moreover, respondents saw a need for financial support for housing, in the form of either “rent subsidies” or “free housing.” Access to potable water, hydroelectricity, and local transportation were considered essential. These are generally available to nurses, although they are costly services and not always available to community members. Other amenities cited — churches and informal social activities with community members — would allow nurses to participate in community life in a non-working role. It is noteworthy that the respondents identified these latter needs as vital to the success of any proposed recruitment strategy.

Conclusion

The current shortage of nurses ready and willing to work in the North is likely to continue into the foreseeable future. Inevitably, stop-gap remedies will still be required as those responsible scramble to fill positions. At

the same time, there is a need for measures that offer greater stability and predictability — in other words *short-term relief* — in recruiting nurses to northern aboriginal communities.

The present findings highlight the essential ingredients of any successful proximity-based relief pool strategy. The professional/personal overlap in the worklives of nurses practising in the North is reflected in the data: in the need for personal support, flexible work schedules, and links to community leaders, and, most tellingly, in the fears expressed. On balance, orienting nurses to northern practice must consider not only the clinical demands but also other realities, some the source of fear but many the cause of joy. To sum up, the consensus was: “sell the benefits [of the communities]...learning about a different culture...the possibility of different recreational endeavours...canoeing, fly fishing...the joy of being able to make decisions and work with real people.”

However, because the potential employees would have to move across jurisdictional lines — from provincially funded to federally funded institutions, and from institutions controlled by local agency boards to those answerable either to chiefs and council or the FNIHB — close and respectful working relationships must be established among all parties. Only after this groundwork has been done can a move be made to institute a viable recruitment program premised on short-term rotations.

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Authors' Note

The authors wish to acknowledge the financial support provided for this study by the First Nations and Inuit Health Branch (Ontario Region), Health Canada; however, the results and conclusions are the authors' alone, and no official endorsement by the Branch is intended or should be inferred. Operational funding for the Centre for Rural and Northern Health Research is provided by the Ontario Ministry of Health and Long-Term Care.

Together, the authors work as part of a research team that has undertaken a number of studies related to culturally competent practice and health human resources in the remote First Nations communities of Northern Ontario.

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