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Health Human Resources in Continuing Care in First Nations and Inuit Communities

Executive Summary

April 2006



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Executive Summary

The purpose of this study is to provide First Nations and Inuit Home and Community Care (FNIHCC) with information describing their labour market and how the mismatch between supply and demand might be addressed now and in the future. This research provides labour market information and identifies human resource challenges and issues specific to First Nations and Inuit communities. It is also designed to provide an analysis, which considers how the required supports under the First Ministers Meeting (FMM) Accord might be delivered in innovative or alternative ways that fit the needs of First Nations and Inuit communities. This study will also inform an analysis of human resource needs associated with an expanded range of continuing care services being explored in the Continuing Care Research and Costing Project.

With this mandate, the Aboriginal Research Institute (ARI) specifically designed the research to address three questions:

- What is the demand for skilled formal service providers and family caregivers and how is it changing?
- What is the supply of formal service providers and family caregivers and how is it changing?
- What sort of strategies might address the gaps?

The data collection process consisted of seven streams – or methods – of gathering information, which encompassed Focus Group and Survey of Continuing Care Organizations (Managers), Focus Group and Survey

of Service Providers, Family Caregivers Focus Group, Student Focus Group and Survey, Key Informant Interviews, Demographic Information and a Literature Review. ARI identified eight general categories that emerged from the study as Wage Disparity, Skills and Training – Keeping Pace, Funding and Jurisdictional Issues, Organization/Administration, Recruitment, Retention, Labour Market and the Importance of Culture and Expanded Services.

The strategic planning process requires that researchers understand the functioning or operating levels in which the participants perform as well as the corporate and external conditions that are impacting individual decisions, regarding willingness to perform, ability to compete or opportunities and obstacles to pursue or avoid, respectively. Therefore, the report includes assessments and recommendations of these eight general categories based on three levels of influence:

The Outer Context (i.e. the socio-economic, the political-legal, technological and competitive influences)

The Inner Context (i.e. sector influences with regards to labour market and feeder groups, leadership within the community organizations responsible for the delivery of services)

The Personnel Context (i.e. the employee/caregiver level of influences with regards to human resource practices for recruitment, training, employee and career development,

retention, attrition, employee/caregiver relations and reward systems)

The eight themes identified are reflected in the analytical model, many of which overlap between the three areas. The framework builds upon an indigenous worldview that recognizes and respects the relationship between all creation.

- 1) The outer context issues (i.e. issues that impact the larger environment, such as socioeconomic or political agendas). The broader issues include competition with other employers (health care institutes), funding flowed to learning institutes, population of client/health care provider ratios, mobility of professionals in the field, size or distance of communities, competition with social welfare policies, lack of parity with the non-Aboriginal health care agenda, jurisdiction over standards, jurisdiction over funding and Aboriginal versus non-Aboriginal models of health care.
- 2) The community/sector issues (i.e. forces that impact the relationship between health care providers and their communities). These issues include education/curriculum development (at universities or colleges), culture and language, new skills to keep pace with curriculum or community needs, new diseases, new technologies, alternative/competing health services, new standards, labour market (for feeder groups) and labour relations (unions, band policies, etc.).
- 3) The personnel level (i.e. forces that influence human resource management in the health care sector). These forces include recruitment and selection, job design, training, employee development, career and succession planning, performance systems,

compensation, health and safety, and labour relations, including exit plans.

WAGE PARITY is of critical importance to the continuity of health care service delivery in terms of skills and training of health care service providers. Equally important is the impact of wages and benefits on the recruitment and retention of the skilled health care service providers needed to meet the needs of First Nations and Inuit communities. This issue clearly impacts at all three levels of the analytical model –human resource management in the health care sector; on the relationship between health care providers and their communities; and on the larger environment (as depicted in Figure 2).

SKILLS AND TRAINING – KEEPING PACE addresses the practical need to oversee day-to-day operations and support the staff for new advancements in technology and preventative health care. The theme has two components: 1) to be able to direct new skills for the health care sector based on Aboriginal models, culture and language requirements and other factors specific to the community, and 2) to be responsive to new procedures and techniques by continuously upgrading the skills of staff. The theme addresses career advancement, employee training and development, and future requirements from retirements. The strategy would formalize the job design processes and DACUM (developing a curriculum) initiative.

It has become evident through the data that training and continuing education has become one of the most prevalent

issues among all stakeholders in continuing care in First Nations and Inuit communities. The employer has expectations for employees, such as their knowledge of clinical skills, the health care delivery system and the ability to demonstrate cultural sensitivity.

The clear message from both the community level (health employers) and the personnel level (individual service providers) is that training and continuing education to maintain the skills necessary to operate effectively are critical for keeping pace with changing technology and for being able to respond to the changing needs of the communities. Intricately tied to this need for ongoing training and the ability for service providers to develop their skill set is the issue of funding (an outer context issue).

FUNDING AND JURISDICTIONAL AUTHORITY indicates that funding continues to be a source of frustration, as community health services try to balance the business fundamentals while addressing the demographic growth of patient-to-provider ratios, remote client services, the rise of new diseases, a demand for alternative health services (e.g. physiotherapy, occupational therapy, long-term mental care) and other forces. In addition, the amount of administrative responsibilities has increased due to devolution of facility standards from the federal to provincial government authorities. The added accountability imposed duplicate efforts for tracking and recording specific maintenance functions. It was suggested that

granting communities jurisdiction over standards would streamline administrative tasks and allow the professional caregivers to focus on primary duties.

ORGANIZATION AND ADMINISTRATION has implications and impacts at all three levels of influence. Integration of policy and management is inadequate, lacking or virtually non-existent in all areas. Participants clearly articulate a need for a national strategy to provide a guiding hand in the development of localized continuing care service for First Nations and Inuit communities. Issues with funding envelopes and bureaucracy need to be addressed to reduce discontinuity of services and effectual and mistimed funding. Crisis management becomes entrenched in all facets of service delivery due to the lack of employees, lack of training, specialization, lack of replacement staff, and so on. This puts immense pressure on service providers, coordinators and supervisors.

RECRUITMENT data revealed that employers have set out different minimum educational requirements for prospective employees. A lack of apparent focus is prevalent in all areas of recruitment. Any strategy should be premised on core community values and frameworks that can be transposed to local contexts. Attracting First Nations people and Inuit to take jobs in their own communities is impeded by lack of qualifications. In addition, it was also noted that leadership influence/authority sometimes affects an individual's ability to function and perform his or her duties.

RETENTION impacts all three sources of influence. Several respondents acknowledged burnout, absenteeism, departure to more lucrative employment, workplace fatigue and/or injuries, and labour grievances as indicators that the levels of stress and frustration are growing among professional and non-professional health care providers. Again, the respondents emphasized that supportive practices are often available in the larger health sector (such as Employee Assistance Programs) but not through First Nations organizations, which they serve (many Inuit communities have collective agreements including these benefits). High turnover is the result of numerous issues. Remoteness of assignment, remuneration and travelling conditions /costs were the most significant reasons cited for leaving their jobs in these communities.

LABOUR MARKET AND THE IMPORTANCE OF CULTURE was considered in terms of broadening the Aboriginal Health Human Resource services to include personnel to be covered under the FNIHCC programs, which presently cover essential health care services. The limitations of FNIHCC to offer only certified personal care/home health aide workers at the community level (supported and supervised by Registered Nurses) can create a systemic barrier to Aboriginal people's health services, one which is not always present within the larger health sector.

EXPANDED SERVICES is a key theme that has implications for all three sources of influence. It is well documented that First Nations and Inuit communities are experiencing an increase in the chronicity of certain diseases such as diabetes, cancer and secondary complications. Combined with the changing organizational structure of health delivery in Canada generally, this has resulted in an increased need for non-institutionalized services such as palliative care, home respite, mental and social support services as well as various specialized therapists to meet the health needs of First Nations and Inuit populations.