

Nurse Educators Collaborate in a Pan-Territorial Approach to Develop a Community Development Learning Opportunity

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Abstract

Pan-territorial approaches are increasingly utilized to identify challenges and propose solutions in Canada's North. This report describes a collaboration of nurse educators and stakeholders from all three territories to develop a self-directed learning module. Northern health and social service providers have the opportunity to support communities in building capacity to identify and address issues that affect their health and well-being. Recent evidence suggests that the majority of those providers have had little or no opportunity to acquire competencies in community development; this finding was the incentive for the community development project. While project goals were successfully achieved, the development team continues to reflect on influences of neo-colonialism and contextual factors, and the importance of embedding decolonizing practices in future initiatives.

Keywords: community development, pan-territorial, competencies, decolonization, collaboration, nurse education

The three Canadian territories—Yukon, Northwest Territories (NWT), and Nunavut—share the particular distinction of being located in the Arctic and Subarctic regions of Canada. The territories cover a large land mass and are sparsely populated, though when considered as a whole inhabitants number 118,400: Yukon 37,400; NWT 44,100; Nunavut 36,900 (Statistics Canada, 2015). Combining the population of the North provides a viable number for politicians, government planners, and policy-makers to consider, and substantiates the use of pan-territorial approaches to respond to a range of northern concerns. A pan-territorial collaboration brings together partners with knowledge, skills, and resources that can accelerate the pace of knowledge and understanding, and make the best use of limited resources in pursuing common territorial goals (Northern Premiers' Forum, 2016).

For the past two decades, “pan-territorial” has become a geographical and socio-political distinction attached to multidisciplinary efforts and activities across the North. Some of these activities include a pan-territorial adaptation strategy for climate change (Governments of Yukon, Northwest Territories, and Nunavut, 2011); literacy networking through a pan-territorial forum (Garbutt, 2012); a pan-territorial study of women's homelessness North of 60 (Bopp et al., 2010); pan-territorial curriculum development for essential skills for northern service workers (J. Lewis, personal communication, July 28, 2016), and a pan-territorial partnership between the three northern colleges to develop curriculum for the public health workforce (Moffitt, 2012).

This report describes the collaboration between nurse educators from Yukon College, Aurora College, and Nunavut Arctic College to create an educational module in response to the identified community development learning needs of the pan-territorial public health workforce. As non-Indigenous educators situated in the North, we describe the evolution of a specific community development education project that recognizes Canada's shameful colonial history in the North, the legacy of residential schools, and the racism described by the Truth and Reconciliation Commission (2015). We acknowledge that neo-colonialism thrives in the North, where centrally determined decisions disparately affect people living in small communities and where the land's resources place local peoples at risk of exploitation. We believe that enhancing an understanding of community development through education will support northern health care providers to recognize and confront some of the neo-colonial processes that constrain the work they do.

From a theoretical and philosophical perspective, colonialism and neo-colonialism continue today in a struggle for power by one dominant group over another (Loomba, 1998; Wallis, Sungen, & Galabuzi, 2010). Neo-colonialism is described in the health literature as “any and all forms of control of prior colonies or populations such as Indigenous people who continue to live under conditions of internal colonialism” (Reimer, Kirkham, & Browne, 2006, p. 334). When neo-colonialism operates within the health care system, providers are tasked with meeting high service demands while pressured to answer to system and fiscal authorities for their everyday decisions and actions (Henderson, Curren, Walter, Toffoli, & O’Kane, 2011). Rahaman, Holmes, and Chartrand (2016) contend that biomedical health care approaches, governed and funded from a distance, aren’t necessarily aligned with delivering culturally responsive care that fosters individual, family, and community strengths and capacities. Social structures, including health care delivery systems, have been dictated by dominant groups, which has often resulted in colonizing health care practices and the fulfillment of government agendas rather than responding to local community needs (McGibbon, Mulaudzi, Didham, Barton, & Sochan, 2013; Rahaman et al., 2016). Nursing, along with other health care disciplines, has developed within a colonial context leading to foundational colonizing beliefs and assumptions that need to be challenged (McGibbon et al., 2013). Embracing community development theory and practice is one way to counterbalance the centralized, non-Indigenous bureaucracy of Eurocentric systems.

Community development has been described as a process of assisting a community to strengthen itself. This is accomplished by addressing issues that have been identified by community members, building on existing skills and strengths within the community, and encouraging community members to come together to take collective action and generate solutions to common problems (Frank & Smith, 1999; Vancouver Coastal Health, 2009).

Project Description

From November 2012 to December 2015, nurse educators from the three territorial colleges, along with representatives of the Northwest Territories and Nunavut Public Health Association, and government officials from each territory, collaborated on a project aimed at meeting the community development learning needs of the northern public health workforce. The outcome was the creation of a community development module that northern health care and social service workers can access online. Creating

a collaborative learning module required a willingness to partner and cooperate at every stage.

First, we identified relevant community development competencies, adapted from those developed by the Public Health Association of British Columbia (Public Health Association of British Columbia, 2008). We used the competencies and a benchmarking methodology as the basis for the development of a workforce survey tool. Public health workers in the Yukon and NWT, primarily registered nurses and social workers, were surveyed to assess their learning needs. Nunavut was unable to participate in the survey due to capacity issues at that time. We analyzed survey data and identified learning needs, which provided the foundation for the development of a five-chapter module aligned with the cultural diversity of the territories. The module was piloted across all three territories and the project was evaluated externally upon completion.

The module in its final form is an online, self-directed learning tool available at no cost through Yukon College's Northern Institute of Social Justice. It consists of five chapters, each focused on a unique community development competency with relevant resources and learning activities to guide knowledge acquisition and application. Each chapter provides a number of resources and learning activities; the chapters can be completed in any order and registrants are free to complete only those of greatest interest to them. Learners are able to complete a quiz after finishing each chapter; after completing all five chapters, the participant can opt to print a certificate of completion.

Developing the learning module using a pan-territorial approach included establishing a governance process, and relational and communication processes between all participant stakeholders across the North. After hiring a project coordinator, the first step of the governance process was initiated—garnering commitment and support from the three college presidents to endorse this collaborative work. This was achieved through joint signing of a project charter outlining institutional roles and responsibilities. The project charter was a comprehensive document describing the project context, purpose, principles, and outcomes. A work plan and budget were included as well as a description of project participant roles and the guiding logic model. A working committee was formed comprised of nurse educators from each college and a public health association representative. Government personnel provided support during segments of the project.

The bulk of the work was completed through regular teleconference meetings and online team work for module development. The nurse

educators at each college chaired meetings on a rotating basis, each college acting as chair for one year of the project. Minutes were maintained to document processes and ensure clear communication. Throughout the project, the team held three face-to-face meetings, one in Yellowknife as a central location in the territories, and two meetings in Calgary, Alberta, which provided easier access for all members of the project team.

Collaboration among team members is a cornerstone of the pan-territorial approach. Collaboration has been conceptualized as motivation, participation, mediation, reciprocity, reflection, and engagement (Davis & Gustafson, 2015; Lemetti, Stolt, Richard, & Suhonen, 2015; Moore, Prentice, & Taplay, 2015; Varda, Shoop, & Miller, 2012). Through the pan-territorial approach, stakeholders shared a common purpose and were invested in creating culturally and contextually congruent teaching and learning tools. Sinclair and Whitford (2015) provide evidence that perceived effectiveness of core public health functions (assessment, policy development, and assurance) increases through participation and collaboration.

Access to government partners is crucial for projects of this nature to achieve meaningful outcomes (Varda et al., 2012). Government partners were important at every stage of the community development project, particularly as knowledge brokers familiar with policy directions and real problems encountered within complex health and social service systems. They provided a mechanism for recruitment of participants to complete the learning needs assessment survey. They also enabled networking with local authorities and suggested options for project progress. The focus of this project was engagement at the community level, and by adhering to a systems approach with government colleagues, an understanding of diverse and remote communities and their unique needs was realized.

Using a pan-territorial approach allows for the achievement of certain efficiencies. However, we continue to question: Who benefits from this methodology? Does our governance structure inherently reflect principles of neo-colonialism? What aspects of power and control might be reflected in the pan-territorial stance? What advantages do nurse educators experience through joining forces? One might argue that a systems approach is the best way to identify problems, solutions, and interventions for the three territories, but when we consider the cultural and contextual differences across the North, we must ask whether we are simply continuing a colonizing practice. In employing a pan-territorial approach, we imposed a unified geographical and administrative construct not reflective of or consistent with the diverse societal and cultural systems of northern Indigenous peoples.

We know that we share vast lands and isolation (barriers) along with resilient people (assets). It is equally true, however, that the people and communities of the North are not homogeneous in culture, issues, strengths, or traditions. While non-Indigenous Canadians often view First Nations, Inuit, and Métis as sharing culture and perspectives, Indigenous peoples in Canada are, in fact, as diverse as the land itself.

Benefits of the Pan-Territorial Approach

As nurse educators, we believe that the provision of a new learning resource, available to all northern health care providers, must be of benefit in helping us to become part of our community. Rahaman et al. (2016) ask that nurses reflect on the colonizing nature of their nursing practice and consider how best to navigate the inevitable tension that arises between government needs and community needs, with the goal of being more inclusive of the needs of community people. Within our community development module, we use local initiatives as exemplars. We focused on resources developed or adapted in the Canadian North, and wherever possible those created by Indigenous people describing their experiences of community and wellness. While project capacity and timelines made full engagement of northern Indigenous health programs challenging, several were consulted and they agreed to share their own resources and educational materials for inclusion. In this we have attempted to use a contextual lens and decolonizing approach that empowers rather than marginalizes local peoples.

A pan-territorial approach to raise awareness of the common needs of health care providers allowed for a “power in numbers” approach. While needs of employees in individual territories are important to their own employers, recognition of similar needs in other territories offers the possibility of pooling resources for a favourable cost-effective approach. Airfares between the three territories or between territories and southern provinces are high, so measures other than travel that consolidate or generalize knowledge and applications are often seen as advantageous.

Collaborative projects such as this offer a unique opportunity to raise issues on a national level that are more readily overlooked when raised from an individual territorial perspective. Partnerships with education and governments allowed for sharing data to identify learning needs of territorial health care providers. Teamwork between the college educators resulted in the contribution of ideas, knowledge, and skills to create a unique northern community development module that has benefited schools of nursing, social work programs, and post-graduate nursing

programs in the North and elsewhere. The project provided a valuable opportunity for nurse educators to co-operate on scholarly activities including academic writing and presentations at local, national, and international conferences.

The project team believes that health care providers benefited from participating in the assessment and pilot phases of the project. These volunteers provided valuable input that led to changes and revisions to the final product. Foundational community development tools were used in the creation of the community development module. Use of unique northern resources honours the importance of collaboration with territorial Indigenous peoples, and acknowledges the land upon which the three northern colleges are privileged to stand.

The project brought faculty of the three colleges together in an unprecedented way. Relationships between territorial educators were formed and continue today through partnering on similar educational and professional projects, and through sharing expertise and promising practices. Project funding allowed the project coordinator to meet pan-territorially with government representatives for face-to-face meetings. The ability to connect personally was instrumental in accomplishing the goals of each phase of the project.

Limitations of the Pan-Territorial Approach

The ability of the project team to collaborate was constrained by technological challenges in the territories. Limited bandwidth in many areas of each territory meant some delays in teleconferences as well as difficulty viewing and downloading module resources. Participants in the pilot project across the territories experienced challenges in progressing through the module due to slow or non-existent Internet services, prompting changes to the final version of the module.

Although Nunavut employees participated in the pilot project, due to limited system capacity they did not participate in the learning needs assessment. At that time, the government had other priorities and limited internal human resources. Overall, the level of assistance received from territorial government partners varied from complete engagement and responsiveness to hesitation and the lack of a comprehensive or coordinated approach. Human resource and fiscal constraints in government departments posed a significant limitation in some phases of the community development project.

Meeting face-to-face in one of the three territories was desirable but cost-prohibitive; substantial savings resulted from having meetings in a centrally located southern province. Taking business out of the North presented an unsettling dichotomy for members of the project team who had to work within the confines of the budget yet were highly motivated to maintain a northern focus. Nonetheless, combining forces through pan-territorial collaboration leads to efficiencies of scale as well as reduced travel and human resource costs.

Future success of the module in meeting intended outcomes will require uptake and incorporation of learning by the target audience. Relationship building, collaboration, and acknowledgement and respect for Indigenous knowledge are central tenets of the community development module. The development of these values needs to be supported, particularly in a northern workforce characterized by casualization and transience (Kulig, Kilpatrick, Moffitt, & Zimmer, 2015).

Implications and Recommendations

The implications of using a pan-territorial approach include enhanced collaboration and networking, relationship building, and broader attention to the needs of the North. Evaluation of the module and its effectiveness will provide key recommendations for further work. A future learning needs assessment of the public health workforce in Nunavut could assist in identifying the relationship between assessment results and key components included in the learning module. Feedback from the employees and employers across the North could further demonstrate if and how the module actually aligned with the learning needs identified in the survey.

Project benefits clearly line up with government priorities, but do not necessarily meet the needs of people in diverse and widely dispersed communities. The benefits of the pan-territorial approach must be balanced against the ways in which it can be seen to support a neo-colonial ideology. In examining colonialism within nursing education and practice, McGibbon et al. (2013) observe that “working toward decolonizing nursing includes a commitment to exposing colonizing ideologies, values and structures embedded in nursing curricula, teaching methodologies and professional development” (p. 186). As nurse educators and role models, we acknowledge that the theory and practice of our profession has evolved within a Eurocentric and colonial context, and that humility and risk taking are ethical responsibilities required to face our own biases and limitations in relation to decolonization (McGibbon et al., 2013).

Early in the project, the development team realized they must abandon the initial intent to develop a tool that would meet the needs of the breadth of the northern public health workforce. Considering the wide range of experience, education, and literacy of this workforce, and the constraints of time and funding available for module development, we reluctantly narrowed our target audience to the professional (primarily degree-educated) health care providers. On reflection, we recognized that this led to a significant degree of commonality—as non-Indigenous professionals—between the development team and the intended audience. Perspectives familiar and comfortable for us may be foreign to the lived experience of the Indigenous community or providers from other backgrounds.

Attempts to imagine a future that doesn't simply re-establish an exclusionary past requires that we address the "colonial amnesia" that has created and continues to contribute to poor health status for Indigenous peoples (McGibbon et al., 2013, p. 182). Dominant discourses too often allow us to forget or deny evidence that historical injustices imposed on Indigenous peoples have led to profound health impacts (Sherwood, 2009). Sherwood (2009) notes that decolonization of systems "requires a contextualized discourse for re-claiming knowledges informed through a balance of truths and histories" (p. 24). Within our territorial context where Indigenous people are a significant part of the population, acknowledging our colonial past and the impact of trauma across the North is essential.

McGibbon et al. (2013) remind us that decolonization holds great promise for all of nursing's efforts, and today nurse educators are seeking ways to provide decolonizing nursing education. Battiste (2013) shares fourteen recommendations for constitutional reconciliation, which include ways to honour Indigenous knowledge and pedagogy, its local use, eradication of racism, and support for Indigenous research and capacity building. The project team was mindful of these principles as fundamental to supporting learning in the context of practice in Canada's North.

Conclusion

This project represents a successful example of a pan-territorial collaboration; it achieved the desired outcome of a widely accessible learning module for the northern health and social services workforce. Learners who piloted the module or who are currently exploring it appreciate the use of a range of northern-focused content. The self-

directed nature of the module has been well-received by participants who must schedule professional development around the needs of both the system and their communities.

The peoples living in the vast northern territories share many similarities in strengths, challenges, and life experiences. However, such similarities may mask the diversity of northern peoples and communities. Our population encompasses Indigenous peoples, non-Indigenous peoples, and recent immigrants to Canada. Embracing both commonalities and differences provides a path to effective collaboration, while the philosophy of community development presents an opportunity to leverage collaboration to meet both workforce and community needs.

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