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Warrant Cultural Safety for the Retention of Indigenous Healthcare Employees

by

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Abstract

Within the constraints of competing ideologies; Indigenous versus Western knowledge, health service leaders committing to embedding cultural safety and humility into health care services for Indigenous peoples, and the broader change of direction laid out by the Truth and Reconciliation Commission of Canada (2015), is the ongoing need to improve healthcare services, experiences, and outcomes of Indigenous peoples. This includes increasing the number of Indigenous peoples working at all levels and disciplines in health, and signifies the organizations responsibility to act with specific approaches and endevours to retain those employees once they enter the system. A mainstream tertiary healthcare centre located in western Canada is embarking on this journey, heeding the call to action in the spirit of reconciliation, and warrant cultural safety for the retention of Indigenous healthcare employees. The organization will lead in answering the problem of practice statement "How can a mainstream tertiary healthcare centre in western Canada provide a safe workplace culture to ensure -retention of Indigenous employees?"

Keywords: Indigenous, Western Canada, Calls to Action, employee retention, institutional racism, reconciliation

Executive Summary

This Organizational Improvement Plan (OIP) brings readers on a journey towards understanding the change process, challenges, and an overview of a preferred solution to address the Problem of Practice (PoP): How can a mainstream tertiary healthcare centre in western Canada provide a safe workplace culture to ensure retention of Indigenous employees? Documents that support the necessary change of the plan include the Royal Commission on Aboriginal Peoples (RCAP, 1996a), the Calls to Action and Truth and Reconciliation Commission of Canada (TRCC, 2015) final report, and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Each contribute to the discussion and inform the actions of reconciliation with Indigenous peoples through the change process.

Chapter 1 provides a definition of Indigenous Cultural Safety (ICS) and decolonizing practice as the premise to ensure appropriate change occurs. The change management framework and approaches including Kotter's eight stage process (1996) and accelerator (2014) which aid in understanding the organization's stages for change, while applying Browne et al. (2016) approaches and strategies to ensure the approach is equity-oriented. The organization has ensured the stewardship of this change will be under the direction of an Indigenous leader. With the use of Bolman and Deal's (2017) structural and human resources framework to approach complex organizational issues help to identify where change is taking place. A Political, Economic, Social, and Technological (PEST) analysis reveals four factors that have an impact on this PoP. Outlined are each to offer greater understanding of complexities of the changes needed. Introduced are systemic challenges and the discussions continue into the next chapter on how a leader must consider these to move forward on planning and developing change.

Chapter 2 identifies leadership approaches with explanation on how these can propel the desired change forward specific to the PoP. Discussed is Indigenous leadership and how it compares, aligns, or differs with other leadership styles. The theoretical frameworks to view the PoP are described with the application of a decolonizing lens. Included are the use of inquiring questions and metaphors to better understand the leadership lens to the problem. A Plan, Do, Study, Act (PDSA) cycle is explained. Finally, outlined are leadership ethics and the challenges of each while looking closely at what the organizational responsibilities are to address each for the PoP.

Chapter 3 focuses on the change process monitoring and evaluating. The strategy and management of the plan are outlined with an overview of implementing in Year 1, 2 & 3 with the preferred solution. This includes what the process will look like and how it is to be monitored and evaluated. Finally this chapter provides a summary of how awareness of the change in the organization will take place, and specifically what the communication plan is in order to be persuasive and inform relevant audiences. Identified are the top three relevant audiences, which are organizational leaders, organizational staff, and the Indigenous community.

Since 2015, there have been exciting opportunities for the organization to lead in change. Decolonizing practice is essential to ensuring appropriate change occurs for Indigenous peoples. The organization has ensured the stewardship for this change will be under the direction of an Indigenous leader. This OIP provides another step for the organization to move forward with reconciliation and responding to the Calls to Action of the TRCC final report.

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The reaching of this milestone in my educational journey would not have been possible without the love and support of my late parents, my mother Am Bax Gan (Constance Jane Morgan) from Anspayaxw, and my father Simoget Tsu (Clifford Curtis Morgan) from Gitwangax, British Columbia. I dedicate this achievement to their memory. They lived by example in their pursuit of higher education and always instilled in me never give up no matter how challenging life may be.

I also honour the Gitxsan communities where I am from. Family, friends, and community leaders have continued to show their support and encouragement each step of the way. As a Gitxsan, Lax Gibuu (Wolf Clan) from the house of Wii Muk'willixw, I am proud to represent our people in a good way with the utmost of humility as we all continue this journey on reclaiming our identity, language, and ways of life.

Thank you to the faculty at Western University who showed me much patience, kindness, and the professional support needed to complete the program. Also, thank you to family and friends who helped in proofreading and editing along the way. Finally, I would like to thank the organization that I work with during the writing of this Organizational Improvement Plan (OIP). I will forever appreciate the support, and the opportunity to provide leadership and implement my learning, vision, and hope, to bring change for the greater good of all.

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Definition of Terms

- Indigenous – Interchangeable with Aboriginal, the peoples of Canada who identify as First Nations, Métis, or Inuit.
- Gitxsan – Also spelled Gitksan, a First Nations People of British Columbia, Canada
- OIP – Organizational Improvement Plan
- PoP – Problem of Practice
- Simoget – Gitxsan language word for House Chief
- FNHA – First Nations Health Authority
- TRCC - Truth and Reconciliation Commission of Canada
- UNDRIP – United Nations Declaration on the Rights of Indigenous Peoples
- COO – Chief Operating Officer
- CPED - Carnegie Project on the Education Doctorate
- Ayookw – Gitxsan language word for Traditional Laws
- Lax Yip – Gitxsan language word for Territory/Resources
- Wilp and Huwilp – Gitxsan language words for House/House's
- RCAP – Royal Commission on Aboriginal Peoples
- AFN – Assembly of First Nations
- HR – Human Resource
- PEST – Political, Economic, Social, and Technological
- IEN – Indigenous Employee Network

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Chapter One – Introduction and Problem

Warrant Cultural Safety for the Retention of Indigenous Healthcare Employees

This Organizational Improvement Plan (OIP) centres on a mainstream healthcare organization situated within a broader provincial health authority in western Canada. The first chapter introduces the organization and the identified Problem of Practice (PoP) on ensuring cultural safety for the retention of Indigenous healthcare professionals. Challenges globally, nationally, and provincially are examined which have prevented change from taking place. Since 2015, there have been exciting opportunities for the organization to lead in change while ensuring decolonizing practice is applied to ensure appropriate change occurs. Change management frameworks and approaches, including Kotter's eight stage process (1996) and accelerator (2014) aide in organizing the stages for change, while applying Browne et al. (2016) approaches and strategies to ensure the focus is equity-oriented. The organization has ensured the stewardship for this change will be under the direction of an Indigenous leader.

Organizational Context

The organization is a tertiary academic teaching hospital providing care from specialists after a referral from primary care and secondary care providers are complete. With a provincial scope serving approximately 500,000 patients per year, patients from all over the province attend the healthcare centre for specialized and often urgent care. For example, a child with a rare medical condition residing anywhere in the province; or, a woman with a high-risk pregnancy who will require additional medical care to ensure a safe delivery, may be referred for specialized care and will have to leave their community and attend this organization to receive the specialized care they require. This OIP looks more closely at the experiences of Indigenous

healthcare employees working within the organization and the retention of these employees through a lens of cultural safety.

Before going any further into the OIP, in Indigenous research methodology it is necessary for the author to locate himself or herself (Absolon & Willett, 2005). Location is a way for the author to relate to the audience and resist the dominant systems that have attempted to dismember Indigenous identity. Referencing identity is an act of resistance against being dismembered (Absolon, 2011) and decolonize Western scholarly disciplines and scientific paradigms (Smith, 1999). Institutional settings lack discourse on the colonization and genocide of Indigenous peoples, therefore, it is important to call attention to the recurrence of colonial relationships that persist inside institutional centres (Kovach, 2005). Indigenous peoples are disempowered and colonization continues when research about Indigenous peoples is done to them rather than with them (Smith, 1999). Through mainstream education, Indigenous peoples empower themselves by decolonizing research methodologies and utilizing the very tools of colonization used against them, while they continue to sustain, maintain, and form their identity (Sande, 2004).

In honouring and reclaiming Indigenous identity and following protocol, by way of introductions, I am Jenny Morgan a Gitxsan First Nations woman (from North West British Columbia, Canada). My mother is the late Am Bax Gan, Constance (Wilson) Morgan from the Anspayaxw reserve. My father is the late Simoget Tsu, Clifford Morgan from the Gitwangak reserve. I reside as a guest on the un-ceded territories of the Coast Salish First Nations in Vancouver, British Columbia. Within this organization, I am the Director for Indigenous Health in the mainstream tertiary healthcare centre in western Canada.

In 2015, one of the western provinces in Canada led in the signing of a *Declaration of Commitment* by five regional and two provincial health authority Chief Executive Officer's and the Deputy Minister from the provincial ministry of health (First Nations Health Authority [FNHA], 2016). This commitment acknowledged change needed to embed cultural safety and humility throughout the province and in all health services for Indigenous peoples. The signing of this declaration represented a collective voice among the leaders to ensure engagement with stakeholders, implement change, and ensure a strategy to sustain the change in embedding cultural safety and humility into practice. This declaration represents the province's responsibility in transforming how the health system serves Indigenous populations in partnership with First Nations and Indigenous health service organizations (Indigenous Health, 2019).

It is important to provide a definition of cultural safety in the context of this OIP to identify what a safe workplace culture would entail. A definition of culturally unsafe practices can draw awareness on current challenges. Williams (2015) defined culturally safety as:

> An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together (p.213).

Culturally unsafe practices "diminish, demean, or disempower the cultural identity and well-being of an individual" (Nursing Council of New Zealand 2002, p. 9).

In Canada, other significant events occurred in 2015. The Truth and Reconciliation Commission of Canada (TRCC) published a final report based on the need for change in all facets of Canada to redress the wrongs of the colonial past and legacy of residential schools. The final report outlines the principles of reconciliation and ninety-four Calls to Action. The first principle of reconciliation is using the United Nations Declaration on the Rights of Indigenous

Peoples (UNDRIP) as the framework (TRCC, 2015). The UNDRIP, adopted September 13, 2007, represents the most comprehensive international instrument in setting the minimum standards for the promotion and protection of Indigenous Peoples' rights (Frank, 2017). At that time, the representing governments of Canada, United States, Australia, and New Zealand voted against the declaration citing different concerns that included the declaration being open to various interpretations. In Canada, after the 2015 federal election the federal government announced it would implement the UNDRIP, stating full support of Indigenous Peoples' basic human rights, as well as rights to self-determination, language, equality and land, among others (Fontaine, 2016). Call to Action #23 is three fold: specifically, to increase the number of Indigenous professionals working in the healthcare field, ensuring their retention, and linking this action to cultural safety and implementing cultural competency training for all healthcare professionals.

The organization is under the jurisdiction of one of the two provincial health authorities that signed the *Declaration of Commitment* (FNHA, 2016) in 2015. Over the next year, the health authority leadership created two respective councils comprised of employees representing the various organizations within, resulting in the Patient Experience and Workplace Culture Councils. These councils were created to begin engagement on enhancing the experiences of patients, families, and health authority employees. A specific focus was improvements in human resources by creating within the Workplace Culture Council an Equity and Cultural Safety Working group to establish position statements for diversity and inclusion, and equity and cultural safety in the work place (Provincial Health Services Authority, 2017). That same year the health authority formalized an Indigenous Cultural Safety leadership group comprised of Indigenous leaders and researchers to begin providing direction on operationalizing the

Declaration of Commitment (FNHA, 2016) to the various organizations within its jurisdiction, through their newly developed Indigenous Cultural Safety (ICS) strategy. In 2016, The ICS leadership group led in a one-day think tank to engage the health authority leaders and staff, along with other stakeholders, to have dialogue about this (Hart & Ward, 2016). Within the ICS strategy are six domains: 1) administration and governance, 2) human resources, training and people development, 3) equitable access and service delivery, 4) policy, procedures, risk and legal, 5) communications and community relations, and 6) planning, monitoring, evaluation, and research. For the purposes of this OIP, there is alignment with this strategy's second domain – human resources, training, and people development. The next steps of action are to begin engagement at each organization on setting priorities and creating specific actions to move forward on embedding cultural safety and humility into all service areas.

As Director for Indigenous Health in the organization, I am a member of the executive leader's council, responsible for setting organizational strategic priorities and in 2015 endorsed addressing the underrepresentation and lack of retention mechanisms to grow and maintain existing numbers of Indigenous employees. Currently, there is a lack of any accurate data to demonstrate how many Indigenous employees there are in the organization and the health authority. Through my professional experience in the organization, of the approximate 5000 employees estimates are that less than one percent are Indigenous. Challenges in accuracy are based on current hiring practices where self-identification of Indigenous ancestry at the recruitment stage is voluntary and many applicants choose not to self-identify for reasons that include fear of being treated differently and negatively. This fear contributes to an under-representation of Indigenous employees in the organization. From 2006-2016, the Indigenous population has grown by just over 42% in Canada, more than 4 times the national growth

average, while currently making up 4.9% of the population (Statistics Canada, 2017). In 2015, the organization embraced reconciliation, upholding its commitments to align with the ICS strategy by creating a Director position for Indigenous Health. This was the first Indigenous executive leadership position created within the organization. Qualifications for this role included a self-identified Indigenous candidate with skills to lead in strategic planning for enhancing the healthcare experience and outcomes of Indigenous patients and families, act as an advisor to the Chief Operating Officer (COO), and develop and grow a new service led by the Indigenous Health program. Additionally, the Director role includes providing direction on the *Declaration of Commitment* (FNHA, 2016) by joining and maintaining membership with the aforementioned ICS leadership group, linking direction to the organization, and participating in strategic planning and action of this work. The organization will work to operationalize this commitment into practice. Organizational strategic planning has been inclusive of reconciliation and is well positioned to lead this OIP.

Leadership Position Statement

The University of Western Ontario is a standing member of the Carnegie Project on the Education Doctorate (CPED), among over 100 post-secondary institutions with the mission to strengthen and promote the CPED framework. Designed with a collaborative focus, the framework supports the design and redesign of Doctor of Education programs through a set of guiding principles. Especially important is the first principle that encompasses equity, ethics, and social justice to bring about solutions to complex problems of practice (CPED Initiative, 2016). In alignment with the CPED Initiative, Indigenous led research encompasses the same agenda for action. It necessarily involves the processes of transformation, decolonization, healing and mobilization of the Indigenous peoples (Smith, 1999). There is still limited curriculum in post-

secondary institutions on teaching the colonization of Indigenous peoples in Canada that equates to the absence of Indigenous perspectives and worldviews (Mitchell, Thomas, & Smith, 2018). Within contemporary colonialism, the ongoing design and redesign of post-secondary programming is necessary to be inclusive of the needs of Indigenous students and their families (Simon, Burton, Lockhart, & O'Donnell, 2014). Decolonizing and activist practice is at the centre of Indigenous leadership for Indigenous peoples.

The PoP statement for this OIP is "How can a mainstream tertiary healthcare centre in western Canada provide a safe workplace culture to ensure retention of Indigenous employees?" The organizational culture of a workplace has a direct impact on employee health (Trépanier, Fernet, & Austin, 2013). For example, healthcare employees experience a positive human resource climate when they feel they are engaged in the organization, valued, supported, and treated fairly; and when the organization is ensuring the growth and development of its people (Steinke, Dastmalchian, & Baniasadi, 2015). The current gap for a safe workplace culture for Indigenous employees, which ensures a culturally safe space to work, is a reflection of the broader inequitable relationships with non-Indigenous populations in Canada (Grimond & Alexia, 2018). An emphasis on developing a positive and strong climate for healthcare workers will address the challenges with retention and recruitment of quality health professionals (Steinke, Dastmalchian, & Baniasadi, 2015). Through organizational shifts and broader political changes, commitments made in 2015, along with the influence of the TRCC report (2015), the colonial impacts on Indigenous peoples is evident and must be redressed when designing recruitment and retention efforts. The organization must address imbalanced structural and systemic power and privilege it holds over Indigenous peoples, to reshape the direction of

healthcare in Canada and make way for reconciliation leadership with Indigenous peoples (McGibbon, 2018).

In the context of addressing the PoP through an Indigenous lens, the outcomes are parallel to servant leadership theory. Figure 1 represents this parallel relationship.

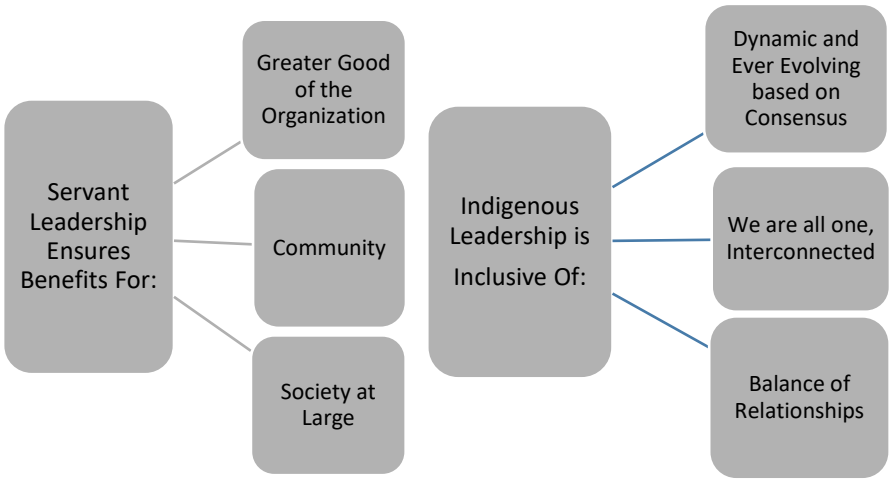

Figure 1. Servant Leadership (adapted from Northouse, 2015) and Indigenous Leadership (adapted from Cajete, 2016).

Servant leadership theory aligns with my personal values, including being attentive to followers, empathizing, and nurturing them. Greenleaf (1977) writes that the basis for servant leadership and what creates the need to serve is compassion and love. This leads to a sense of community within an organization, filled with optimal human qualities of humility, gratitude, forgiveness and altruism.

These qualities create space for behaviours that are authentic and empower the leader and the followers (Van Dierendonck & Paterson, 2014). This is a conscious choice to lead with the paradox of being a servant first (Greenleaf, 1977). Helping to create a more human climate, servant leadership starts with the leader's ability to serve (Argandona, 2011). Bransen (2015) writes that self-knowledge is the key for authentic awareness and change, and includes the role of love that has to start with oneself. Self-knowledge is dependent on self-love. To improve self-

knowledge, people should be encouraged to love themselves (p. 309). Self-love is also the basis for reconciliation. Chief Joseph with Reconciliation Canada (2017) explains that to reconcile is to find peace and contentment within. Loving oneself is the only force to overcome hurt and darkness within. Therefore, like servant leadership, reconciliation in Canada begins with the individual, where everyone grows up with the same opportunities to dream, and everyone has a place (2017).

Embedded in my role as an Indigenous leader are Gitxsan First Nation cultural values, customs, and protocols. Through the Indian Act, I was born and raised into the Canadian Indian reserve systems that are segregated communities with residents identified by the federal government as Status Indians. Ongoing assimilative policies in Canada created conditions for Indigenous peoples to experience loss of culture, ceremonies, language, and land (Manzano-Munguia, 2011). As a young child, my parents relocated my family to an urban city in search of greater education and employment opportunities. Growing up away from our home communities and navigating the multitude of colonial systems (education, health, employment, etc.) is all part of the impetus to decolonize my life and strengthen my Gitxsan worldview. Gitxsan worldview includes maintaining the land according to our Ayookw (Traditional Laws) overseen by Simoget's (House Chiefs) who ensure their Lax Yip (Territory/Resources), Wilp and Huwilp (House/s) members are treated with respect and balance (Gitxsan Treaty Society, 2008; Grenier, 2018). Gitxsan communities have an interdependent socio-political and economic relationship that have worked for them since time immemorial (Gitxsan, 2004).

Critical theory aides in understanding why reconciliation is necessary in Canada with Indigenous peoples. This theory highlights the need to focus on social justice and redressing the concerns of groups who are unfairly penalized and disenfranchised, while other groups in society

routinely enjoy benefits, privileges, and rewards. As it relates to human resources, critical theory examines the commodification of people where they are objectified as “things” also known as “human capital” (Brookfield, 2014, p. 421). This is reminiscent of the colonization of Indigenous peoples in maintaining their cultural identity within an environment where it is continually attacked (Lavallee & Poole, 2010). Fifth column activism is the preference of promoting social justice in ways that will not be noticed (Ryan & Tuters, n.d.). This approach is often necessary when working against the status quo, in unsafe systems that are systemically racist, colonial, and oppressive. In this OIP, fifth column activism is achieved by emphasizing that changing a system is as important as changing its individuals for sustainable change to occur. Leaders who practice this approach are system thinkers in action (Fullan, 2013). There is now accountability to change at the system level as well as the individual level through the direction of the *Declaration of Commitment* (FNHA, 2016) and the TRCC Calls to Action and final report (TRCC, 2015).

Reciprocity, transparency, and trust are paramount with Indigenous peoples and relationship building. The Canadian Nurses Association (2014) offers the position statement that in leadership is the importance of reciprocal relationships and the need for institutional support and strategic action, including supporting Indigenous and nursing organizations, as well individuals who will act as champions and mentors in advancing not just Indigenous health nursing, but also Indigenous leadership and Indigenous Health. The organizational gap in advancing Indigenous Health priorities was the lack of executive Indigenous leadership up until 2015. This Indigenous leader role provides an inclusive voice at executive meetings to provide direction in addressing the urgent health needs of Indigenous populations. For the purposes of this OIP, inclusive voice means ensuring conversations of Indigenous peoples include understanding the layers of historicity, impacts of genocide, colonization and the

intergenerational unresolved traumas that continue, which is necessary to redress exclusion and is necessary for reconciliation (Absolon, 2016, p. 46). McGibbon (2019) writes the TRCC process will change the face of Canadian healthcare systems through the foundation of existing leadership responsibilities and accountabilities, bringing the Calls to Action to the forefront alongside Indigenous peoples with lobbying efforts to influence structural and systemic change (p. 24). One component of being an ICS organization is to have an ongoing recruitment and retention strategy of Indigenous healthcare workers (Hart & Ward, 2016). This OIP examines the challenges to retaining Indigenous health employees in a mainstream healthcare institution, while outlining a plan to attract and retain them once employed. The organization recognizes the PoP and embraces the opportunity to lead in change.

Leadership Problem of Practice (PoP)

This OIP PoP is the lack of a retention strategy through culturally safe measures for Indigenous employees in a mainstream tertiary healthcare organization. Over several decades, Indigenous peoples in Canada have been voicing the need for change. The 1996 Royal Commission on Aboriginal Peoples (RCAP) report was a result of national engagement with Indigenous peoples. This report provided a review of Indigenous-settler society relations that resulted in approximately 440 recommendations to create a framework and social welfare policy to improve health and social outcomes for Indigenous peoples (Hughes, 2012). King & Hodes (2000) reflect on this report where the gap of Indigenous healthcare workers was identified. The report recommended an urgent need for 10,000 Indigenous healthcare professionals to bring the ratio closer to non-Indigenous healthcare professionals. Accurate data are not currently collected or available on the current number of Indigenous healthcare workers. In 1996, an estimated 0.1% of the physicians in Canada were Indigenous, and over two decades later estimates are that a

shortfall of more than half of the goal of 10,000 Indigenous healthcare workers has been achieved (Gerszak, 2018).

Understanding the current climate and workplace in the health services industry provides a better understanding of the PoP and current challenges that has impeded change. In the field of nursing, Etowa, Jesty, and Vukic (2011) state that in order to sustain the current recruitment and retention of Indigenous nursing students to post-secondary school in Canada, there must be an understanding of the professional experiences of existing Indigenous nurses already working in the healthcare system (p. 30). When speaking to Indigenous nurses, they reported the need for "walking in two worlds", which includes maintaining Indigenous ways of knowing, maintaining relationships with Indigenous patients and colleagues, and giving back to the community (p. 35). This study along with the work by Ly & Crowhoe (2015) place an emphasis on the experiences of racism and discrimination Indigenous peoples encounter through the delivery of health services which adversely affect the health and well-being of Indigenous peoples (p. 613). Healthcare education is a place to begin challenging and uprooting prejudices against Indigenous peoples, and uphold the responsibility to acknowledge and disrupt the processes of racism to continue in practice (Allan & Smylie, 2015).

Ensuring there are retention measures in place for Indigenous healthcare employees falls under the continued pursuit for greater control over factors affecting their lives. The TRCC (2015) Calls to Action are a call for diverse peoples, diverse sectors, with diverse responsibilities to create equity for Indigenous peoples (Reading, Loppie, & O'Neil, 2016). The current Western healthcare models reflect values that often undermine Indigenous peoples health and well-being, a critical examination of current practices must be done in order to take action to address belief

systems that perpetuate inequities, which is an important step to moving towards culturally safe care (Jull & Giles, 2012).

The first step for the organization to create a more desirable and achievable state to address the PoP is to begin tracking accurate data of how many Indigenous healthcare employees are within the organization. The data should include a safe process of voluntary self-identification of Indigenous ancestry (First Nations, Métis, Inuit), which disciplines and line of work are they in, where gaps are, and what sustainable resources and culturally safe measures must be implemented to ensure their retention. Institutions have the responsibility to empower Indigenous self-determination, address decolonization, and reconcile systemic and societal inequalities between Indigenous and non-Indigenous Canadians (Pidgeon, 2016).

Framing the PoP

Leaders in human resources must pay attention to important aspects for employment retention, such as diversity, employment and human rights, and opportunities and dangers in global, national, and local political shifts. To promote change, leaders must consider the consequence of maintaining the status quo and have a balance of keen insight with a driving passion for action (Cawsey, Deszca, & Ingols, 2016). Over the years, there have been many political shifts globally, nationally, and locally that contribute to an awareness of key issues in Indigenous health. For example, as discussed in the previous section that through the completion of the RCAP report in 1996 was the intention of creating a constitutional framework and comprehensive social-welfare policy to improve living conditions for Indigenous peoples (Hughes, 2012). The RCAP report provided a collective voice of Indigenous peoples, identifying the social and systemic barriers in Canada with recommendations as a blueprint for change (RCAP, 1996a).

Unfortunately, there has been little progress in addressing the retention of Indigenous peoples employed in health services. After the release of the RCAP report, the status quo was maintained within the systems in Canada. There were no formal strategies or actions developed by governments nor demands within organizations for change and to act upon these recommendations within Canadian society as a whole. The Assembly of First Nations (AFN) is a national advocacy organization in Canada that represents status First Nations, approximately 55% of the entire Indigenous population. In 2006, the AFN released a report card providing an overview of an overall lack of progress indicating Canada has failed in terms of its actions to date (AFN, 2006). Two of the recommendations included training 10,000 Indigenous health professionals over a ten-year period in health and social services, and develop a comprehensive human resource strategy. By 2016, some progress was noted in these areas, however, this information is still not trackable and it is not known how many Indigenous health professionals are choosing to be employed in mainstream health institutions versus in the community or other settings.

At the international level the UNDRIP was adopted by the majority of states in 2007 by the majority of states in favour (144 of 148), one of which that voted against was Canada (United Nations, 2018). In 2016, the Canadian Minister of Indigenous Affairs announced Canada was now a full supporter of the declaration (Indigenous and Northern Affairs Canada, 2019). Delayed action speaks to the many layers of challenges to promoting change and highlights ongoing oppression of Indigenous peoples in Canada. The collective voice of Indigenous peoples across Canada remains at the mercy of consistent and continued efforts of colonization. The TRCC (2015) Calls to Action provides the organization an opportunity to take action on challenging the status quo. At the organizational level, with no current attention to retention of Indigenous

employees, the organization is at risk of replicating mistakes of the past and continuing with colonial policy, with no attention to the specific needs of an important segment of their employee population. With the lack of action, the organization will fail on comprehensively fulfilling the signed *Declaration of Commitment* (FNHA, 2016) to embed culturally safety and humility into their health services for Indigenous peoples.

Bolman and Deal (2017) provide a leadership framework for approaching complex organizational issues. Their framework is offered through the following frames: structural (changing institutional structures, where clear cause and effect relationships are well understood), human resource (HR) (emphasizes empowerment, responsiveness to employee needs), political (dealing with interest groups, appropriate when resources scarce), and symbolic (focuses on vision and inspiration, where cause and effect relationships are unclear). Framing this PoP are the structural and HR frames.

The structural frame provides an approach to view the structure of the organization and identifying where is change taking place. With the signing of the *Declaration of Commitment* (FNHA, 2016) by the governing health authority of the organization, this frame suggests the current architecture up to that time was unfocused, authority diffused, and coordination was confusing (Bolman & Deal, 2017, p.44) when it comes to meeting the needs of Indigenous peoples. The structural frame emphasizes placing the right people in the right roles with relationships formed to sustain the work moving forward (p. 45). The tensions of the structural frame are how to allocate work (differentiate) and coordinate diverse efforts after parceling out responsibility (integration) (p. 49). The first tension highlights how the organization is currently identifying priorities, while the second tension brings focus to identifying who is responsible for the work. When applying this frame with an understanding of the tensions, we have a clearer

view on why it was a necessary change for the organization to create a leader position for Indigenous Health. This change outlined a clear priority area for the organization to focus on. Moving forward with this change will include the process of decolonizing practices, which is to include Indigenous peoples in the creation and design of services that involve them. The next step for the organization is parceling out responsibility and integrating the change to ensure sustainability.

The HR frame has the following principles: build and implement an HR strategy, hire the right people, keep them, invest in them, empower them, and promote diversity (p. 140). Progressive organizations implement a variety of strategies through ideas and practices. Through an evolution, more comprehensive and effective human resource practices are developed (p. 160). The human resource frame offers greater depth and understanding to the context of the PoP and looking at the complexities. For example, in retention of Indigenous employees, there is also a consideration for safety and security, along with human rights, employment, and ethical standards. The organization does not have a recruitment or retention policy. However, in identifying the need for this there are current policies that will require revisions to ensure integration of recruitment and retention. These policies include code of ethics, standards of conduct, fostering a culture of respect, and workplace health (Provincial Services Health Authority, 2019). The organization must emphasize promotion and ensure diversity within its leadership and decision-making. Inclusivity at all levels promotes the alignment between the organizational and employees' needs, which is a part of a successful human resource strategy specifically for Indigenous peoples (Morris, 2018, p. 4).

In addition applying the structural and HR frames, a Political, Economic, Social, and Technological (PEST) analysis reveals four factors that have an impact on this PoP. The factors

are political, economic, social, and technological. Each offer a focus for greater understanding in considering the complexities of the changes needed and identify opportunities.

Political Factors

Broader political shifts will influence the direction and speed of change for this PoP. The location of the organization is in a western province of Canada, and the governing premier has recently announced their government aims to lead in being the first province in Canada to implement the UNDRIP into legislation. If passed later in 2019, this province will be the first to legislate its endorsement of the declaration (McArthur, 2019). On May 30, 2018, a private member's bill was approved in the House of Commons before the federal government of Canada where the next step is it be presented before the Senate. If passed, the bill will ensure Canadian laws are in harmony with the UNDRIP (Tang, 2018). These important steps offer optimism for broader political support for meaningful change for Indigenous peoples.

Economic Factors

Through the 2011 National Household Survey showed an employment rate of 62.5% among Indigenous peoples (age 25 to 64) compared to the 75.8% of non-Indigenous counterparts. However, when looking specifically at adults who have a high school diploma or completion of post-secondary school the gap is smaller at 76.2% for Indigenous adults versus 81.1% for non-Indigenous counterparts (Statistics Canada, 2017). These numbers can offer insight into the economic challenges Indigenous communities face and the impact it can have on employed Indigenous peoples who face additional social challenges while pursuing their career. A study by Shankar et al. (2013) highlights educational attainment is increasingly recognized as a social determinant of health. This helps explain why Indigenous youth continue to be poorly represented in post-secondary levels. In a qualitative study that included Indigenous post-

secondary students, three key challenges experienced arose from structural and systemic factors: student financial assistance scheme, institutionalized racism, and teaching pedagogies based largely on Eurocentric models (Shankar et al., 2013, p. 3922). Improving post-secondary school outcomes is a part of contributing to larger number of Indigenous peoples then moving into the profession of health services.

Social Factors

Earlier in this chapter was mentioned the underrepresentation of Indigenous employees in the organization. The estimate is approximately 50 of the 5000 employees are Indigenous, where a representative number would be closer to 245. These estimates are from anecdotal estimates I have formulated as the Director of Indigenous Health in the organization. With no accurate data collected, and reports of employees sharing that they do not self-identify as Indigenous at time of recruitment for employment, due to fears of mistreatment based on bias, prejudice, or racism, there are currently no accurate data to monitor and identify trends. An attributing factor to this fear is the current culture of health services. Hole et al. (2015) looked more closely at cultural safety for Indigenous peoples in health services where reported experiences were usually negative, specifically structural violence that reproduces institutional trauma.

Technological Factors

The social factor connected to the technological factor is the challenge of maintaining and collecting data of Indigenous peoples employed in the organization. This information is necessary in order to monitor whether the organization is successful in creating change by reaching Indigenous employees with retention efforts. Historically data collection in Indigenous health research in Canada has often not included the engagement of Indigenous peoples as stakeholders or beneficiaries of evidence from research, while often exploiting the peoples

including instances of grand human rights violations, whereby research becomes a mechanism of colonization and genocide (Ninomiya & Pollock, 2017). Creating a culturally safe workplace for Indigenous peoples will promote the trust needed to move forward with collecting data and sustaining change.

There are a few questions to consider in light of applying the structural and HR frames with a PEST analysis for this PoP: 1) how does the organization decolonize in the midst of rigid structures and broader societal resistance to this change; 2) What steps are necessary to retain Indigenous healthcare workers in a mainstream healthcare institution; 3) What approach can work when there are competing ideologies and views; and 4) Is the organization ready to change? The following sections begin to answer these questions.

Guiding Questions Emerging from PoP

What factors/phenomena contribute to and/or influence the main problem?

There has been an immense amount of analysis and engagement in Canada to improve social and health outcomes for Indigenous peoples. This work includes the RCAP report (1996a), the TRCC (2015), and the removal of opposition to the UNDRIP (2016). The main question that emerges is why no significant changes to improve conditions for Indigenous peoples took place, that is to say given all we know through these reports, why is there no large scale process to begin deconstructing the ongoing systemic colonization of Indigenous peoples? Justice Murray Sinclair led the TRCC, and later that year shared in an interview if we can change the way that people talk and think about each other in the long term, that will change society and is what the work of the commission aimed for (M. Sinclair, personal communication, December 14, 2015). In a later interview, now Senator Sinclair (CBC News, 2018) elaborated that the TRCC Calls to Action are written as a tool for all Canadians who want reconciliation, improving relationships

between Indigenous and non-Indigenous peoples, and redressing the wrongs of the past and legacy of Indian residential schools (CBC News, 2018).

Morris (2018) argues that it is important for specific Indigenous employee recruitment and retention to provide ongoing training to all employees of an organization, which can positively promote work done with Indigenous peoples and provide inclusive approaches to policies and practices (p. 6). In addition, other considerations must be made that include specific training for leaders who will be supervising Indigenous employees, and consider other approaches that are a better fit when recruiting and interviewing Indigenous applicants, while ensuring consistent endorsement of these practices from the organizations executive leaders (pp. 9-13). This training of staff in organizations will shift perspectives, and promote the change identified by Senator Murray Sinclair in addressing the bias, prejudice, and racism often experienced by Indigenous peoples in institutional settings (Allan & Smylie, 2015).

What challenges emerge from the main problem?

Dr. Cindy Blackstock is the executive director of the First Nations Child and Family Caring Society of Canada. In January 2016, she led in a landmark decision by the Canadian Human Rights Tribunal that concluded the persistent underfunding of family services on reserve for First Nations families is a form of racial discrimination. The following year the federal government still failed to comply with the ruling (Amnesty International, 2017). This case took several years to complete and the federal government attempted to have it dropped based on technicalities. This is an example of the layers of bureaucracy that emerge when holding government accountable. Blackstock shared in an interview, all Canadians must learn to stand up to stop this apartheid service delivery by the federal government whom do not act morally or ethically on their own and will only respond when a caring public demands it (Marsh & Karabit,

2017). This demonstrated the systemic challenges needed to deconstruct in Canada to promote governments and systems to improve their relationships with and begin the process of equitable treatment of Indigenous peoples.

Within the organization, the challenge that emerges is the need for leaders and employees to acknowledge the systemic barriers and racism experienced by Indigenous peoples. McCallum and Boyer (2018) write that in order to understand the extent of anti-Indigenous racism in healthcare in Canada, there must be a collective acceptance by non-Indigenous peoples that Indigenous peoples continue to be mistreated (undertreated, over treated, and coerced) in Canadian health systems (p. 190). There is a serious problem of racism in healthcare that will not quickly be fixed given the long history of colonialism and marginalization of Indigenous peoples, whereby leaders must address with urgent interventions through effective policy changes (p. 193). As changes are proposed and moved forward on for the retention of Indigenous healthcare professionals, mandatory ongoing organizational employee training on anti-Indigenous racism is even more critical to ensure a culturally safe space for Indigenous patients, families, communities, and employees.

Leadership Focused Vision for Change

In academic and institutional settings, the colonization of Indigenous peoples includes the marginalization of Indigenous knowledge, where Western knowledge of settler society dominates and subjugates this (Akena, 2012). Indigenous knowledge is local context-relevant ways of knowing that embraces ancestral knowing and legacies of diverse histories and cultures, often suppressed by Western knowledge and branded as inferior, superstitious, and backward (p. 601). Decolonization does not mean total rejection of theory or research of Western knowledge, it is about centering Indigenous concerns and worldviews while knowing and understanding

theory and research from our own perspective and for our own purposes (Smith, 1999). In the organization, there are differences in worldviews by Indigenous and Western leaders resulting in a gap for a mutual desired state of practice. Identifying common ground between the two and a way to work together through change is essential to be conscious in creating space for traditional or Indigenous knowledge, to ensure balance and autonomy of Indigenous led change. Lemchuk-Favel and Jock (2013) write when combining traditional and Western health philosophies, the result is a uniquely Indigenous approach to health services while of course recognizing there are still broader institutional and systemic constraints.

Lemchuk-Favel and Jock (2004) write about Indigenous health systems in Canada and identify strengths within Indigenous-controlled health systems. The strengths include holism, synergy of Western and traditional Indigenous health philosophies, which results in overall responsive and culturally appropriate health services. Each of the strengths lend weight and highlight the specific areas that would emerge in practice within a retention strategy and supports for Indigenous employees. Challenges identified include the underrepresented number of Indigenous health professionals, which draws attention back to the need for an Indigenous led change for retention once Indigenous employees are working within the healthcare system. An Indigenous approach would combine the traditional and Western knowledge. The organizations executive leadership council has committed to the development of a retention plan for Indigenous employees, recognizing the gaps that exist, firstly by ensuring the leadership of a Director of Indigenous Health to lead in this vision for change.

Increasing the number of and retaining Indigenous healthcare professionals in the organization will also have a positive impact on the delivery of health services for Indigenous peoples. In an interview, a recent Indigenous nursing graduate Wallace (CBC Radio, 2016)

shared that being from the same background as Indigenous patients; she is coming from the same place, which removes stigma and judgement. Another Indigenous nurse in leadership, Dick (Sterritt, 2017) shared the only way things are going to change for the better for Indigenous peoples in health is to have more Indigenous peoples working in the system, where seeing someone they (patients) can trust promotes feeling safe. In a study by Levin and Herbert (2005), Indigenous respondents stressed the importance of increasing the number of Indigenous healthcare professionals and decision makers in hospital settings, with specific attention to hiring more social workers that are Indigenous. When leaders in the organization work together in enacting the TRCC Calls to Action, the future state will be addressing colonial impacts on Indigenous health outcomes and healthcare (McGibbon, 2019).

Vision can empower and encourage leaders and followers to implement change (Sullivan & Harper, 1996). Change in Kotter's Eight-Stage process (1996) offers leaders and followers a path with the goal and vision for change. Kotter's process can help guide hospital leaders to implement change (Mork, Krupp, Hankwitx, & Malec, 2018); however, the model is under-studied in healthcare (Baloh, Zhu, & Ward, 2018). Part of the challenge in this setting is the multiple hierarchies embedded in the structure. Kotter's (2014) publication that is most recent addresses this. Hierarchies are considered at each of the eight stages, and with a network like structure that function in concert with hierarchies (pp. 24-34), focusing on an opportunity in which leaders place their focus and create multiple change drivers. In the context of this OIP, the opportunity would be for the organization to act upon and sustain action to the Calls to Action in the process of reconciliation. Below lists, each of Kotter's accelerator-focused stages of change, along with a summary of activities in the context of this OIP.

1. Establish a sense of urgency around a big opportunity: The organization has a responsibility to uphold its commitments and take action on the TRCC Calls to Action. For this, leaders and employees must gain comfort in challenging the status quo where previously there would have been hesitation through the RCAP recommendations from 1996, and aligning action with the rights of Indigenous peoples outlined in the UNDRIP.
2. Build and evolve a guiding coalition: In bringing like-minded individuals together where the current structures often promote silos, working together in new ways will emerge. The formation to support the coming together of experts for committees, groups, councils, at the organizational and health authority level, will mobilize enough power to lead the change. Good managers keep the process under control while good leaders create the vision to drive the change (Kotter, 1996).
3. Form a change vision and strategic initiatives: Identified in the organization's strategic planning for 2016-2019 was the PoP in this OIP. This creates an opportunity in moving forward for continued planning. In signing the *Declaration of Commitment* (FNHA, 2016), the organization and health authority are accountable to ensure its ICS strategy is applied in practice. This strategic planning ensures the change is desirable and appeals to the long-term interest of all stakeholders in the agency (Kotter, 1996).
4. Enlist a volunteer army and communicate the change: Through the building of the coalition, all those involved will take part in communicating the change. This stage requires constant communication of the new vision and strategies, using as many forums to relay the messages (1996).
5. Enable action by removing barriers: Identify and address obstacles. The organization is open to changing systems or structures that undermine the change vision, while

encouraging risk taking and changing the status quo in practice with new ideas, activities, and actions.

6. Generate and celebrate short-term wins: Organization will highlight work and progress in their awards and recognition ceremonies and events, including sharing publicly best practice models. This provides an opportunity to celebrate and reward those who are working for change (1996).
7. Sustain acceleration: Ensuring momentum continues, where the organization act upon recommendations, create new, and revise existing policies. This is to sustain the gains and changes achieved. Building upon this success, new projects, themes, and leaders can emerge.
8. Institute change: At this stage, effective leadership and management create better performance. The organization will model the connection between new behaviors and organizational success. The process will promote leadership development. Institutional change requires showing employees how the change has helped, and ensuring the next generations practice the new approaches (1996).

Combining Indigenous and Western ways of knowing creates a uniquely Indigenous approach to change (Lemchuk-Favel & Jock, 2013). While Indigenous ways of knowing are reciprocal, dynamic, and evolving (Smith, 1999), bureaucratic institutions such as this organization are not. The institution is linear in nature, requiring a plan that operates in one direction, with budget restrictions, and clear met milestones in an organized order. This is why Kotter's Eight-Stage process (1996) with the inclusion of his accelerator network (2014) can fit and used to organize the steps for change in the organization that is familiar to all the stakeholders, while leading in necessary change with an Indigenous leader. That is, working

within the current structures and hierarchies, while permitting space for individualism, creativity, and innovation (p. 20).

The formulation of this change management plan has, at its basis the deconstruction and decolonization of healthcare practices. It draws overdue attention to many of the historical and contemporary truths that underpin action for addressing colonial impacts on Indigenous peoples that include racism, white settler power and privilege, and cultural safety (McGibbon, 2019). In committing to change, the organization is opening space for hope to affirm the possibilities, strengths and Indigenous knowledge that guides holistic cultural frameworks and ethical inclusion (Absolon, 2015).

Organizational Change Readiness

Experiences of little to no change may cause people to become complacent, cynical, and reluctant to prepare for something they do not think will happen (Cawsey et al., 2016). For the purposes of this OIP, members as stakeholders include current and prospective Indigenous employees, and current employees and leaders of the organization. An example, which may promote complacency and cynicism, is the slow rate which change takes place. The organization held a stakeholder engagement session in 2005, bringing together Indigenous community members, leaders, and existing Indigenous employees.

The first of a number of recommendations that came out of the 2005 session was for the organization to create a Director for Indigenous Health position. The collective voices of Indigenous peoples coming together is a form of advocacy and protest, continuing to remind onlookers that issues of poverty, unrecognized rights, unaddressed government obligations, and recognition among the broad public remain pressing issues for Indigenous peoples in Canada (Deer, 2015). There was an identified lack of organizational leadership to influence change. A

decade later in 2015 the agency was prepared and took action to implement this recommendation. For the first time in organizational history, an executive leadership position was created specifically to lead in Indigenous Health.

A much broader change within Canadian society that shapes change for Indigenous peoples is the need to reform the healthcare system. This includes a shift in perspective with settler Canadians, to no longer perceive Indigenous peoples as responsible for their own circumstances; but instead to relinquish and return the land as a foundation for the health of Indigenous peoples (Stime, Laliberte, Mackie, & Waters, 2018). Work by Browne et al. (2016) take into consideration this form of systemic and structural violence against Indigenous peoples in Canada, where they define this as the disadvantage and suffering created and perpetuated by structures, policies and institutional practices that are innately unjust (p. 2). They promote inequity-responsive care as foundational to supporting health and well-being, which requires explicit attention to culturally safe care, trauma and violence-informed care, and contextually tailored care (p. 4). Equity-oriented services involve four general approaches: partnerships with Indigenous peoples, action at all levels, attention to local and global histories, and attention to unintended and potentially harmful impacts of each strategy (p. 6).

Previous sections of this OIP discuss the use of Bolman and Deal's (2013) structural and HR frames for framing the PoP. As well, the use of Kotter's Eight-Stage process (1996) and accelerator (2014) stage of change. Browne et al. (2016) provide approaches and strategies to apply when transforming healthcare to equity-oriented services for Indigenous peoples. This is key to inform the change process and plan. The following are ten strategies offered that highlight the specific attention required when leading in change for Indigenous peoples within a healthcare system:

- Explicitly commit to fostering health equity,
- Develop supportive organizational structures, policies, and processes,
- Optimize use of place and space,
- Re-vision the use of time,
- Attend to power differentials,
- Tailor care, programs and services to local Indigenous contexts,
- Actively counter racism and discrimination,
- Ensure meaningful engagement of patients and community leaders,
- Tailor care to address inter-related forms of violence, and
- Tailor care to address the social determinants of health (pp. 6-13).

Warner and Grint (2012) provide an understanding of competing worldviews and leadership challenges for Indigenous leaders within organizations. They argue the stereotypes of Indigenous peoples diminish Indigenous leadership cultures: the stereotypical view of Indigenous leaders as "noble savages" leaves room for the narrative of the anarchic or tyrannical culture to be tamed by the imposition of Western governance systems (p. 970). Within systems, an Indigenous leader struggles against assimilation, cultural appropriation, and a history of genocidal policies (p. 972). Cawsey et al. (2016) write that change agents need to demonstrate the need for change is real. As an Indigenous leader, I can speak from lived experiences having to navigate education and employment systems, navigating the exact barriers and challenges which I am focusing my attention to in this OIP.

In 2015, the organization completed strategic planning to create priorities for the next three years. As the Director for Indigenous Health, I led in dialogue with the other executive leaders in outlining priorities for Indigenous peoples. This dialogue included what the

Declaration of Commitment (FNHA, 2016) meant for the organization, and prioritized the need for a retention strategy of Indigenous employees at all levels within the organization. The organization's strategic executive council endorsed these priorities. The broader drive for change, which the organization is committed to taking action on, is the seven Calls to Action in health by the TRCC (2015), of which one Call to Action signifies the retention of Indigenous employees in health. Since 2015, the organization has gone through several internal changes including leadership restructuring. Times of transition requires ongoing repeating among new leaders to provide consistent clarity and agreement on why there is a need for change and what needs changing (Cawsey et al., 2016). The organization is at an optimal time to review the previous strategic planning priorities, and examining more carefully further restructuring that may be necessary and the investment of resources to fulfill action on these priorities.

There are broader macro level influences on the organization to change. Senator Murray Sinclair led on the TRCC (2015) and during an interview shortly after the final report and Calls to Action were released he was asked how we ensure these documents do not get shelved like so many others in the past. His response is these documents are aimed at Canadian society, it is going to take the entire nation to approach these changes, the momentum of the people will continue to influence governments at the provincial and federal levels (The National, 2015).

In assessing readiness for the organization to change, considerations include previous change experience, flexibility and adaptability, openness and commitment, and involvement of leadership, and member confidence in leaders (Cawsey et al., 2016). Although it was a slow process, the organization did act on creating a Director of Indigenous Health position. The broader health authority, which the organization is under, has an ICS strategy to align organizational activities. In the last few years, new priorities have been set to focus on

reconciliation and change. All levels of leadership are engaging in dialogue for change. As it relates to the rights of Indigenous peoples, broader political and structural forces are being addressed. Indigenous peoples are seeing opportunities for change. All these considerations elevate the readiness of the organization for change proposed in this OIP.

Conclusion

This first chapter of this OIP introduced the organization and identified the PoP. Outlined were the many layers globally, nationally, and provincially that have prevented change from taking place. External and internal changes in 2015 created the opportunity for this organization to lead in change. The start of decolonizing practice was ensuring an Indigenous leader was in place to begin leading on conversations about and for Indigenous peoples. There is a structural limitation on tracking, while anecdotally it is known there is a shortage of Indigenous peoples working in the organization, and an even greater challenge retaining once they are working within. Kotter's eight stage process (1996) and accelerator (2014) is available to identify and organize the stages for change, while applying Browne et al. (2016) approaches and strategies for equity-oriented services. The organization is committed to change. The next chapter looks at how and what needs to change for the organization to retain Indigenous employees.

Chapter Two – Planning and Development

Understanding the Organization and Need for Change, Finding the Way

Chapter 2 examines how a leadership approach can propel the desired change forward specific to the Problem of Practice (PoP). Included is a discussion on the features of Indigenous leadership with how it compares, aligns, or differs with other leadership styles. The theoretical frameworks to view the PoP are describe and the application of a decolonizing lens, with the use of inquiring questions and use of metaphors to better understand the leadership lens to the problem. Critically analyzing the organization is necessary in order to explain why the organization is equipped to change, while knowing there still exists challenges to the moving forward. Proposed are four solutions for the retention of Indigenous healthcare professionals, where one has a Plan, Do, Study, Act (PDSA) cycle applied. Finally, outlined are leadership ethics and the challenges of each, while understanding closely what the organizational responsibilities are to address each for the PoP.

Leadership Approach to Change

Reciprocity, transparency, and trust are paramount with Indigenous peoples and relationship building. Claiborne, Wilson-Hartgrove, and Okoro (2010) offer a summary statement relating to my personal approach, stating for leadership a peacemaker does not mean passivity. As well, a peacemaker ensures the interruption of injustice without replicating injustice through focusing on the common good. Known as empowered citizenry where an approach is for the social well-being of the community (Herrero-Diz & Ramos-Serrano, 2018). Finding a way that is neither fight nor flight, but the careful and difficult pursuit of reconciliation and justice. Decolonizing and activist practice is at the centre of Indigenous leadership for Indigenous peoples to ensure their rights are upheld and respected. In the context of addressing the PoP

through an Indigenous lens, the outcomes are parallel to servant leadership theory that include benefits for the greater good of the organization, community, and society at large (Northouse, 2015).

Servant leadership theory resonates with my personal values that include being attentive to followers, empathizing and nurturing them. In my personal healing journey as an Indigenous person, I have opened up to spirituality and connection based on my Gitxsan tradition. For example as a Gitxsan person, our identity is inclusive of our house (clan) group, relatives, land and resources, time immemorial and spirit songs, traditional laws, and more (Gitksan Government Commission, 2015). Therefore, we cannot conduct ourselves without first considering how our actions will affect everything connected to us. This has increased my resonation with servant leadership.

This leadership style encompasses paradoxes. In this theory, the leader is also a servant. Areas considered in this approach are ensuring the people's highest priority needs are met, while asking how are they growing as persons, are there areas they are becoming healthier, wiser, freer, and then likely to become servants themselves? From there, the next consideration is what is the effect of the leader on the less privileged in society, is the leader opening up room for the less deprived to benefit, or at the very least not be further deprived (Greenleaf, 1970).

When applying servant leadership a paradox exists in holding an organization accountable while allowing freedom and choice for change. The Indigenous leader is speaking of organizational accountability while simultaneously allowing freedom and opening safe space for Indigenous governance to take place. In addition, it is necessary to challenge the status quo in terms of how the system operates while identifying paths for decolonization. Another example of this paradox is cognitive dissonance, where I am directly impacted as a leader by the same

colonial challenges of the organization, while staying loyal and working with the organization to change and carry responsibility to build trusting relationships in the face of this challenge (Dickson, 2017).

The characteristics of a servant leader are building strong relationships with others, being empathetic and ethical, and leading in ways that serve the greater good of the followers, organization, the community, and society. In addition, the servant leader is attentive to the needs of the followers, while also being concerned of the less privileged, aiming to remove inequalities and social injustices. With less authority over those led, the leader will exhibit less institutional power and control (Northouse, 2015). Developed is a safe space for learning and growing in this leadership approach. This is through listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to growth of the people, and building community (Spears, 2002).

As a Gitxsan First Nation person, layered through my leadership approach is applying the Gitxsan Well Being Model of care for myself, and those I work with. Figure 2 is from the Gitxsan Government Commission (2015) safety planning and provides the information to understand this approach. The Gitxsan peoples govern through a matrilineal system. A matrilineal system is tracing our lineage through our mother's side. As shown in the Gitxsan Well Being Model, in addition to our Mother and Relations, equally important components to our well-being are Ostin (spirit), Father and Relations, and Lax Yip (territory). There must be balance in one's life personally, politically, socially, and spiritually (2015). Cajete (2016) writes deep affection for one's family, community, and homeland are key dynamics that influence the development of Indigenous leaders. To survive colonization, one must be deeply aware of this consciousness, having these values internalized, applying affective and relational orientation to

community are central considerations in the development of Indigenous community leadership (pp. 364-365).

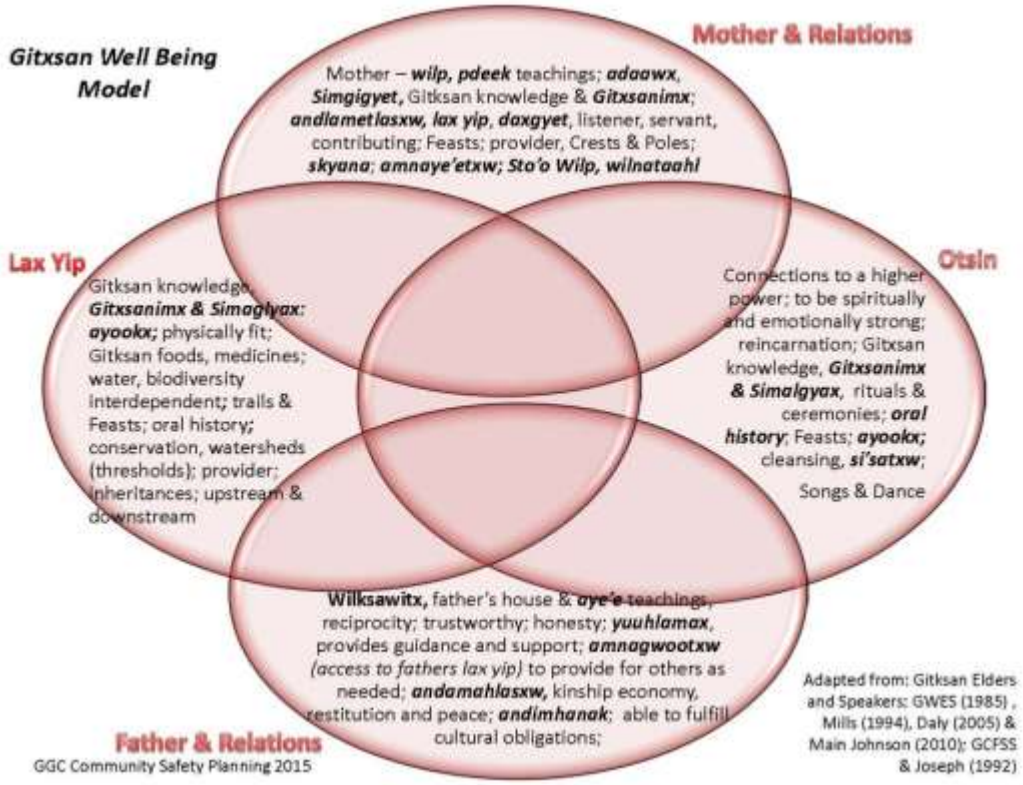

Figure 2. Gitxsan Well Being Model. Reprinted from *Gitksan Government Commission Safety Planning*, by Gitksan Government Commission, 2015, retrieved from http://www.gitxsangc.com/community-development/coming-together-as-one/gitxsan-wellness-model/ Copyright 2015 by Gitksan Government Commission.

The culture of a colonizing institution on Indigenous peoples is the settler colonial lens that adapts the view of the settlement of the land and peoples is inevitable, this relieves settler societies and states of the burden of reconciling with Indigenous peoples, and places the burden of accommodating settler presence on Indigenous peoples (Mitchell et al., 2018). McGibbon (2019) writes that colonization is the foundation that create inequities for Indigenous peoples. In order to move forward it requires a deep commitment to visiting, and revisiting the depths of Canada's colonial histories to understand how systems perpetuate colonization (p. 21). In addition, to transform an institution and create safer places within requires incorporating

Indigenous knowledge, Indigenous approaches, and the hiring of more Indigenous peoples (Mitchell et al., 2018).

The organization is committed to applying a cultural safety approach when focusing on changes to retain Indigenous healthcare professionals. This approach draws attention to:

- Explicitly addressing inequities;
- Support organizational leaders in designing and implementing strategies to improve healthcare for patients, aggregates, and populations;
- Exposes the social, political, and historical contexts of healthcare; and
- Enables practitioners to consider difficult concepts such as racism, discrimination, and prejudice (Aboriginal Nurses Association of Canada, 2009).

In addressing the PoP, the organization is supporting the work of Indigenous peoples, and requires the focus on their identity. Cultural identity of Indigenous peoples is one of the primary components that colonization continues to attack. Colonization and identity disruption are the root causes to impeding the rebuilding the individual and collective Indigenous culture (Lavallee & Poole, 2009). The organization is creating safe space for Indigenous leadership, approaches, and solutions, while mitigating systemic barriers that prevent change from occurring.

In summary, this section provided some core tenets of Indigenous leadership and the parallel of this to servant leadership theory. As a Gitxsan person and leader, examples provided included what it is to be Gitxsan, and why it is important to maintain the awareness of this identity in order to decolonize practice in the work I do. The work of decolonizing is essential to creating safe spaces for Indigenous peoples to work. This is the bases of creating a culturally safe organization.

Framework for Leading the Change Process (How to change?)

This section discusses three key elements when identifying a framework for leading in the change process. First, the historical events that have contributed to the state of the organization and the role of colonization on Indigenous peoples. This provides a clear understanding to the practice of decolonization. Second, identify which theories fit best and utilize a metaphor as a lens in which to see the organization and link to the change process framework. Third, is identify a suitable framework that is in alignment with the selected theories and lens.

In 2015, the Truth and Reconciliation Commission of Canada (TRCC) released a final report and ninety-four Calls to Action, which presented all Canadians with an opportunity to reflect on what reconciliation means and how it matters to them. The TRCC examined the impact and legacy of residential schools on Indigenous peoples and communities, where government-church operated school facilities removed Indigenous children from their homes and communities and by force to attend these schools. The intent was to "kill the Indian in the child" (Gone, 2013), through colonial policies and practices that included religious indoctrination, shaming of culture through prohibition of ceremonies, language, and regalia, and the disconnection with family and community. In addition, there are vast numbers of documented accounts of sexual and physical abuse, solitary confinement, unethical nutritional experiments, starvation, and deaths of children. These schools operated in Canada from the 1880s to 1996 (TRCC, 2015) and were one of several mechanisms to colonize and oppress the Indigenous peoples. The publications and Calls to Action offer the truth on what happened in Canada, what we can learn, and identifies where we go from here with redress.

Critical theory is one approach to understanding the role of history, power, and control within an institution. This theory focuses on social justice through redressing the concerns of groups who are unfairly penalized and disenfranchised, while other groups in society routinely enjoy benefits, privileges, and rewards (Ryan & Tuters, n.d.). This theory helps understanding the position of Indigenous peoples as one of the marginalized groups in Canada. However, Indigenous scholars emphasize a limitation for critical theorists is that the basis of its language and epistemic frames act as a homogenizing agent (Baskin, 2016). When interfaced with Indigenous plights, the need to decolonize practice may not appear through a critical lens. Critical theorists must consider how the theory retains the deep structures of Western knowledge (Grande, 2004). Bartholomew (2018) writes that if critical theory is to be decolonized it must first take on the decolonial perspective and then see what is left of critical theory after this shift (p. 629). Decolonizing is the interconnected processes of deconstructing colonial ideologies and their manifestations, reconstructing colonial discourse through Indigenous counter' narratives (Fellner, 2018).

A critical lens has limitations when looking at the PoP. When Western theories are applied there is a specific lack of sympathy and ethics, where Indigenous histories are recounted, culture dissected, measured, torn apart, which then fragments and distorts the Indigenous peoples (Smith, 1999). It is important to see these limitations while moving forward, to mitigate and avoid replication of colonial practices when implementing any research theory, methods, or practice with Indigenous peoples. Therefore, combining traditional and Western health philosophies result in a uniquely Indigenous approach to health services (Lemchuk-Favel and Jock, 2013) in the organization and will better serve the needs of Indigenous peoples while upholding their rights.

Decolonization does not mean total or research of Western knowledge; it is about centering Indigenous concerns and worldviews while knowing and understanding theory and research from Indigenous perspectives and for Indigenous purposes (Smith, 1999). In institutional settings, Indigenous knowledge is experiential, non-universal, holistic, and relational (Dei, 2003) whereby it challenges colonial policies and practices, and builds on a resurgence in order to provide the best political and cultural context for the lives of Indigenous peoples to flourish (Simpson, 2011). Indigenous peoples are disempowered and colonization continues when research about Indigenous peoples is done to them rather than with them (Smith, 1999). A decolonization framework centers and privileges Indigenous life, community, and epistemology. It ensures the knowledge of the history of colonialism and the interruption of sovereignty of Indigenous peoples. Decolonization is a push back to colonial relations of power that threaten Indigenous ways of being (Sium, Desai, & Ritskes, 2012).

Decolonizing practice will be the underlying theme in understanding the PoP and used in the development of this Organizational Improvement Plan (OIP). Critical race theory can be applied as a way to understand the organization and its context within society. Critical race theory points at some contributing reasons for the current state, and what are the barriers for change. Up until 2015 to the creation of the Director for Indigenous Health in the organization, no measures were in place to ensure an Indigenous Health agenda, priorities, and identify needs for Indigenous employees. With the lack of Indigenous leadership, the agency was at risk of maintaining the status quo and replicating colonial practices.

The organization must ensure the right leader is in place to provide the vision for change (Kotter, 1996) for change to be successful. Figure 3 offers a practical understanding of an Indigenous lens in traditional knowledge, how it is different from a Western perspective.

Traditional Knowledge

Holistic
Includes physical and metaphysical world linked to moral code
Emphasis on practical application of skills and knowledge
Trust for inherent wisdom
Respect for all things
Practical experimentation
Qualitative oral record
Local verification
Communication of metaphor and story connected to life, values, and proper behaviour
Integrated and applied to daily living and traditional subsistence practices

Western Science

Part to Whole
Limited to evidence and explanation within physical world
Emphasis on understanding how
Skepticism
Tools expand scale of direct and indirect observation and measurement
Hypothesis falsification
Qualitative written record
Global Verification
Communication of procedures, evidence, and theory
Discipline-based
Micro and Macro theory
Mathematical models

Common Ground

Organizing Principles:
- Universe is unified
- Body of knowledge stable but subject to modification

Habits of Mind:
- Honesty, inquisitiveness, perseverance, open-mindedness

Skills and Procedures:
- Empirical Observation in natural settings
- Pattern recognition
- Verification through repetition
- Inference and prediction

Knowledge:
- Plant and animal behaviour, cycles, habitat needs, interdependencies
- Properties of objects and materials
- Position and motion of objects
- Cycles and changes in earth and sky

Figure 3. Common Ground with Traditional Knowledge and Western Science. Adapted from "Indigenous knowledge systems and Alaska ways of knowing" by A.O. Kawagley and R. Barnhardt, 2005, *Anthropology and Education Quarterly, 36*(1), p. 16. Copyright 2001 by the Anthropology and Education Quarterly Journal.

The common ground between the two. Kawagley and Barnhardt (2005) provide a table to understand where Western and Indigenous knowledge merge creating space for collaboration. Collaboration with Indigenous and Western perspective will be necessary when addressing the PoP. Engaging multiple worldviews is a way to build and nurture respectful relationships that acknowledge and recognize each as important and critical to the work moving forward (Kurtz, Mahara, Cash, Nyberg, & Moller, 2017).

The use of metaphors and storytelling can communicate connection to life, values, and proper behavior (Kawagley & Barnhardt, 2005). The work by Morgan (2006) offers two different lenses that can assist in understanding the framework for change. They are metaphors to seeing organizations as political systems and as culture. The political system metaphor offers an image of the organization existing with competing interests for position, space, and resources, which leads to conflict. Power is used to resolve conflicts, where decisions are made of who gets what, when, and how. The strengths of this metaphor are highlighting the role of politics and seeing whose needs are met while whose are being ignored. The weakness is there will often be more focus on the conflict than on collaboration. An example of conflict within the organization is the ongoing challenge of allocating physical space for the multitude of health services, where through the influence of the Director for Indigenous Health added another priority and need for additional office space, adding to the organization's competing priorities. The opportunity to prioritize the need for Indigenous specific space for employees to gather was made possible with the Director for Indigenous Health in place to elevate these priorities.

A more fitting metaphor to the context of this organization is the cultural metaphor. This looks at the culture and sub-cultures within the organization. People who share a culture or common vision interpret events in a similar way, relate with common outlooks, symbols, and

ceremonies, which provide alternatives to control through external procedures and rules (Morgan, 2006). The greatest strength of this metaphor is bringing attention to unconscious and accepted values and norms in the organization. Institutional settings, in particular educational institutions, lack discourse on colonization and genocide of Indigenous peoples. Indigenous perspectives call attention to the reproduction of colonial relationships that persist inside institutional centres (Kovach, 2005) and guidance on how the agency can undue this practice. This metaphor provides space for Indigenous knowledge, ways, and approaches. However, similar to critical theory, the weakness of this metaphor is the homogenizing of groups as collectives, which downplays individuality and diversity, and can overlook the fact that culture is always evolving (Morgan, 2006).

Understanding the role of colonization in Canada and reading the TRCC report and Calls to Action (2015) is one of the first steps in decolonizing organizational practice when working with Indigenous peoples. Western based theory such as critical theory is a starting point to utilizing a critical lens on an organization; however, the unique histories of Indigenous peoples are often overlooked (Grande, 2004). Through education, Indigenous peoples empowered through decolonizing research methodologies utilizing the very tools of colonization used against them, while they continue to sustain, maintain, and form their identity (Sande, 2004). Explicitly identifying and defining decolonization practice offers a bridge between theory and action (Sium et al., 2012). There must be an understanding between Indigenous and Western knowledge, focusing on collaboration between the two (Kawagley & Barnhardt, 2005), and the use of metaphors is a way to see organizations can assist this. A political system metaphor opens the discussion on the role of power in decision making, and a culture metaphor as a better fit ensures

a focus on sub-cultures in the organization (Garth, 2006), creating space for Indigenous knowledge to flourish.

This section covered three key elements when identifying a framework for leading in the change process. The elements are the historical events that have contributed to the state of the organization and the role of colonization on Indigenous peoples, which theories are a fit best to understanding the situation, and a suitable framework that is in alignment with the selected theories and lens. Explored was the role of colonization and dangers of applying a strictly Western lens to the PoP. Identified was decolonizing practice as essential in leading the change process.

Critical Organizational Analysis - What to change?

There are a number of factors to be aware of when learning about an organization and what needs to changes. External factors, which put pressure for urgent change includes the *Declaration of Commitment* (First Nations Health Authority [FNHA], 2016), and the TRCC (2015) report and Calls to Action. Each outline the need for increased culturally safe practices in health services for Indigenous peoples, where part of the solution is to increase culturally safe practice is increased number of Indigenous peoples working and retain in health care positions. This OIP provides a definition of both culturally safe and unsafe practice, and identifies what change is necessary. Along with an overview of the role and impact of colonialism in Canada on Indigenous health and experiences, what the organization is currently changing, and the selected change process framework to address the PoP.

The OIP focuses on retention of Indigenous health professionals at a mainstream tertiary health care centre. The PoP statement is “How can a mainstream tertiary health care centre in western Canada provide a safe workplace culture to ensure retention of Indigenous employees?”

The organization carries institutional accountability to retain Indigenous employees as the organization creates long term and sustained change to ensure culturally safe and appropriate health services. The health authority and organization are committed to decolonizing practices through Indigenous leadership. Displayed by the signing of the *Declaration of Commitment (*FNHA, 2016) for cultural safety, and aligning that with priorities through the organization's Patient Experience and Workplace Culture Councils, provides the opportunity to implement this OIP to meet shared objectives, values, and goals.

The retention of Indigenous employees and optimal culturally safe practice is the desired state for this agency, which would be an action of reconciliation and the response to the Call to Action #23 (TRCC, 2015). Gaps exist from the current state of unknown to presumed low numbers of Indigenous employees to where the organization would like to be which is an equitable or above represented number of Indigenous employees compared to societal population numbers. Addressing the underrepresentation of Indigenous health professionals is recognized internationally as an integral part of overcoming Indigenous health inequities (Curtis, Wikaire, Stokes, & Reid, 2012), which includes improving patient experience and ensuring the fulfillment of culturally safe practice.

To understand cultural safety, one can explore what it is not. Cultural safety is not cultural awareness or cultural sensitivity. Cultural awareness is an initial step to understanding the differences of one cultural group to another (i.e., their rituals, customs, behaviours, and practices). A major limitation of cultural awareness training is it can promote stereotyping of cultural groups. Cultural sensitivity brings cultural awareness one-step forward. Practitioners can self-explore how personal attitudes and experiences affects the lives of others. Cultural safety goes well beyond both, providing engagement with Indigenous peoples to feel they can assert

power and control over their own wellbeing. The presence of Indigenous healthcare professionals offers the safe space for improving Indigenous patient experience (Nguyen, 2008). Kotter (1996) states that communication and training is crucial to sustained change. The agency must ensure all stakeholders understand what culturally safe practice means and how the PoP of ensuring retention of Indigenous employees is a clear priority for change.

A deeper look into the challenges of change and current culture of colonialism in mainstream health organizations unveils racism. According to Allan and Smylie (2015), discrimination against Indigenous peoples is pervasive in the healthcare systems; with the conclusion, racism has an effect on Indigenous peoples' health. Their study suggests many healthcare workers have an unconscious pro-white bias, which is to believe they could be spending their time on someone who is more deserving of the healthcare system. Indigenous peoples often avoid medical care to avoid discriminatory treatment. The recommendation of the study is to ensure ongoing training for non-Indigenous health professionals. Promising emerging responses to the overall problem include efforts to increase the number of Indigenous healthcare providers (Allan & Smylie, 2015). This study provides insight as to why Call to Action #23 (TRCC, 2015) includes recruitment of Indigenous peoples in health, retention, along with cultural competency training for all healthcare professionals. The organization has a priority to ensure all healthcare workers complete the health authority led Indigenous Cultural Safety (ICS) training.

This OIP offers direction on retaining Indigenous employees to ensure a culturally safe place of employment. As a sub-culture within the organization, Morgan's cultural lens (2006) would suggests without efforts to retain Indigenous employees there is a lack of space to support their common outlooks, symbols, and ceremonies. Critical race theory offers a deeper analysis of

the current culture of an organization. Where inequities based on race is seen as normal, where racism is engrained in our society (Ng, Staton & Scane, 1995). An in-depth look at the problem of racism and discrimination and its relationship to health experiences of Indigenous peoples is the role of white-privilege.

Episkenew (2009) writes it is a challenge and unacceptable to injure the collective self-esteem of white settlers by stating their prosperity and privilege is based on the suffering of Indigenous peoples in Canada. That one of the benefits of white privilege is to enjoy this guilt-free existence. Furthermore, she states white privilege is a socio-cultural determinant of health for Indigenous peoples and must be dealt with if Indigenous peoples' health are to improve. There must be an openness to truth for there to be reconciliation (TRCC, 2015). Episkenew's approach offers the organization to reflect on the lack of diversity within the organization; and, why this is happening, as well to understand what challenges could appear within the organization when moving forward with possible solutions to the PoP.

In his book *The Inconvenient Indian*, Thomas King (2012) offers a view of how power is held in place as he reflects on the history and current state of the marginalization of Indigenous peoples. He suggests three most common ways non-Indigenous peoples in Canada view Indigenous peoples. When lies are believed as truths, the first perspective by the non-Indigenous peoples is the "dead Indian", that is the one held in time at powwows, in movies, television commercials. The benefit for this view is Indigenous peoples offer visual exotic entertainment. Second, is the troublesome Indians of today are "live Indians" who have attributes of needing to be invisible, unruly, and are disappointing. Finally, the third is the category of the "legal Indian". The federal government recognizes these Indians as Indigenous peoples and only a select few are recognized. Approximately forty percent of the Indigenous population in Canada are "legal

Indians" also known as status Indians; therefore, the interest of the federal government is only with the select forty percent, ignoring the remaining sixty percent's interests. King's writing offers non-Indigenous peoples an opportunity to reflect and consider if any of these labels hold true in one's belief systems, and what can be done to change these perspectives.

In the third perspective by King (2012), the "legal Indian", he brought attention to the context of the political and economic states of Indigenous peoples in Canada, in terms of their lack of power and autonomy over their affairs. Lovoie et al. (2015) examine this within the healthcare system in western Canada. Through critical exploration, they look at how the lack of pathways for implementing self-government in urban environments exist within organizations of healthcare. They suggest meaningful engagement with all Indigenous peoples may be unrealistic given the lack of pathways. Their aim is to contribute to a national dialogue on implications for these missing pathways of self-government in urban contexts. In Canada, there has been no mechanism in place to respond to section 35 of the Canadian constitution, which ensures self-government to all Indigenous peoples. Engagement with Indigenous peoples generates options more suitable for urban Indigenous organizations, and requires a national discussion supported by resources and a timeframe (Lovoie et al., 2015). By looking at the national level, we can see how recruitment and retention barriers are a result of the larger systemic marginalization that Indigenous peoples have experienced through colonization in Canada (Smith, McAlister, Gold, and Sullivan-Benz, 2011). Mechanisms of colonialism occur in diverse domains that include environmental relationships, social policies, and political power (Loppie Reading & Wein, 2009). Recognizing and raising awareness that colonialism exists is the first step to begin decolonizing practice within the organization and lead in change.

This OIP is for a mainstream health care agency that falls within the jurisdiction of one of the two provincial health authorities that signed the *Declaration of Commitment* (FNHA, 2016). The organization is an academic teaching hospital that provides healthcare from specialists after referral from primary care and secondary care. The organization has members on its provincial health authority's Patient Experience and Workplace Culture Councils. These councils were created in September 2015 to enhance the experiences of patients, families, and health authority employees. This health authority demonstrated its commitment to improvements in human resources by creating within the Workplace Culture Council an Equity and Cultural Safety Working group to establish position statements for diversity and inclusion, and equity and cultural safety in the work place (Provincial Health Services Authority, 2017). That same year the health authority created an ICS Intervention group to begin providing direction on operationalizing the *Declaration of Commitment* (FNHA, 2016) into practice in this organization through the creation of an ICS strategy. There are numerous influential persons, groups, and leaders to support the work proposed in this OIP.

Casting a critical lens on the organization offers a view to see the readiness of the organization to change, identifying what is generating the need for change, and what has and is hindering the process. The organization is committed to change using the TRCC Call to Action #23 (TRCC, 2015), which calls out specifically the need to retain Indigenous healthcare workers in systems to better address the health needs of Indigenous peoples. Some of the most significant barriers to change are rigid systemic and structural issues based on racism and white privilege. Indigenous scholars and authors such as Episkenew (2009) and King (2012) provide insight to this and the impact on Indigenous peoples. Thus, the organization and broader health authority that it is under, have committed to addressing these barriers with mechanisms to look more

closely at the needs of its patience, employees, and specifically Indigenous populations. This includes having an equitable representation of Indigenous employees in the organization and the adjoining commitment to retain.

This section analyzed the PoP statement and the factors that support the necessary change. Outlined were improvements that occur in the hiring and retaining of Indigenous health care professionals. A deeper look at colonialism, racism, and white-privilege offered an understanding of the challenges that prevent change from occurring. Where now the organization is ready to commit to address these and make the necessary change.

Possible Solutions to Address POP

In this section, offered are four solutions to address the PoP. It is essential an Indigenous executive leader within the organization lead and provide direct oversight to each solution. This is to ensure the ongoing priority is set for allocation of appropriate resources by the organization to fulfill each solution and to gain ongoing operational support of these changes by all levels in the organization (i.e., front-line staff, managers, and leaders). There is currently enough political pressure both externally and internally to begin the change process. Specifically the work of the TRCC and Calls to Action (2015), and the organization leaders committing to change.

Charter of Engagement

The first solution is create a charter of engagement endorsed by the highest level of leadership in the organization in support of the Indigenous executive leader's work moving forward. The preamble of the charter will provide an opportunity for leaders to set forward a consistent position statement of commitment expected of the organization. Information shared will include the organization's commitment to change, historical details on why this is necessary, the alignment of this and reconciliation, and the resilience and rights of Indigenous peoples. This

document will ensure health leaders are fulfilling their role in enacting the TRCC's Calls to Action (2015). The creation of this charter will be a collaborative document by the leadership and Indigenous executive leader. Caldwell and Hasan (2016) write that in addition to a written document, effective leaders must also exhibit covenantal leadership. This is a type of psychological contract that could be achieved through the Charter of Engagement. Covenantal leadership is similar to servant leadership, whereby one earns the trust of those involved, shows followers commitment and follow through of moral obligations, while honoring the implicit and explicit assumptions and expectations of their employees (p. 1303). Through this, leaders will exhibit behaviours that are empowering, truth seeking, mentoring, teaching, and serving (p. 1304). As well, this collaborative leadership approach will exhibit allyship, an important component of advancing Indigenous leadership. Allyship refers to the work of non-Indigenous peoples that is consensual and relational, based on engagement in respectful relations that acknowledge and seek to address power imbalances (Mitchell et al., 2018). Features of allyship include:

- Supporting Indigenous peoples in their struggles for self-determination and liberation;
- Humility;
- Speaking with Indigenous peoples before taking action that would affect them;
- Being reflective; and
- Engaging in decolonizing processes within oneself and with others through educating and challenging other non-Indigenous peoples (p. 355).

Establish a Sense of Urgency

The second solution is to establish a sense of urgency to provide education to the different levels in the organization on the responsibility to take action on the TRCC's Calls to

Action (2015) and ensure the *Declaration of Commitment* (FNHA, 2016) is acted upon. One mechanism is for the organization to hold an Indigenous specific symposium once a year by the organization. The target audience would be front line employees, managers, and leaders, covering topics related to Indigenous health and the retention of employees. This event will result in building morale, briefing employees in the organization on the progress, highlight the problem and solutions, offer a venue to exchange ideas, review/initiate new policies, launch new initiatives, develop strategies, and generate new ideas (SA-Conference-Venues, 2006). Consequently, the organization will build a reputation and be recognized as leaders in this area of practice. The resources necessary for holding a symposium will include: designated staff/consultants to organize the event, partnerships locally/provincially/nationally/internationally to bring in content expert speakers, financial support to promote/advertise, and an appropriate venue/space.

Create a Guiding Coalition

The third solution is to create a guiding coalition within the organization that will oversee this OIP, prioritizing collaborative practice and starting from the common ground between Indigenous and Western knowledge. This organizational coalition will be guided by the principle that knowledge is stable but subject to modification, through practice that is honest, inquisitive, built on perseverance and open-mindedness (Kawagley & Barnhardt, 2005). At the broader health authority level groups that currently exist are the Patient Experience and Workplace Culture Councils (that include equity and cultural safety working groups), and an ICS Intervention group. The role of this second group is to provide direction on operationalizing the *Declaration of Commitment* (FNHA, 2016) into practice in the health authority through the creation of an ICS strategy.

The organizational coalition will be chaired by the Director of Indigenous Health, and co-chaired by the Chief Operating Officer (COO) of the organization. The COO will channel updates, progress, and outcomes to the organizations President to ensure organizational accountability, while the Director of Indigenous Health deliver the same information to the ICS Intervention Group. The resources necessary for creating a guiding coalition would be dedicated time by leadership, available staff to routinely participate in this process, along with a continued channel of reporting updates to various stakeholders.

Creation of an Organizational Indigenous Employee Network (IEN)

The fourth possible solution is the creation of an organizational IEN. Traditional knowledge and Indigenous leadership are at the heart of the design for this solution. The preliminary composition of this network is a holistic model based on the following areas. Emotional support: connecting and bringing together Indigenous employees. Physical support: offer a regularly scheduled "feast" gathering. Spiritual support: provide activities that include songs, interaction with elders, traditional games/activities. Psychological support: peer support related to work and profession. Through Morgan's (2006) cultural lens, we can view this sub-group of Indigenous employees within the larger organizational culture, whereby these new patterns and approaches will reflect this sub-group's systems of knowledge, ideology, values, laws, and day-to-day rituals. The resources for creating an IEN would be: trusting relationships with the community/partners/elders to come together to support the employees, financial support for expenses related to the activities the employees will do together, a dedicated group of staff to coordinate employees gathering and the events, and a database to track sign up/membership/communication to employees.

Table 1 summarizes the essential dimensions of the four solutions.

Table 1

Essential Dimensions of the Four Solutions

1. Charter of Engagement	• Highest level of leadership in the organization provides written support of the Indigenous executive leader's work moving forward. • Preamble of the charter will provide an opportunity for leaders to set forward a consistent position statement of commitment. • Content to include information on the organization's commitment to change, historical details on why this is necessary, the alignment of this and reconciliation, and the resilience and rights of Indigenous peoples.
2. Establish a Sense of Urgency	• Provide education to the different levels in the organization on the responsibility to take action on the TRCC's Calls to Action (2015) and ensure the *Declaration of Commitment* (FNHA, 2016) is acted upon. • One mechanism for this is to hold an Indigenous specific symposium once a year by the organization. • The target audience would be front line employees, managers, and leaders, covering topics related to Indigenous health and the retention of employees.
3. Create a Guiding Coalition	• Oversee the activities of this OIP. • Prioritizing collaborative practice and starting from the common ground between Indigenous and Western knowledge. • Guided by the principle that knowledge is stable but subject to modification, through practice that is honest, inquisitive, built on perseverance and open-mindedness (Kawagley & Barnhardt, 2005).
4. Creation of an Organizational IEN	Provides the following: • Emotional support: connecting and bringing together Indigenous employees. • Physical support: offer a regularly scheduled "feast" gathering. • Spiritual support: provide activities that include songs, interaction with elders, traditional games/activities. • Psychological support: peer support related to work and profession.

Each of these solutions is similar as they target the needs of Indigenous peoples. The charter of engagement sets a tone within the organization that the work moving forward is a clear priority. The symposium draws awareness and provides space for Indigenous voices to speak on the subject, the guiding coalition brings Indigenous governance to the organization, and the employee network offers direct support to the Indigenous employees. There is also some overlap, as the symposium and employee network could fall under a guiding coalition's governance while this coalition would oversee broader activities as well. Of these four proposed solutions, the chosen solution would be the creation of an IEN. There are departments within the organization who can take the lead on embedding Indigenous topics into their symposiums. As well, the Indigenous governance of a guiding coalition can be embedded into existing executive governance of the organization, and they would work together in concert rather than independently.

The employee network would require the specific lens of an Indigenous leader who is in a unique position of also being an Indigenous employee within the organization and would be a leading member of this network. The benefits of this is the leader would be a role model to all Indigenous employees in the network, would leverage their relationships to the Indigenous community, while operating with the Western knowledge needed to succeed within the institution. Turner and Simpson (2009) write an Indigenous leader embraces a complex and overlapping set of practices that weave together Indigenous and Eurocentric cultural practices. The leader must know Indigenous ways of living while being familiar with the dominant world functions (p. 5). An Indigenous leader understands the continued struggle against assimilation, cultural appropriation, and history of genocidal policies (Warner & Grint, 2012). The possible solutions begin the work of decolonizing intuitions which Mitchell et al., (2018) illuminate. Co-

creating safer decolonized spaces within the institution, by deconstructing dominant narratives while illuminating Indigenous narratives of self-determination.

When considering the change idea of an IEN, the Plan-Do-Study-Act cycle can be used to organize the steps to implement the change. This approach is used to implement and assess the change, and keep the team players and project on track. After results are analyzed, the successful changes can be spread across other areas of the organization, and in this case the health authority (Health Quality Ontario, 2012). The following is a summary of each step and a list of proposed questions to address.

Plan. State the proposed change: creating an IEN. How will success be measured: the number of employees registering each year will increase, a set number of gatherings will take place each year, and attendance will increase. Feedback will be collected at time of registration and collected ongoing from the employees on suggested activities that will be of benefit to them. The gatherings and networking will be evaluated on an ongoing basis. Members will have the opportunity to provide feedback at least twice a year. Estimates are 20-30 Indigenous employees will join the network in the first year. It is hypothesized this change will promote resiliency within the Indigenous employee population. Kirmayer, Dandeneau, Marshall, Phillips & Williamson (2011) write this resiliency is individual and collective resilience, which comes from efforts to revitalize language, culture, and spirituality as resources for self-fashioning, collective solidarity, and individual and collective healing (p. 89).

Do. Newly hired and existing employees will be made aware of the IEN. Upon registering, each member will be asked to share ideas of what will benefit them as employees of the organization to promote retention. This information will be compiled and included, then based on available resources will be included in upcoming gatherings. Possible activities will be

proposed, including sharing circles, networking lunches/dinners, collaborative interdisciplinary idea sharing. A minimum of two events/gatherings along with a minimum of two information bulletins will be sent out to members in the first year. Challenges will be documented. Members who attend each event will be asked to share feedback on usefulness/effectiveness of the activity.

Study. Results of the feedback will be analyzed and compared to the predictions made at the planning step. This information will be shared with the guiding coalition in the organization for review and their feedback. This is an opportunity for the organizational leaders to reflect on what was learned.

Act. Based on what was learned, revisions to the change can be made. Kirmayer et al., (2011) write that resilience is not simply returning to an original state after being stressed, perturbed, or otherwise bent out of shape, but is also a dynamic process of adjustment, adaptation, and transformation in response to challenges and demands. Additionally, through this process of adaptation, the environment is also changed (p. 85). These points will be considered as the network moves forward into the following years of events and activities.

This is a very exciting time for the organization to lead in change. There are a number of opportunities to begin this process with the right people in place to collaborate and partner together. Each of these solutions are viable and embedding three of the four is possible, while the fourth in creating an employee network to support Indigenous peoples is the best fit for the Indigenous leader to lead. Unlike the first few solutions where it is not necessary for an Indigenous leader to be the central representative, the requirement for an employee network is have an Indigenous employee and leader lead it. As an Indigenous leader who leads through servant leadership, ensuring an Indigenous leader is reminiscent of the leader who is also a

servant, having that dual approach to the work. The chosen solution will evolve from self-knowledge, which is the key for authentic awareness and change (Bramsen, 2015).

Leadership Ethics and Organizational Change

Leaders who are role models and build trust and respect from followers will exhibit humility, concern for the greater good, strive for fairness, and take responsibility for their actions (Mihelic, Lipicnik, & Tekavcic, 2010). Ethical leadership offers leaders the opportunity to consider if their approach and style reinforces oppression; or, are they a part of a collective which challenges the various forms of power that can inhibit ethical approaches including gender, race, and class. (Liu, 2017). When applying servant leadership, Dion (2012) writes an applicable ethical theory is philosophical egoism. This theory suggests a leader wants to facilitate the perfection of other's existence (common good), and is focused on self-accomplishment for everybody (p. 18). Verbos & Humphries (2014) outline how relational ethics require one to act with wisdom, respect, love, honesty, humility, bravery, and truth toward one another. This section will consider various approaches and theories that ensure ethical leadership, and the challenges to this.

The approach to this OIP is a decolonizing and activist practice lens, which is the centre of Indigenous leadership for Indigenous peoples. As an Indigenous leader, I want to encompass my leadership through servant leadership theory, which include benefits for the greater good of the organization (Northouse, 2015). Decolonizing work place and practices includes characteristics of servant leadership such as centering on peoples' values, believing in the people and never judging them, helping people to develop themselves, giving them opportunity to learn and grow, building communities through authentic interpersonal relationships, anticipating the future and sharing power (Contreras, 2016).

Russel and Stone (2002) write on the consequences of servant leadership in an organization, its culture, and performance. Values and core beliefs affect an organizational culture, which will affect the employees' attitudes and behaviours, which then influences organizational performance (Contreras, 2016). Communication, credibility, competence, stewardship, visibility and influence, persuasion, listening, encouragement, teaching, and delegation shift core beliefs. Servant leadership encompasses vision, honesty, integrity, trust, modelling, pioneering, apperception of others, and empowerment (Russel & Stone, 2002). Areas considered in this approach is ensuring the people's highest priority needs are met, how are they growing as persons, are there areas they are becoming healthier, wiser, freer, and then likely to become servants themselves? The next consideration is what is the effect of the leader on the less privileged in society and are they opening up room for the less deprived to benefit (Greenleaf, 1970). These are all important considerations to uphold as an Indigenous leader who is leading in this OIP and organizational change.

The organization employs two Indigenous patient liaisons whose role is to provide support and advocacy for Indigenous patients and families as they navigate the health services. As well, another team that supports with discharge planning. The organization has momentum to continue and expand from this to further develop and create a work place that leads in ICS practice. Indigenous patient's experiences include communication challenges, culture shock, lack of identity, environmental restrictions/lack of safe spaces, isolation, and on the receiving end of stereotyping and assumptions (Mbuzi, Fulbrook, & Jessup, 2017). Within the broader corporate ICS strategy, this OIP is innovative and leading in new areas that have not previously been identified or addressed and will position the organization to expand its leadership in these areas.

Silva, Gibson, Sibbald, Connolly, & Singer (2008) describe common challenges within hospital and healthcare settings related to ethical dilemmas in the workplace, including: resource allocation, staff moral distress linked to the organization's moral climate, conflicts of interest, and clinical issues with a significant organizational dimension. To ensure fairness for all stakeholders within an organization, there is a need for organizational ethics expertise and capacity building for organizational decision-making processes. Ghanem and Castelli (2019) write that accountability and moral competence are two factors that may have a positive effect on ethical leadership. Accountability is a significant predictor of ethical leadership. Their study suggest that organizations can increase ethical leadership through accountability measures. For example, Gibson (2012) writes health leaders must be willing and equipped to give voice to ethical challenges of organizational decision-making, which will alleviate moral distress experienced by health leaders making difficult decisions, but will also bridge the perceptual gap to front line staff in creating conditions for shared understanding, which builds trust.

Implementing the solutions in this OIP require navigating the common ethical challenges within the organization, but also specific considerations when working with Indigenous peoples and communities. Mistrust of Western systems based on experiences of misconceptions, deception, domination, and violence, has left a distinct imprint on the minds of many Indigenous peoples about the possibility of forging any trustful relationships with Western systems (Ermine, 2004). Colonial approaches with Indigenous peoples include their exclusion from engagement in processes, whereby others create the priorities. Research in particular is under a movement to change from a dark, colonial tool used to disempower and control to one that supports Indigenous peoples, their culture and communities, and Indigenous-led movements aimed at social change and social justice (Wingert & White, 2017).

Indigenous peoples must be engaged in the implementation of this OIP from the very start at all levels of the organization. Among the organizational leaders, this will ensure a relational leadership approach, which requires a way of engaging whereby leaders hold themselves as always in relation with, and therefore morally accountable to others. This helps to sensitize leaders to the importance of the relationship and reveal new possibilities for morally responsible leadership (Eriksen & Cunliffe, 2010). These ties to Indigenous leaders who are working to improve Indigenous prospects, where their identity is used as a resource and is more relationally based than is the norm (Steward & Warn, 2017).

The topic of racism is another ethical consideration to bring to light in the work of the OIP and possible solutions, including systemic, structural, and individual implicit and explicit forms. Bonds and Inwood (2016) bring forward the role of white privilege through settler colonialism and white supremacy, arguing these reveal the enduring social, economic, and political impacts as materially grounded set of practices. That these practices continue to unfold within settler societies (p. 715). It may seem provocative to claim the current healthcare system in Canada are activity complicit and accentuate the impacts of colonization on Indigenous peoples (Hole et al., 2015). However, it is an important ethical consideration and to analyze what is the organization's response to this.

The TRCC processes are changing the face of the Canadian healthcare systems (McGibbon, 2019). With the inclusion of Indigenous peoples in creating these processes, begins affirming the possibilities, strengths, and Indigenous knowledge that guides holistic cultural frameworks and ethics of social inclusion (Absolon, 2016). Not unlike other healthcare institutions, the organization faces the need to create platforms to implement the TRCC Calls to Actions to protect and promote education, language and culture, justice, youth programming, and

professional training and development (Reading et al., 2016). With an Indigenous leader in place and previous organizational work on creating safe spaces for Indigenous stakeholders, the organization is prepared to elevate further in this work with ethics that focus on Indigenous values based on trust to build reciprocal relationships. This OIP outlines the path to change, revealing next steps and future considerations.

Conclusion

Chapter two examined leadership approaches and theories that can propel the desired change forward specific to the organization. The discussion included features of Indigenous leadership with how it compares, aligns, or differs with other leadership styles. The theoretical framework for change must be inclusive and respectful of Indigenous knowledge and approaches to change. Addressing the PoP requires a decolonizing lens, and with the use of inquiring questions and metaphors, helps to understand the leadership lens to the problem. Critically analyzed was the organization in order to explain why the organization is equipped to change, while acknowledging there still exists challenges to the moving forward. Applied to the PoP was a PDSA cycle. Finally, outlined were leadership ethics, and an understanding of what the organizational responsibilities are to address the ethical challenges.

Chapter 3 – Implementation, Evaluation, and Communication

Change Management Process –Moving Things Forward

Chapter 3 includes the specific plan for the change resulting in the retention of Indigenous employees in the organization. Strategy and management of the plan is outlined and discussed for a preferred solution, along with what the process will look like, and how it is to be monitored and evaluated. Finally, a summary of how awareness of the change in the organization will take place, and specifically what the communication plan is in order to be persuasive and inform relevant audiences.

Change Implementation Plan

A plan to retain Indigenous employees in the organization includes a number of activities, targets, and outputs that will result in short, medium and long-term outcomes (Figure 4). The benefits of the change are as follows: 1) the organization leads in culturally safe practice that becomes embedded into usual day-to-day practice; 2) there is organizational accountability within the agency; and 3) Indigenous employees have a greater sense of safety and connection in their roles and with the organization.

This Organizational Improvement Plan (OIP) provides insight and guidance on systemic challenges within the organization that serves and employs Indigenous peoples. Other social and organizational stakeholders may find this information of benefit when analyzing and beginning a change process for the purposes of decolonizing practices, and beginning the journey of reconciliation. Crowshoe, Henderson, & Furr (2018) write that while external motivation such as accreditation and governmental directives are important for responding to Indigenous health inequities, it is equally important to mobilizing multi-level capacity within institutions, which requires relationships grounded in transformational leadership, structural competency, and anti-

racism. This OIP aims to focus on this capacity of the organization and the need to focus on partnerships with Indigenous peoples. The organization must move beyond colonial multiculturalism where Indigenous identity and rights fade, and prioritize reshaping the institution to recognize Indigenous identity, so that newcomers and the rest of society are integrated into Indigenous ways of knowing and being (McDonald, 2014). The previous chapters of this OIP have provided details on why the organization is moving in this direction, which include the signed commitments and declarations.

Within the organization, self-development is necessary for leaders and enables them to adapt to the continually changing environment both within and outside the organization. This can be a part of the organizational leadership strategy. Human resources is an example where when linked to supervisor style or social networks, the organization will be recognized as a leader in the area of developing change (Reichard & Johnson, 2011). There is also a required element of flexibility when seeking strategic change (Dey, Sharma, & Pandey, 2019). Disruption and adaptation is inevitable with any plan. Rather than fearing this, a leader can elevate the organization to a new level of complexity and to new heights of organizational resilience where it can thrive (de Vasconcelos, 2017). This adaptability is considered throughout the implementation of the preferred solution.

When considering the preferred solution to the Problem of Practice (PoP), the leader must be prepared for stakeholder reaction with the required self-development, and possibly to adjust the plans to address legitimate concerns. The application of a servant leadership style can aid in moving through unplanned actions. With the focus on followers rather than the self, the leaders' attitude and actions manifest a desire to serve the interest of all stakeholders, whereby the follower experiences increased well-being and growth (Panaccio, Henderson, Liden, Wayne, &

Cao, 2015). When leaders express humility, employee retention is mediated with job satisfaction. Humility is critical for leaders who direct organizations in dynamic and changing times (Owens, Johnson, & Mitchell, 2013). Humility requires strength and emotional resilience, and manifests unflinching self-awareness, empathic openness to others, and a keen appreciation of and gratitude for the privilege of serving in one's profession or role (Coulehan, 2010). Humility within the organization will be necessary in the process of decolonizing practices.

When looking at the preferred solution, one cannot ignore the challenges of racism and prejudice that exist systemically and through organizational processes and practices. To move the change forward requires a strong degree of allyship across the organization to sustain the needed change in the face of the resistance and barriers that will be challenging the change. For the purposes of this OIP, allyship is defined as aligning relationships between Indigenous and non-Indigenous peoples, where the principles and core values of community psychology in relation to Indigenous rights, decolonization, and social justice is at the forefront of engagement (Mitchell, Thomas, & Smith, 2018). Actions and activities in the possible solutions must each entail opportunities for allyship to flourish. Snow (2018) proposes non-Indigenous peoples use Kirkness and Barnhardt's (1991) Four R's framework of respect, relevance, reciprocity, and responsibility as a guide for the work of being an ally.

Introduced in the previous chapters, the location of the organization is in the leading western province in Canada which has the *Declaration of Commitment* (First Nations Health Authority [FNHA], 2016) signed by senior executives. Another leading change agent body are the province's twenty-three health regulators, where each designated leader signed a similar commitment in 2017 (FNHA, 2017), the first in Canada to make the pledge to increasing the level of cultural safety and humility in healthcare regulation. Among the regulators are the

physicians and surgeons, nurses, social workers, and twenty others. The impact of this public declaration will be far reaching as each regulator moves forward with action, whereby regulatory healthcare standards of practice will reflect this commitment and impact tens of thousands of healthcare professionals in the province.

Chapter 2 highlighted the selected solution of creating an organizational Indigenous Employee Network (IEN). The following activities provide the steps to begin the implementation process to support this and identify how the change will be measured: 1) Identifying and profiling the current number of Indigenous employees in the organization; 2) Determining and assessing the retention needs; 3) Implementing three retention activities (annually) and modifying the activity as needed; and 4) Outlining relevant policies and gaps in order to sustain the change.

Activity 1: Identify and Profile Current Number of Indigenous Employees

Activity 1 will identify and profile the number of Indigenous employees in the organization. The Indigenous Health program with the oversight of the Director for Indigenous Health will lead in this work in partnership with the human resources department and executive leadership team. Currently, the human resources department collects data on employees who choose to self-identify as Indigenous at the onset of recruitment when applying for a position. Over the course of these activities in a three-year plan, human resources can measure if these rates have increased. Additional information can be gathered through the organization's biennial employee satisfaction surveys during year one, and again at year three of this plan. Questions will be added specific to their satisfaction of retention specific to Indigenous employees.

An IEN will be created with an ongoing call out to all organization staff for all self-identified Indigenous employees to join. This coordination will be led by the Indigenous leader

and the Indigenous Health team. Leading through servant leadership, the Indigenous leader will embody compassion through lived experience, in leading while also knowing the experience as an Indigenous employee within the organization. Membership will be an employee benefit at no cost, and this network will be profiled within the human resources and Indigenous Health department websites and new employee orientation packages. The information will provide an overview of the organization's executive commitment to Indigenous culturally safe practice, and how this network is a part of fulfilling that commitment and ensuring ongoing organizational accountability. These messages will be in writing and from the organization's executive leadership. Those who sign up to join this network will be asked to voluntarily provide details on their length of employment, role, interests, likes and dislikes of working at the organization, ancestry, age, and if they have self-identified when applying for their position. This information will be used on an ongoing basis to inform the design of the three annual retention activities.

Activity 2: Determine and Assess Retention Needs

Activity 2 will determine and assess the retention needs of the Indigenous employees. In addition to the collection of retention needs through employees sharing during the joining of the IEN, an advisory group will be formed to oversee the retention strategy of the Indigenous employees. The members of this advisory will include a current and past Indigenous organization employees, an elder, the Director for Indigenous Health, an organizational human resources Director, and two Indigenous community members, one member from the local First Nations, and one who works in the area of human resources. This advisory group will review current and past recommendations, oversee progress on each retention activity, and provide input and suggest ideas for future gatherings and events. This group will meet three times per year. Anticipated needs to support retention-focused work will include holistic needs: 1) spiritual; 2) physical; 3)

emotional; 4) psychological; 5) resources or financial; 6) connections to community and elders; 7) connection to other Indigenous employees; 8) educational and professional development; and 9) respectful workplace provisions.

Activity 3: Implement Three Retention Activities on an Annual Basis

Activity 3 will implement three retention activities on an annual basis. Under the organizational human resources quality improvement work, the human resources director will implement a pre-activity survey and post-activity survey. The survey will include questions on the topic of quality of activity, satisfaction, cultural relevance, were expectations and/or interests met, ease or challenge to participate, and other feedback. This information will be gathered through online surveys that are simple to tabulate and track. The human resource director will sit on the advisory group and share this information at each meeting, creating quarterly and annual reports. The advisory group will then recommend the next retention activities to take place.

Activity 4: Outline Relevant Policies, Gaps, and Direction for Change

Activity 4 will outline relevant policies, gaps and directions for change. This is the responsibility of the organizational executive leaders, human resources, and the broader corporate leadership. Their outputs would include identifying existing gaps in policies to support the retention of Indigenous employees, oversee the collection of information and oversee the accountability of measurable change, ensure a communications strategy is in place for overall organizational awareness and support, and commit funding and resources for the retention activities to be carried out. The Director for Indigenous Health and human resources both report to executive leadership, and both participate in executive leadership meetings within the organization. These executive leadership meetings include patient experience and employee experience councils. Reports and progress will be reported at these various meetings, where this

information can also be used to organize and plan the fiscal year budgets to support the retention activities, as well as identify gaps in policies that need to be prioritized to ensure the sustainability of the changes. In addition, the organizational Director for Indigenous Health sits on a broader corporate advisory on Indigenous Cultural Safety (ICS). This broader corporate advisory also can provide influence at the corporate level for financial commitments to support the retention activities.

A leader must hold a vision for short, medium, and long-term outcomes anticipated from a preferred change plan. For the purposes of this OIP the following outline what these outcomes would be. Short term outcomes include: improved platform for Indigenous employees to self-identify and feel heard and responded to in a strategy for improved retention rates, improved employee experience; opportunity to incorporate survey tools that have been validated for use with Indigenous populations that take into consideration their specific needs; and the organization strategically responding to their organizational needs with an increased understanding of human resource cultural provisions specific to Indigenous peoples. Medium term outcomes include: increased employee morale, feeling of belonging, connection, and community; increase in opportunity for culturally relevant self-care; improved culturally responsiveness by employer to employees; and the organization is more competitive to attract Indigenous employees. Long-term outcomes include: an increased quality of service and safety for Indigenous employees and patients; accountability and creation of policies for ongoing sustainable change; increase of Indigenous representation; and retention at all levels in the organization.

Potential implementation issues include lack of awareness within the organization and having a counter impact on Indigenous employees. This could be where the Indigenous

employees experience a backlash from non-Indigenous employees in the organization which can lead to feeling isolated, needing to defend the services the organization offers them, experiencing racism and misunderstandings of their needs. Another issue is lack of funds made available to support the ongoing retention activities. As well, there is the possible loss of contact with short-term Indigenous employees, lack of specific retention activity resources to meet the demand, and a slow process to change or implement policies within the organization.

The potential implementation issues are addressed by ensuring site wide organizational education. This will include awareness raising on the *Declaration of Commitment* (FNHA, 2016) signed in July 2015, by the corporate CEO (and all healthcare Chief Executive Officer's in the province) to embed ICS into all health services. Along with information on the broader ICS strategy and where human resources and retention activities fit within. Organizational mechanisms will include policies on addressing respectful workplace, ensuring all staff know their rights and the mechanisms to resolve workplace issues.

Ongoing consistent education will be the main activity to mitigate the potential implementation issues. Targeted education will be to all organizational staff through ongoing opportunities that include individual and independent learning, as well as group and in person. Cultural safety is about fostering a climate where the unique histories of Indigenous peoples is recognized and respected in order to provide appropriate services in an equitable and safe way without discrimination (Provincial Health Services Authority, 2019). Indigenous Cultural Safety is an outcome, where Indigenous peoples report the level and degree of safety they feel. Chapter 1 provided the definition of this that includes experiencing an environment that is spiritually, socially, emotionally, and physically safe for all people; and no assault, challenge, or denial of

their identity. The level of which Indigenous employees experience this will be measured during the evaluation phase.

The role of the Director for Indigenous Health includes providing input and direction to other departments in the creation of their department strategies. Where there is overlap in invested interests, the Director will partner with other organizational leads to ensure ongoing support of these retention strategies, this includes recommending educational opportunities to other leaders in the organization. Other partners can include the departments of human resources, spiritual care, ethics services, new knowledge and innovation, hospital foundations, and many more. These partners can participate as change agents and contribute to the awareness raising through co-hosting retention activities, fundraising and collaborating on fundraising opportunities for this strategy.

In addition to workplace emails as the main mode of communication with members of the IEN, they will be offered to voluntarily provide an alternate email contact. This will result in ongoing communication with current and former Indigenous employees of the organization. Both groups will be invited to participate in the IEN activities. A broader network of support of Indigenous peoples both internal and external, who work in the area of health services, will be created. This will build a sense of community, connection, and a professional network. As well, will also provide opportunities for external and community partnerships on retention activities, providing support for the ongoing demand.

With the momentum of the activities, the partnerships, and reports, there will be enough support, pressure, and expectations, of change for the implementation of specific polices to sustain this change in the organization. The Indigenous Health and human resources director will be the main conduits to channel the information to the executive leadership in the organization to

set the priorities for change at the organizational level. The executive leadership will have at its disposal the ability to assign tasks, set priorities, and develop policies to support the four main activities that are focused on for the change implementation plan.

The following logic model summarizes the four activities explained in this section. Following each are the targets, outputs, and the short/medium/long term outcomes of retaining Indigenous healthcare employees in the organization.

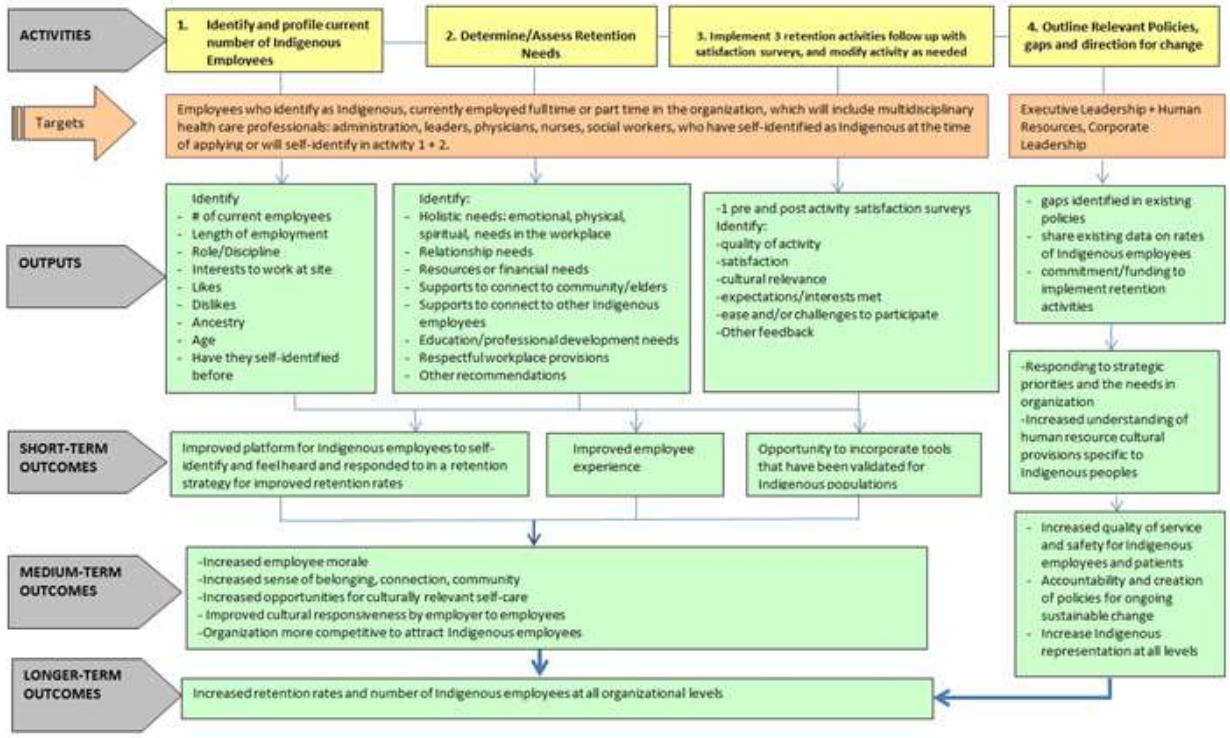

Figure 4. Indigenous Retention Activities and Outcomes Logic Model

The change implementation plan provides an outline strategy for change focusing on the preferred solution. The change aligns nicely with the direction and commitments of the organization, which is creating an IEN network. With a focus on stakeholder reactions, a plan for adjusting or modifying activities as needed is considered. Engaging other leaders in the organization will provide opportunities for providing ongoing educational activities for all staff,

and ensuring leadership provides resources, budget, and time for this. The next section will provide the specific details on monitoring and evaluation the change.

Change Process Monitoring and Evaluation

Chapter 2 of this OIP offered an overview of the Plan, Do, Study, Act (PDSA) cycle. The following provides specific actions on each of the four activities that will take place in this plan over the course of Year 1, Year 2, and Year 3. Each stage involves specific timelines, goals to achieve, and specific leaders and stakeholders.

Activity 1: Identify and Profile Current Number of Indigenous Employees

When approaching the topic of voluntary self-identification for Indigenous peoples there are several issues that can affect the successful acquisition of this information, including the level of trust, the purpose and use of the information, who will have access to this information, and is there a risk the Indigenous person will be treated adversely because of self-identifying. While it will be necessary to identify and profile the number of Indigenous employees for creating an IEN, these considerations must be explored further for the organization to remedy the concerns surrounding voluntary self-identification.

Research and data collection has a historical association with colonization for Indigenous peoples that has led to skepticism and reluctance to participate in data collection. This requires an approach that addresses issues of injustice, inequality, and exploitation (Castleden, Garvin, & Huu-ay-aht First Nation, 2008). With contemporary research experiences by Indigenous peoples there still exists the feelings of mistrust, where researchers have limited understanding of Indigenous peoples, whereby the remedy is to have Indigenous-led approaches to research that emphasizes community concerns and meaningful community participation (Goodman et al., 2018). This will have to be explicitly present through the change process.

Building trust will require relationship and partnership building, ensuring Indigenous peoples are employed by the organization, drawing on Indigenous knowledge models, and including the Indigenous peoples for their feedback on the process while adapting and making changes as needed (Glover et al., 2015). Trust is regained through improved communication, community engagement, and empowerment (Christmas, 2012). For Indigenous peoples, inequities in health and healthcare is an expression of inequity of power. Therefore, Indigenous governance is a critical point of focus to redress imbalances in societies and institutions (Hernandez, Ruano, Marchal, San Sebastian, & Flores, 2017). For these reasons, Indigenous leadership is necessary for the change process to be successful and meaningful for Indigenous peoples involved in this change.

The principles of Ownership, Control, Access, and Possession (OCAP) were created in Canada in 1998, as an ethical standard for conducting research using Indigenous data, but also for the collection and management of Indigenous information in general (First Nations Information Governance Centre, 2014). This provides a measure to commitments of using and sharing information in a way that benefits the community while minimizing harm (p. 1). An often cited quote which connects data to the intentions of its creators and users (Bruhn, 2014) is from the Royal Commission on Aboriginal Peoples (RCAP, 1996b) that states:

> The gathering of information and its subsequent use are inherently political. In the past, Aboriginal people have not been consulted about what information should be collected, who should gather that information, who should maintain it, and who should have access it to. The information gathered may or may not have been relevant to the questions, priorities and concerns of Aboriginal peoples. Because data gathering has frequently been imposed by outside authorities, it has met with resistance in many quarters (p. 4).

It is important to communicate to all stakeholders of the IEN that OCAP will be used as the guiding principle in the data collection process. This is done to address any of the concerns that

may arise from the information that is gathered, and it will be the Indigenous advisory group that decides how information will be collected, compiled, and reported out on.

Table 2 summarizes is the implementation stage for the step to identify and profile the current number of Indigenous employees.

Table 2

Activity 1 Implementation Stages and Goals

Implementation Stage	**Goals**
Year 1, Month 1-3	Create database to collect current number of Indigenous employees who voluntarily self-identify as Indigenous at time of applying for employment. Add five optional questions for self-identified Indigenous employees to respond to in the biennial employee satisfaction survey. Compile quarterly reports with this data and provide these reports to the Indigenous Employee Network (IEN) advisory group.
Departments/Leaders:	• Indigenous Advisory Group • Human Resources Director • Indigenous Health Director
Year 1, Month 4-12	Create an IEN: Develop brochures to be part of new employee orientation manual. Update website with contact information to join. Compose and call first advisory group meeting to discuss initial data reports of current number of Indigenous employees and members of the IEN. Plan first retention activity for Month 9 of Year 1. Provide pre-survey of the activity and post-survey once activity is complete. Compile results of this survey and have an advisory meeting in Month 10 of Year 1 to outline and plan next retention activity.
Departments/Leaders:	• Organizational partners and funders • Community members • Indigenous Advisory Group • Executive Leaders • Human Resource Director • Indigenous Health Director
Tools/Measures	Database, monitor trends of increase or decrease of membership over the months of Year 1. Biennial employee satisfaction survey results.

The goal would be to create a database to be under the care of the Indigenous health program, and for the Indigenous advisory group to oversee the information gathering, compiling of the

data, and distribution and sharing of the information. In partnership with the Human Resources director, questions will be created and added to the biennial employee satisfaction survey. The plan is to continue the gathering of this information for the next three years and possibly more depending on the guidance of the Indigenous advisory group. The Indigenous Health staff and advisory group will create promotional material and information about the IEN for distribution, to current and new Indigenous healthcare employees in the organization.

Activity 2: Determine and Assess Retention Needs

The Indigenous advisory group will play a critical role in the work to determine and assess retention needs of Indigenous healthcare employees. The compiled data will be under the stewardship of the advisory group. Colonial relationships, experiences of vulnerability to decision-makers, claims of jurisdiction, and concerns about collective privacy become significant in considering how data concerning Indigenous peoples should be governed (Bruhn, 2014). Therefore, a measure to promote trust within the organization is to have the advisory group oversee the data and make decisions on its use.

The advisory group will consist of internal and external Indigenous community members; therefore they will be aware of the unique needs and challenges faced by the IEN members. In referencing the organization committing to the Truth and Reconciliation Commission of Canada ([TRCC], 2015) Call to Action #23 regarding retention of Indigenous healthcare workers, it is critical to ensure the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is used as a framework. The declaration includes declaring Indigenous peoples have a right to health. Psychosocial stressors at work can have produce lower health outcomes (Ganster & Rosen, 2013). In addition to Indigenous peoples' physical health, the definition also includes health as a collective right and is a symbiotic relationship with the rights to greater self-

determination and governance (MacMillan, MacMillan, & Rigney, 2016). The advisory group will be best suited to focus on the rights of Indigenous peoples as a lens to ensuring the full needs of Indigenous healthcare workers are met.

Self-determination with Indigenous individuals and communities is a key determinant of health. Decolonizing the organization will be to undo the dispossession and displacement of Indigenous peoples, where exercising self-determination is an act of Indigenous resistance and place-making (Tomiak, 2017). In Canada, Indigenous peoples suffer the greatest rates of psychological distress, with the greatest numbers of economic insecurity, lower levels of psychological wellbeing, and food insecurity, housing quality, and employment status, all having huge impacts on their health (Hossain & Lamb, 2019). This will be the lived experiences of many of the advisory and IEN group members. Understanding the depth of unique challenges and needs to support Indigenous healthcare employees will be important at the implementation stage for the greatest degree of success.

The advisory group will act as a bridge for Indigenous peoples into the external communities. To ensure it is not simply a nascent entity (Heritz, 2018), the advisory group will continue to be a necessity in the ongoing implementation stage and have direct influence within the organization to report on the retention needs of the Indigenous healthcare employees. Nagy (2017) suggests a process to compel reconciliation is to place pressure to comply with responsibilities on human rights obligations. Having an independent Indigenous advocacy group such as this advisory group can be another measure to ensuring Indigenous peoples have a clear voice and address any gaps that exist (Johnson, 2013) in the organization working to retain IEN members.

Table 3 summarizes the implementation stage to determine and assess the retention needs of Indigenous healthcare employees.

Table 3

Activity 2 Implementation Stages and Goals

Implementation Stage	**Goals**
Year 1, Month 1-12	Compose advisory group. Ensure membership is representative of internal and external Indigenous representation. In Year 1, have a minimum of 2 meetings for advisory group to meet, confirm terms of reference, and review initial organizational data on number of Indigenous healthcare employees.
Year 2 & 3, Month 1-12	Advisory group to meet 3 times in Year 2 & 3. Each time reports will be compiled and ready to present, based on feedback from new employee network enrollments, previous retention activities, and most recent biennial survey results. Indigenous Health Director will oversee membership of the advisory group, terms of reference, and ensure honorariums are provided to advisory group members where required. Where possible, modifications/changes will be made to retention activities based on the ongoing information that is collected over the course and completion of each retention activity.
Department/Leaders:	• Human Resources Director • Indigenous Health Director • Indigenous Advisory Group
Tools/Measures	Set dates of advisory meetings each year. Advisory group to review reports and feedback from each retention activity, to then provide feedback for next retention activity. Advisory group to decide how/when information of IEN activities will be shared.

Year 1 of 3, the advisor group will be composed and create a terms of reference. In Year 2 and 3, there will be a minimum of three meetings a year for the advisory group to monitor the IEN activities, and provide feedback and direction on future retention activities. Feedback will be gathered from IEN members after each retention activity, and that information will be shared with the advisory group for guidance on improving or making any changes to ongoing retention activities. The advisory group will provide guidance to the Indigenous Health and human

resources director on when and how to disseminate the data and progress of change that is occurring to retain Indigenous healthcare employees.

Activity 3: Implement Three Retention Activities on an Annual Basis

The overall objective of the retention activities is to create a sense of community and provide an opportunity for Indigenous healthcare employees to gather in a safe comfortable atmosphere. Indigenous peoples must be part of the development, implementation, and interpretation of the impact of the change (Kwiatkowski, Tikhonov, Peace, & Bourassa, 2009). The proposed change is in the broader social agenda of Canada for restorative justice and self-determination of Indigenous peoples, based on community relevance, community participation, mutual capacity building, and benefit to Indigenous communities (Ball & Janyst, 2008). Initial proposed intervention activities will include sharing circles, feasts, healing ceremonies, elders sharing and storytelling, self-care activities, professional development sharing/training, and resource information gathering and networking. In Year 1, the advisory group will prioritize and select three retention activities to begin in Year 2.

Culturally-based programs can facilitate the adoption and maintenance of healthy behaviours in the communities in which they are implemented (Murdoch-Flowers et al., 2019). The IEN is an act of social inclusion for its members, which affirms the possibilities, strengths, and Indigenous knowledge that guides holistic cultural frameworks and ethics of social inclusion (Absolon, 2016). Affirmed approaches to retention activities include Indigenous holistic theory, storywork and talking circle methodologies, and Indigenous protocols and processes (Marsden, 2005). In designing retention activities, considered will be the role of tradition-based and traditional knowledge-holders who can play a key role in the health of Indigenous peoples, whereby traditional-based health and education practices are so intertwine they can be

considered inextricable (Marsden, 2006). The Year 1 guidance of the advisory group and feedback from IEN members in Year 1 and 2, will inform the specific activity that is carried out.

By the design of the Indigenous advisory group and incorporating IEN member feedback throughout is a process of creating Indigenous culturally safe practice in the organization. Indigenous elders play an important role in the work of Indigenous Health. Currently, the Indigenous Health program in the organization has elders who work with the staff and patients. It will be planned to have Indigenous elders participate in the advisory group and retention activities. Their role provides promotion of healing, strengthening cultural identity and belonging, developing trust and opening up, coping with losses, and engaging in ceremony and spirituality (Hadjipavlou et al., 2018). Cultural, organizational, and systemic transformation to address the inequities experienced by Indigenous peoples is rooted in Indigenous knowledge and should prioritize Indigenous voices, values, and concepts (Greenwood, Lindsay, King, & Loewen, 2017). In addition to empowering Indigenous peoples, this change is counterbalancing the organization through consciousness-raising and de-powerment of dominant populations (Mitchell, Thomas, & Smith, 2018). Through the process of planning and implementing the retention activities is the creation of safe spaces for Indigenous peoples in the organization.

The physical space will play a key role in the retention activities because it is through safe relational places that supportive relationships are developed to provide the sense of belonging and community within an organizational setting (VanHerk, Smith, & Tedford Gold, 2012). The organization has options regarding location of retention activities including onsite auditoriums and halls, quieter and smaller scale spaces, educational rooms with video and computer technology, the Indigenous Health program space, and the outdoor sacred healing space. Other options may include gatherings out in the community or other venues. Table 4

provides a summary of the implementation stage to implement three retention activities on an annual basis.

Table 4

Activity 3 Implementation Stages and Goals

Implementation Stage	**Goals**
Year 2 & 3, Month 1-12	Organize 3 retention activities each year. These may include sharing circles, feasts, healing ceremonies, elders sharing and storytelling, self-care activities, professional development sharing/training, resource information gathering/networking. This may be in partnership with other organizational departments. Location may vary, in the Indigenous Health office space, outdoor sacred space, auditoriums and centre's onsite, etc. 1-2 administrative staff from Indigenous Health and human resources will assist in coordinating the logistics of the events.
Department/Leaders:	• Human Resources Director • Indigenous Health Director • Administrative Staff • Partnering departments/communities
Tools/Measures	Set dates of retention activities each year. Monitor trends of increase or decrease of member attendance through each activity. Collect feedback from members after each activity through a survey.

Membership and attendance will be monitored for trends of increasing or decreasing, members will provide feedback after each activity, and the compiled information will be provided to the advisory group for review and/or recommendations moving forward.

Activity 4: Outline Relevant Policies, Gaps, and Direction for Change

Embedding Indigenous health and Indigenous rights in policy is necessary where they are not simply rhetoric but include the priority for action within policy implementation (George, Mackean, Baum, Fisher, & Flinders University, 2019). The necessary changes moving forward will be to ensure financial resources are invested into the IEN to support its development and growth, along with ensuring the respective council meetings related to the change are informed and continually aligning the change with the broader organizational and strategic planning.

While long-term social change takes time, it is through the commitment of government and the organization through policy and economic support will the inequities in health of Indigenous peoples will see improvement (Deravin, Francis, & Anderson, 2018). A new focus for the organization will include the unique health needs of IEN members, which are culturally appropriate, holistic, and address the physical, mental, emotional and spiritual aspects of oneself (Drost, 2019). This will require an ongoing openness and awareness by decision makers in the organization for the allocation of appropriate resources.

There are six broad principles that could assist in achieving success for organizational Indigenous health workforce development:

1) Framing initiatives within Indigenous worldviews,
2) Demonstrating a tangible institutional commitment to equity,
3) Framing interventions to address barriers to Indigenous health workforce development,
4) Incorporating a comprehensive pipeline model (flow of educational continuum from secondary school to post-secondary and into practice),
5) Increasing family and community engagement, and
6) Incorporating quality data tracking and evaluation (Curtis, Wikaire, Stokes, & Reid, 2012).

When considering policies and gaps in the organization an approach would be to consider what policies reflect these principles, and where are the gaps and a need to create new policies to support the change moving forward.

Table 5 summarizes the flow to outline relevant policies, gaps, and direction for change.

Table 5

Activity 4 Implementation Stages and Goals

Implementation Stage	**Goals**
Year 1, Month 1-6	Indigenous Health and human resources director will meet with their respective supervisors to organize and have a budget approved for the retention activities. Each will also meet with partnering departments/communities and make arrangements on shared financial and planning responsibilities for the retention events.
Department /Leaders:	• Human Resources Director • Indigenous Health Director • Executive Leaders • Partnering departments/communities
Year 1, 2, & 3, Month 1-12	Indigenous Health and human resources director will provide annual reports at the organizational patient experience and employee experience council meetings. These updates will be standing agenda items of each meetings for discussion. Each year these leaders will participate in organizational events/venues such as recruitment fairs and symposiums, highlighting information on the IEN and any updates that are available.
Department/Leaders:	• Human Resources Director • Indigenous Health Director
Year 1, Month 1-12	Indigenous Health Director will provide updates on the progress of this plan to the broader corporate advisory on Indigenous Cultural Safety.
Department /Leaders:	• Indigenous Health Director • Corporate Indigenous Health Director
Tools/Measures	Compiled reports to respective leaders and councils. Budget monitored each year with feedback from department leaders on anticipated trends and need for growth year to year. Policy review with new policies developed to support the change.

The direction for change with the organization is prioritizing Indigenous healthcare employee retention, which will improve through building supportive and culturally safe workplaces, clearly documenting and communicating roles, scope of practice, and responsibilities, and ensuring employees are appropriately supported and remunerated (Lai, Taylor, Haigh, & Thompson, 2018). The overall satisfaction of IEN members would be captured in the newly created five optional questions for self-identified Indigenous employees to respond

to in the biennial employee satisfaction survey. The results of that survey will inform the Indigenous advisory group on their input and direction for policy to support the ongoing change.

For the purposes of this OIP, the immediate policies needed to support the change are a commitment to allocate funds each year from executive leaders, the process which data will be collected and shared, and human resource policy specific to organizational practice on recruitment and retention practices for Indigenous healthcare employees. Common challenges to implementing policy to support Indigenous peoples autonomy include unrealistic timelines, underdeveloped change management processes, inflexible funding agreements, and distrust (Lavoie, Dwyer, 2016). As each arise, it will be the role of the Indigenous Health and human resource director to communicate this to the organizational policy makers, and when needed brought to the Indigenous advisory group for input to any barriers in implementing the IEN.

The change process and monitoring include PSDA cycle process. This includes timelines when each activity is to takes place, the goals, and who is participating. The activities are for creating an IEN, having an advisory group oversee the work, securing financial resources, implementing the retention activities, and sustaining the change through ensuring the necessary practices and procedures are embedded and ongoing. The next section will outline the sustaining of this change requiring specific kind of leadership ethics.

Change Process Communication and Plan

The objectives of the OIP are Indigenous Cultural Safety, Reconciliation, and Sustaining the Change. Each has a target audience within the community of stakeholders, and unique ways to communicate to each. When considering the audiences of organizational leaders, organizational staff, and the Indigenous community, each may have specific questions and require unique considerations for communication.

Corporate or organizational leaders find themselves in an age of rapid technological and economic change where asking concise efficient questions is necessary to adequately meet the demands of their roles (Remund, 2011). Prioritizing messages of trust is key for both organizational staff and Indigenous communities. Key drivers of trust are competence, openness and honesty, concern for employees and stakeholders, reliability, and identification (that is common core values) (Shockley-Zalabak & Morreale, 2011). Furthermore, Indigenous peoples require interpersonal and political trust where linked with a cultural revitalization narrative (Nikolakis & Nelson, 2018). Each must be considered when identifying how to communicate with each group. The following sections provide channels of communications under each objective.

Indigenous Cultural Safety

ICS is one of the main themes throughout the change process. The act of cultural safety is to have a critical lens through to examine healthcare interactions between Indigenous and non-Indigenous peoples (Blue et al., 2003). Leaders must be aware of the place and purpose to achieve safe outcomes, and must enable the development of cultural and political awareness and give cultural safety more exposure (Tangihaere & Twiname, 2011).

Cultural safety in the organization is the experience of the IEN members where they feel safe in their employment interactions and are a part of the change in the processes that affect them (Nguyen, 2008). As cultural safety increases in the organization, Indigenous healthcare employees will report it is a positive experience to being visible as such (Hole et al., 2015). The work and topic of Indigenous cultural safety can often elicit uncomfortable feelings for all those involved.

The IEN would face backlash, including dominant culture or white guilt that is often evoked when truths about violent histories are brought to the forefront (Richardson, Carriere, & Boldo, 2017). Knowing and understanding these histories will be necessary to put into context the need for an IEN. The organization has in place an initial ICS training module made available to all employees. That will be the first step moving forward on developing a more comprehensive ICS education and professional development plan for all employees. Table 6 provides a summary of those involved in the communication to fulfill the objective on Indigenous cultural safety as an organizational priority.

Table 6

Indigenous Cultural Safety Change Process Communication and Plan

1. Objective/Principles/Key Messages: Indigenous Cultural Safety (ICS) is an organizational priority and actions will be in place to ensure ICS practice.	
2. Audience: Corporate + Executive leaders, organizational staff, Indigenous community	
3. Target Audience	**Channel of Communication**
Corporate + Executive leaders	Individual and council meetings, reports from ongoing survey results, number of Indigenous peoples enrolled in IEN, provide updates on internal and external partnerships
Organizational Staff	Provide brochure for IEN in orientation manual for all employees, newsletter updates, symposium events, website additions, social media announcements.
Indigenous Community	Network gatherings, workshops, email alerts, website additions, social media announcements.

Under this objective is the action of creating the IEN. Communication will take place with all stakeholders. Corporate and executive leaders will be responsible to deliver key messages on cultural safety, and the work moving forward. Under the provisions of the Indigenous advisory group, the Indigenous health program will create the promotional IEN membership material for circulation. Through ongoing community engagement, information on the IEN will be shared

with the community and other organizations who may be interested in creating a similar model of practice.

Reconciliation with Indigenous Peoples

Through the commitments made with organizational leaders in the TRCC Calls to Action #23, and the understanding that the UNDRIP is to be used a framework for change, the organization is moving in the direction of reconciliation with Indigenous peoples. True reconciliation will require public education and institutional change that will need to be sustained over generations (Newhouse, 2016). Reconciliation is about creating space for change (Lamalle, 2015). This is the overall goal of change proposed in this OIP.

The TRCC final report (2015) is written for all Canadians, with specific actions for healthcare providers, educators, and leaders (Gasparelli et al., 2016). Leaders taking the charge to move forward with promoting and acting on reconciliation will inevitably encounter resistance, but should be aware it does not need to lead to immobilizing and the leader must work through the resistance (Aitken & Radford, 2018). Reconciliation requires significant personal, professional, institutional, and sociocultural inquiry, which is to shift one's own colonizing mindset (Chung, 2016).

Table 7 provides a summary on the objective of reconciliation with Indigenous peoples with the organization. Corporate and executive leaders will require the awareness and offer necessary messaging to organizational staff on this work. Organizational staff will receive ongoing educational opportunities for cultural safety training, which will include the historical accounts that have led to the inequities now experienced by Indigenous peoples, and the work the organization is committed to moving forward. Indigenous peoples and communities will receive

information and updates under the guidance of the Indigenous advisory group on best approaches and ways to communicate the change, in order to promote a trusting relationship.

Table 7

Reconciliation with Indigenous Peoples Change Process Communication and Plan

1. Objective/Principles/Key Messages: The organization is committed to Reconciliation with Indigenous peoples.	
2. Audience: Corporate + Executive leaders, organizational staff, Indigenous community, internal and external partners.	
3. Target Audience	**Channel of Communication**
Corporate + Executive leaders	Regular discussions at council meetings, establishing financial commitments to projects and activities.
Organizational Staff	Newsletter updates, symposium events, workshops, website additions, social media announcements.
Indigenous Community	Networking gatherings, workshops, email alerts, website additions, social media announcements.
Internal and External Partners	Networking gatherings, symposium events, workshops, website additions/invitations to engage.

Sustaining the Change

Providing updates, challenges, and successes will provide an opportunity to build trust within the organization. Reporting on the progress will be a part of the process to sustaining the change. Weymes (2002) writes that the success of an organization is the formation of sustained relationships between the leaders influencing the feelings of those associated with the organization, which creates the emotional heart of the organization. This determines the type of relationship that will exist between the peoples internal and external to the organization. Therefore, sustaining the change is related to the first two objective of embedding ICS into the organization and taking action with reconciliation with Indigenous peoples. This becomes an organizational responsibility to ensure the success of the change.

Policies are an important component to sustainable change. The focus of policy change would include:

1) Ensuring ethical approaches used when working with Indigenous peoples,
2) Increasing the influence of Indigenous peoples in the organization,
3) Encouraging further research to support improving Indigenous health and experiences,
4) Recognizing Indigenous Health as a priority, and
5) Ensuring a commitment to financial resources to keep the change moving forward (Leon delaBarra, 2009).

Activity 4 mentions the immediate policies needed to support the organizational change are a commitment to allocate funds each year from executive leaders, the process which data will be collected and shared, and human resource policy specific to organizational practice on recruitment and retention practices for Indigenous healthcare employees. It will be through the Indigenous advisory group to provide ongoing direction to inform the organization to take action where needed on further policy development.

Table 8 provides a summary of the objective for the work of the organization to modify and develop policies to sustain the change, and who will be involved with the communication on this.

Table 8

Sustaining the Change Process Communication and Plan

1. Objective/Principles/Key Messages: Modifying and Developing policies to sustain this change will be a regular occurrence at the leadership level.	
2. Audience: Corporate + Executive leaders, organizational staff.	
3. Target Audience	**Channel of Communication**
Corporate + Executive leaders	Regular discussions at council meetings. Standing agenda item for discussion.
Organizational Staff	Workshops, symposium events, newsletter updates on modified or developed policies.

The change management plan will involve work with the corporate and executive leaders, who will then be responsible to lead in communicating the plans to organizational staff. The way in which communication could occur would include workshops, symposium events, and newsletter updates that are sent out regularly.

In summary for this section on the change process and communication plan, the leader must identify the objectives of change, then how to communicate them. The previous sections outline three main objectives, the audience for each, and channel of communication. These objectives are: 1) Indigenous Cultural Safety, 2) Reconciliation with Indigenous peoples, and 3) Sustaining the Change. The main audiences are organizational leaders, organizational staff, and the Indigenous community. The following section is about next steps and future considerations.

Next Steps & Future Considerations

As an Indigenous leader working in various systems for over ten years including health and education, I have witnessed an evolution of approaches that occur in mainstream settings. The evolution that takes place often begins with tokenization and mystification of Indigenous peoples, awareness there is a need to address the inequities Indigenous peoples experience, conversations on this with a backlash or dismissing by the broader population, acceptance there is an organizational responsibility, then action to rally for change by the organization.

Figure 5 provides a diagram of the cycle of Indigenous leadership.

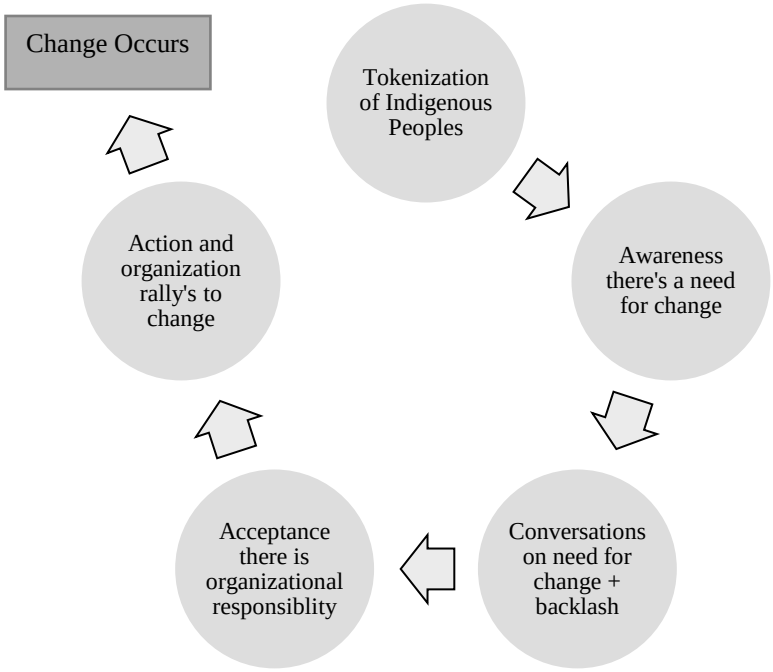

Figure 5. Common path of change in mainstream systems implementing Indigenous Leadership

Within this mainstream healthcare institution, there are plethora of clinics that include acute care, ambulatory care, emergency care, non-clinical programs, research institutes, and more. Each of these have units and teams that can be at any place on the evolution of approaches with Indigenous peoples and communities. Referring back to utilizing a servant leadership approach, the leader will recognize the various core beliefs and values, communicate key messages. As the leader, living the servant leadership qualities will shift organizational culture, employee attitudes, work behaviors, and organizational performance, to fulfill the objectives of this OIP. Replicating this across the organization will result in replicating the response of action and the organization rallying together for change.

The year 2015 was a monumental year to have all of these opportunities and momentum of reconciliation with Indigenous peoples take place. It was the year of the signing of the *Declaration of Commitment* (FNHA, 2016), the release of the TRCC final report (2015), and the

creation of an organizational Director for Indigenous Health which is the main component for the success of this OIP.

The organization also supports the community engagement of the Indigenous Health program. This includes holding public events, health fairs, and participating in conferences throughout the province. As well, the Indigenous Health leader will participate in external committees and advisory councils as a representative on behalf of the organization. Communicating the changes with Indigenous communities is a critical aspect to build trust and renew relationships. The Canadian Nurses Association (2014) summarized the importance of reciprocal relationships and the need for institutional support and strategic action, including supporting Indigenous and nursing organizations, as well individuals who will act as champions and mentors in advancing not just Indigenous health nursing, but Indigenous leadership and more broadly Indigenous Health. This organization is moving in the direction to support and strengthen Indigenous organizational leadership, to lead in decolonizing practice and address the PoP of how can a mainstream tertiary healthcare centre in western Canada provide a safe workplace culture to ensure retention of Indigenous employees.

Conclusion

Chapter 3 focused on the nature of the change implementation plan for the PoP. Short, medium, and long-term outcomes of the proposed change were identified. These were: 1) the organization leads in culturally safe practice and it is embedded into usual day-to-day practice; 2) there is organizational accountability within the agency; and 3) Indigenous employees have a greater sense of safety and connection in their roles and the organization. Four specific activities to support the outcomes were explored, they included: Identify and profile the number of Indigenous employees in the organization, determine and assess the retention needs, implement

three retention activities on an annual basis, and outline relevant policies, gaps, and direction for change. Each activity was supported with an implementation plan, outlining possible challenges and how those will be mitigated or changed through the process.

The importance of Indigenous self-determination was stressed throughout the OIP as a major factor in moving this change forward, and examples were provided of how this is implemented in practice, for example the role of the Indigenous advisory group in influencing and providing the guidance for change. Finally, the chapter concluded with next steps and considerations. This Organizational Improvement Plan provides the mechanism to shift organizational culture, employee attitudes, work behaviors, and organizational performance, to fulfill the objective of improving and sustaining retention of Indigenous employees.

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