CANADIAN NURSE accepted an invitation from the Department of Health and Social Services to come to Nunavut and learn more about what it has to offer.

In February, writer Sue Cavanaugh flew north and spent a week in different parts of the territory, touring facilities, interviewing practitioners and educators, and meeting leaders in the health-care system.

This is the first of a two-part feature in which we explore this vibrant land and look at how its leaders are working to improve the health and well-being of a growing population.
SPECIAL FEATURE

Nursing in Nunavut

Nursing in Nunavut
Surprising opportunities in a vast and remote land

Nunavut. The word means “our land” in Inuktitut. It’s a place full of mystery and the possibility of adventure. For the territory’s some 220 nurses, it’s home. But what is it that would bring someone from southern Canada, or anywhere else in the world, to Nunavut to practise?

For starters, an independent spirit. Or a yearning for a simpler way of life. Nunavut is big, in size if not population. The territory spans two million square kilometres, crosses three time zones and covers one-fifth of Canada’s total land mass. With approximately 30,000 residents, 85 per cent of whom are Inuit, it holds the distinction of being the youngest and fastest growing population in the country; 53 per cent are under the age of 25 and the birth rate far exceeds the national average. All communities, not just the larger ones, are experiencing growth. As a consequence, the need for health-care services is growing too.

The territory is divided into three regions: Qikiqtani (Baffin), Kivalliq and Kitikmeot. Each region’s largest community has a main health centre that acts as its health-care hub, but there is also a community health centre in each of the territory’s 25 communities. Baffin, consisting of Baffin Island and the northern islands, has 13 communities, including the capital city of Iqaluit; Kivalliq, in central Nunavut, has seven communities and a regional centre in Rankin Inlet; and Kitikmeot, on Nunavut’s western boundary, has five communities and a regional centre in Cambridge Bay. The regional centres provide medevac services to the nearest major hospital — in Ottawa, Winnipeg and Yellowknife, respectively. Not surprisingly, medical travel costs can take up to a third of a region’s entire health-care budget.

Qikiqtani General in Iqaluit is the territory’s only hospital. It opened a new facility with greatly expanded services in 2007 and includes two OR theatres, an outpatient clinic, three negative pressure rooms for tuberculosis patients, two secure rooms for mental health patients, a laboratory, an X-ray and ultrasound clinic, and a rehabilitation clinic. Only 20 of its 35 available beds are open — not because of a lack of staff or funding but as a result of current demand.

The centres in Rankin Inlet and Cambridge Bay are also new. They were built with future capacity demands in mind, and today provide many of the services that residents could previously get only by leaving the territory.

With 45 nursing positions, Qikiqtani General is the territory’s largest employer of RNs; 39 work in general duty, emergency, operating room, and specialist clinics; four are nurse managers; and two are clinical instructors.

Nunavut draws its nurses from the territory, from across Canada and from countries around the world and has had to rely on agency contracts to fill some short-term positions. Last year,
the Department of Health and Social Services embarked on an aggressive campaign to recruit Nunavummiut into nursing (see page 20). A four-year BScN program has been offered since 2002 at Nunavut Arctic College in partnership with Dalhousie University; 18 students — nine of whom are Inuit — have graduated so far.

The backbone of the territory’s health system is the community health nurse; each community, with the exception of Grise Fiord, has at least two. With support from their regional health centres, they are responsible for treating and assessing a wide range of ailments. Many communities also have home care and public health nurses.

The variety of nursing roles available in Nunavut can be attractive to a nurse who is looking for a change. But practising in a remote territory comes with challenges. One of the biggest is the simple fact of physical isolation. There are no roads into Nunavut and none between the communities; travelling anywhere means taking an airplane or a boat. The cost of a return flight from Iqaluit to Ottawa is about $1,900 — and seat sales are rare. For most nurses, trips south to visit family and friends are limited to once or twice a year. The cost of living is another issue. Nunavut’s nursing salaries and bonuses include a northern allowance and are higher than the national average, but groceries, household goods, housing and entertainment are substantially more expensive.

It can be difficult to adapt to the arctic weather or the fuzzy boundaries between night and day. Nunavut is cold for much of the year, and snow is not unheard of in the summer. Sleep habits and moods can be affected; many communities experience up to 24 hours of daylight from May through August and as many hours of darkness from November through February.

There are also cultural differences. One is the generally more relaxed pace of life. For example, many Inuit stop whatever they’re doing at noon each day to go home to eat and spend time with their families. This custom is such an entrenched part of life that patients waiting to be seen at clinics and health centres will invariably get up and leave at noon. For nurses used to the urgent, 24-hour cycle of life in an urban centre, the sight of an empty waiting room at lunch time can take some getting used to.

For all of its challenges, Nunavut offers those who are up for it an opportunity they won’t find in many other places. In addition to the excitement of living in such a vast and untamed landscape, there is the satisfaction of being able to work to their full scope of practice, a wealth of experiences to be gained, and the knowledge that they can have a real impact on the health of a community. For the right person, Nunavut is a rewarding place to live and work — for a short-term adventure or a long-term investment.

### Grocery cost comparison, week of Feb. 23

<table>
<thead>
<tr>
<th>Item</th>
<th>Iqaluit</th>
<th>Ottawa</th>
</tr>
</thead>
<tbody>
<tr>
<td>2% milk – 2 litres</td>
<td>$ 7.75</td>
<td>$ 4.59</td>
</tr>
<tr>
<td>Large eggs – 1 dozen</td>
<td>3.99</td>
<td>2.79</td>
</tr>
<tr>
<td>Whole wheat bread – 1 loaf</td>
<td>4.95</td>
<td>2.79</td>
</tr>
<tr>
<td>White flour – 5 kg</td>
<td>18.99</td>
<td>5.99</td>
</tr>
<tr>
<td>Orange juice – 1.89 litre carton</td>
<td>7.65</td>
<td>3.99</td>
</tr>
<tr>
<td>Toilet paper, 2-ply – 24 rolls</td>
<td>22.19</td>
<td>11.99</td>
</tr>
<tr>
<td>Cheerios cereal – 525 g box</td>
<td>7.49</td>
<td>4.99</td>
</tr>
<tr>
<td>Apples – 3 lb. bag</td>
<td>9.59</td>
<td>3.49</td>
</tr>
<tr>
<td>White rice – 900 g</td>
<td>7.59</td>
<td>2.29</td>
</tr>
<tr>
<td>Ground beef – 1 kg</td>
<td>12.99</td>
<td>8.80</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>103.18</strong></td>
<td><strong>51.71</strong></td>
</tr>
</tbody>
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Unavut has made recruitment and retention of nurses the cornerstone of a long-term strategic plan that addresses the health-care needs of Nunavummiut (Nunavut residents).

The nursing recruitment and retention strategy was developed through extensive consultations with stakeholders, including nursing professionals, health centre staff, and educational and human resources personnel across Nunavut. The Department of Health and Social Services (DHSS) is responsible for implementing the strategy in partnership with nursing personnel, staff at Nunavut Arctic College (NAC) and recruiting professionals. A chief nursing officer provides leadership, working with the nursing community through the Nunavut Nurse Recruitment and Retention Steering Committee.

The strategy incorporates a commitment to Inuit Qaujimajatuqangit (traditional Inuit knowledge) at all levels of health service delivery and design. It encourages local community health committees to play an active role in promoting wellness and encouraging Inuit to enter nursing and other health-related careers. Other principles address the role of nurses in Nunavut’s health-care system and the commitment to respond to their personal and career needs and aspirations.

The central strategic goal is to reduce the current nursing vacancy rate of between 30 and 40 per cent to a rate of 15 to 20 per cent within five years. Success will be measured in terms of staff retention, workforce stability, increased nursing skill profiles and the number of Inuit being educated and working as nurses in the territory.

Negotiations in June 2008 with the Nunavut Employees Union led to significant increases in salaries and bonuses; Nunavut nurses are now among the highest paid in Canada. Some have also received longevity bonuses, and all front-line nurses are paid a monthly retention allowance based on years of service. Professional training and education funding of between $3,000 and $6,330 per year (depending on geographic location) is also available.

Initial consultations identified the need to raise awareness about career opportunities. In 2008, DHSS began work on a recruitment campaign, building on a brand that captures the distinctiveness and the appeal of a nursing career in Nunavut. Ads with the tagline Be the Difference are running in nursing journals and magazines across Canada to attract readers to www.nunavutnurses.ca. The site features video stories and includes information on current vacancies, salaries, benefits, life in Nunavut and Inuit culture.

**Attracting Inuit to Nursing**

A recruitment initiative was launched to increase interest among Inuit: Inuit nurses visit career fairs and high schools to talk about their experiences; ads and public service announcements promoting nursing careers are appearing in northern print and electronic media; and a role model campaign is underway.

DHSS has undertaken collaborative work, supported by the federal Aboriginal Health Human Resources Initiative, with Nunavut Tunngavik Incorporated (the Inuit Land Claims Agreement beneficiary organization), Health Canada and NAC to explore and make recommendations on ways to address barriers and challenges to recruiting more Inuit. Additionally, a DHSS and NAC project, funded by the federal Territorial Health Access Fund, is investigating how to increase access to health and social services career education and training for Inuit.

NAC has expanded access to the bachelor of science in nursing degree program, offered in partnership with Dalhousie University, and to the Foundation Year program, designed to increase math and science skills. Students can now enrol in the Foundation Year program in three locations: Iqaluit, Rankin Inlet and Cambridge Bay. Students with an academic Grade 12 or who have completed the Foundation Year can now apply to the BScN program at NAC’s Iqaluit and Cambridge Bay campuses (and at the Rankin Inlet campus in 2010). Bursaries and scholarships as well as student loans, childcare subsidies and tutoring support are available.

A nurse internship program is being strengthened to help NAC graduates to continue to develop their clinical skills.

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Department of Health and Social Services
On the day Charlotte Kusugak Zawadski found out she was expecting her first child, she was accepted into the nursing program at Nunavut Arctic College. She delayed the start of her education by a year but was determined to become a nurse — something she had always known she wanted to do.

Zawadski and her seven-month-old daughter moved to Iqaluit in 2003; her husband stayed behind in Rankin Inlet. The medical terminology and the course work were a challenge. At one point, she thought she was the only one struggling, but other students told her they were having problems adjusting as well.

Zawadski was determined to complete the program, even after she became pregnant with her second child. She drew on support from others to keep her going. “A lot of it was the encouragement from the patients we met during our clinical experiences at the hospital in Iqaluit,” she recalls. “My family encouraged me, and my classmates and the instructors were great.” The instructors were so dedicated, she says, they told students they could call any time and even invited them over for dinner. Those gestures made all the difference.

“We were lucky to be in a smaller school and a smaller hospital in Iqaluit; it sometimes took a couple of visits before people became comfortable with her. But patients, particularly elders, came to appreciate being able to speak to their health-care professional in Inuktitut.

Pearce recently moved to Iqaluit to be closer to family and work in public health. She welcomes the chance to focus on health promotion and education: “It starts at birth, and that’s what we’re targeting here.” She hopes to develop a wide variety of skills in this new position and is enthusiastic about the possibility of becoming a lactation consultant, a diabetic educator or even an acupuncturist. She has applied to the University of Ottawa’s nurse practitioner program; if successful, she would become the first Inuktitut-speaking NP in the territory.
**Unique approaches in public health**

Nunavut’s health status measures are, with few exceptions, well below the national average. For example, life expectancy at birth is 10 years less (68.7 years compared to 79.3 years). Infant mortality rates are four times higher. Lung cancer and colorectal cancer mortality rates are the highest in Canada, and tuberculosis continues to be a public health concern. And Statistics Canada figures show that 46 per cent of Nunavut residents aged 12 and older smoke daily, compared to 16.5 per cent of Canadians overall.

The Department of Health and Social Services is fighting back with a comprehensive public health strategy — Nunavut’s first. *Developing Healthy Communities: A Public Health Strategy for Nunavut* identifies two priority areas: Healthy Children and Families and Addiction Reduction. Goals include improving food security, increasing healthy birth outcomes and reducing tobacco use and substance abuse.

DHSS acknowledges that for the strategy to succeed, the public health system needs substantial development: improving capacity in communities, establishing information and surveillance systems, integrating public health teams at all levels of the health system, and training and recruiting more professionals who specialize in public health.

A number of public health initiatives, many of which focus on children and youth, are occurring at the community level. A Nunavut nutritionist created the Drop the Pop program in 2003 to address the high level of pop consumption and the role it plays in tooth decay and poor nutrition. The original campaign consisted of a school-based challenge for students to stop drinking pop for one or two weeks and to choose healthier drinks. The feedback was so positive that over the years it has expanded to include educational components about a broad range of topics, including healthy living, environmental issues, dental health and diabetes prevention.

The majority of elementary schools across the territory participate, and families and the community are encouraged to get involved in the campaign. While giving up pop remains the main challenge, the campaign incorporates different activities, like art and writing contests, to keep the students engaged. In 2008, for a smoothie challenge, every school received a blender and a $750 coupon to buy frozen fruit, yogurt and juices. This year, students received coupons for fresh fruit from the grocery store.

Because of Drop the Pop’s success, the Northwest Territories and the Yukon decided to adopt the concept and are now running their own versions.

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*A winning postcard from last year’s Drop the Pop campaign art challenge.*