

First Peoples Child & Family Review

An Interdisciplinary Journal Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews

Volume 6, Number 1, 2011, pp. 10-27

Aboriginal Family Services Agencies in High Poverty Urban Neighborhoods: Challenges Experienced by Local Staff

Jason Brown^a and Cheryl Fraehlich^b

^a Faculty of Education, University of Western Ontario, ON.

^b Postdoctoral Fellow, RESOLVE Manitoba, University of Manitoba, MB.

Introduction

The purpose of the study is to describe the challenges of working in the community from the perspective of staff hired locally by culturally-based Aboriginal organizations in high-poverty urban neighborhoods. This study was guided by principles of participatory research. The research was developed and implemented under the direction of an advisory group consisting of representatives from local Aboriginal family services agencies and the local community as well as university researchers and students. An interview schedule and participant recruitment plan was developed collaboratively within the advisory group. The advisory group decided to select Aboriginal family services agencies that were: located in the local geographic community, provided family services to residents of the local

Abstract

The purpose of the study was to describe the challenges of working in the community from the perspective of staff hired locally by culturally-based Aboriginal organizations in high-poverty urban neighborhoods. Locally staffed and culturally based Aboriginal family service agencies operating communities with high levels of poverty have emerged in large cities. Efforts of these agencies are consistent with community economic development practice aiming to improve local quality of life and skill development and promote economic capacity. There has been little research to date exploring the challenges faced by staff working in these organizations. Participants were residents of the local geographic community and staff of one of three Aboriginal family services agencies in a large Canadian city. They were asked "What are the challenges of working in your own community?" and their responses were analyzed using concept mapping methodology. Twelve concepts emerged from the analysis including: lack of privacy, being personally affected outside of work, keeping healthy boundaries, and knowing how to help. In addition participants described the high local need and meeting the range of needs given limited funding and influence of government on operations. As well, participants identified dealing with broader structural issues, such as substance abuse and gang problems. The results indicate that staff in Aboriginal family services agencies in high poverty communities experience living in the same community as service recipients, management of personal relationships with them, diversity of need within their service area, as well as potential for traumatic experiences as particularly challenging. Staff preparation, training and support for these issues are important for funders and administrators to attend to.

Keywords: community development; stress and burnout; Aboriginal; human services

Questions or correspondence concerning this article may be addressed directly to:

Jason Brown
Faculty of Education
University of Western Ontario
1137 Western Road, London, ON, N6G 1G7
Voice: 519-661-2111 ext 88617
Fax: 519-661-3833
Email: jbrow97@uwo.ca

community, and had a commitment to hiring from geographic and cultural community. Because of their experience and success in hiring from the local community, the three largest local employers were approached.

Acknowledgements:

The authors gratefully acknowledge the support and expertise of residents and community agency partners. We also wish to thank the Canadian Council on Learning for its financial support of this research.

The Canadian Constitution Act refers to First Nations, Métis and Inuit as Aboriginal peoples (Government of Canada, 1982). According to the latest census data the Aboriginal population accounts for approximately 1.2 million or 4% of the national population (Statistics Canada, 2010). The Aboriginal population has been growing at a rate six times greater than the Canadian population. While there are significant differences among the Aboriginal population in relation to community size, geographic location, colonial impacts, languages, cultures, traditions, governance and wealth, there are also significant differences between Aboriginal peoples and the non-Aboriginal population of Canada. These differences stem from the historical and ongoing impact of colonization (Wotherspoon & Satzewich, 2000).

In the late 1500s and early 1600s the first English and French immigrants settled in Atlantic Canada and initiating many changes to the conditions and ways of life among Aboriginal peoples. The First People's use of the land was fundamentally changed through forced imposition of a reserve system that confined people to parcels of land, making hunting and gathering of food difficult and resulting in starvation (Dickason, 1998). Traditional spiritual practices were made illegal and suppressed (Indian and Northern Affairs, 1996; Paul, 2006; Long & Dickason, 1998). A colonial education system was put in place to teach the indigenous children that their ways of life were inferior to the European ways (Stout & Kipling, 2003). Beginning in the late 1950s, large-scale apprehensions of Aboriginal children by child protection authorities were undertaken, often removing them from their families and communities permanently (Blackstock & Bennett, 2003). The multiple, cumulative effects of these efforts across generations have been described as historical trauma (Connors & Maidman, 1999; Wesley-Esquimaux & Smolewski, 2004).

There has been a migratory trend among Aboriginal peoples from reserve communities to urban areas (O'Donnell & Tait, 2003). In the Canadian prairies, where the highest proportions of Aboriginal peoples reside, there has been a significant influx of Aboriginal peoples to urban areas (Statistics Canada, 2008). However, there are few employment opportunities. As a result, the populations tend to be concentrated in downtown core areas, characterized by the poorest housing stock and highest levels of family poverty (Loewen, Silver, August, Bruning, Mackenzie, & Meyerson, 2005). While income levels and formal education rates are lower in these communities than in other parts of the city, unemployment and crime rates are higher (Mendelson, 2004). Residential overcrowding is commonplace (Hallet, 2006).

A major contributor to many of the social issues faced by Aboriginal peoples residing in inner cities is the relatively low economic wellbeing that characterizes these communities. In Winnipeg's inner city, 28% of households rely on income from social assistance, compared to 11% of all Winnipeg households (Carter, 2004). Moreover, relatively high external ownership of housing by private absentee landlords or government draws money out of the community (Bopp & Bopp, 2001, Four Worlds, 1989). In Manitoba, approximately half of the urban Aboriginal population rents housing (49%) compared to approximately one quarter (28.5%) of the total provincial population (Statistics Canada, 2011a & 2011b). In response, local organizations have developed practices to hire, train and promote from within the community in order to enhance growth in local non-profit and for-profit economic capital and retention (Wuttunee, 2004). Most importantly, the practice of hiring within the community goes beyond economic capital and retention. By hiring Aboriginal workers, agencies affirm Aboriginal worldviews and provide culturally-

relevant services. In addition to local business development by local residents, non-government organizations also lead by local residents have developed strong networks of services.

Researchers from the United States and abroad focusing on family services staff have identified several factors that contribute to stress and burnout. Organizational factors that contribute to stress include a lack of coworker and administrative support (Ducharme, Knudsen, & Roman, 2008; Ito, Kurita, & Shiiya, 1999). Organizational politics and climate of the workplace are also associated with perceived stress (Huang, Chuang, & Lin 2003; Hassell & Brandl, 2009; Kop, Euwema, & Schaufeli, 1999) and to decreased effectiveness of helping relationships (Maslach, 2003). Oppression from discrimination contributes to low staff engagement (Alleyne, 2004; Bowleg, Brooks, & Ritz, 2008; Freeney & Tiernan, 2006). Job factors that contribute to stress and burnout include the availability of resources available to do the job (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). These resources include time (Kowalski et al., 2010), safety (Armstrong & Griffin, 2004), role clarity (Colligan & Higgins, 2005), role consistency (Vakola & Nikolaou, 2005) and perceived role effectiveness (Lloyd & King, 2001). Staff compensation also plays a role in stress and burnout (Hegney, Eley, Plank, Buikstra, & Parker, 2006).

In addition to organizational and job factors, characteristics of family services staff in the United States and abroad have been found to coincide with elevated rates of stress and burnout. Personality characteristics such as introversion (Burgess, Irvine, & Wallymahmed, 2010) and pessimism (Avey, Luthans, & Jensen, 2009) are associated with stressful job expectations (Alarcon, Eschleman, & Bowling, 2009; Bamber & McMahon, 2008). Vulnerability to emotional pressure (Bussing & Glaser, 1999) and mental strain (Demerouti, Bakker, Nachreiner, & Ebbinghaus, 2002), poor coping skills (Soler et al., 2008), and perceived control over stressors (Muncer, Taylor, Green, & McManus, 2001), also influence stress, burnout and a sense of agency in the workplace (Troup & Dewe, 2002). Finally, the challenges

associated with balancing work and family life, family commitments and stressful incidents in one's personal life contribute to employee stress and burnout (Behson, 2002; Csiernik, Smith, Dewar, Dromgole, & O'Neill, 2010; Golub, Weiss, Ramesh, Ossoff, & Johns, 2007).

While the international literature has identified a number of factors associated with stress and burnout among family service staff, and in particular the experiences of those who work in the areas of substance misuse (National Center on Substance Abuse and Child Welfare, 2011; Oyefeso, Clancy, & Farmer, 2008), the most relevant work has been done by researchers in Canada and especially Aboriginal practitioners who have direct experience working in their own communities. Several Canadian researchers (Regeher & Clancy, 2010; Burgess, Regeher, & Roberts, 2009) describe challenges faced by family service workers. Of particular note is research on factors associated with psychological stress among community members following critical incidents, including issues of intentionality, predictability, timing, nature of threat, location, timeliness and sustainability of outside resources (Reghr, Roberts, & Bober, 2008). Local practitioners are personally affected by critical incidents as residents and professionally as service providers to other residents requiring a dual orientation to both individual and community-based intervention and support (Regher & Bober, 2005).

Aboriginal researchers in Canada have also explored the experiences of family service staff hired locally to serve residents within their communities. Reid (2005) described several challenges experienced by First Nations women working in First Nation communities. In relation to the stress of delegated authority and dual-accountability "The women believe that it is a daily challenge in their work to attempt to "walk between two worlds," "get their own worldviews," and have their "cultural child care practices" validated and incorporated into their programs" (p. 4). Participants also described their experience with unrealistic expectations and dual roles including "the lack of boundaries

and expectations that the community members have toward them; being women with their work impacting their children; and the risks involved in the work.” (p. 5). The emotional costs and benefits of intense relationships were also highlighted:

“The women felt that knowing their clients could be a “strength” or “cause potential conflicts” in their work. One participant stated, “We are seen as community members first and social workers second, so the impacts on our health is higher.” (p. 5). The demanding nature of the work also had an impact on their health: “The women suggested that the stress, unrealistic demands and pressures from both themselves and all of the people involved in their work and lives contribute to some of the “chronic health issues.” (p. 5).

Individual, collective and community-based ways to restore health and balance have been reported (Reid, 2005). Individual ways included boundaries, self-awareness and self-care, as well as exercise, sleep and nutrition, space to debrief with others and spiritual practices. Collective strategies included talking with other workers about challenges and ways to maintain balance, mentorship within the workplace and ongoing dialogue at all levels. In addition, self-determination and self-governance, local provision of locally defined culture-based services, local leadership and culturally-based education for those doing this work were needed.

It was noted that “The women agreed that the agencies needed “equitable” and “sufficient funding.” (p. 6). The need for adequate and consistent funding was also reflected in the FASD Training Study (First Nations Child and Family Caring Society of Canada and Paukuutit Inuit Women of Canada, 2006), on disability-related issues in each community.

Method

The advisory group for the study included representatives from local Aboriginal family services agencies, local residents and university researchers and students. The local, Aboriginal

members of the advisory group identified all of the research questions. The advisory group had preexisting connections with the leadership in Aboriginal family services agencies located in the local geographic community who provided family services to residents of the local community and had a commitment to hiring from geographic and cultural community. Because of their experience and success in hiring from the local community, these three largest local employers were approached and agreed to advertise the study to their staff.

The steps taken for data collection and analysis were consistent with those described by Trochim (1989). Trochim’s concept mapping approach was originally applied in the field of program development and evaluation, but has also been used frequently in health and family services (e.g. Trochim & Kane, 2005). The main advantage of the approach is involvement of participants in both the identification of important issues and the organization or interpretation of the issues raised by all participants. Concept mapping offers each participant the same degree of participation in the analysis of meaning from interview data. There are four steps to this approach. In step one, participants and a focal question were identified. In step two, staff who provided responses to the focal question and expressed interest in further participation were provided with a complete list of all responses across participants and asked to group the responses together into themes. Step three applied the use of multidimensional scaling and cluster analysis procedures applied to the grouped data to identify common groupings across participants. In the fourth step, these common groupings formed the basis for the final concept map.

Step One

The three agencies that participated in the study were the largest and longest serving Aboriginal family services agencies in the same service area within a large Canadian city’s downtown core. The agencies had made a formal

commitment to hire locally from the cultural and geographic community. Advertisements were placed throughout the agencies informing potential participants about the study, and those who were interested contacted researchers directly to arrange an individual face-to-face interview. All participants were, at the time of interview, paid staff or volunteers with the agency, and interviews were conducted during the fall months.

As part of the interview participants were asked the question “What are the challenges of working in your community?” Interviews continued until saturation was reached. Saturation was defined as five consecutive interviews with no novel responses obtained and was reached after interviews with 44 individuals. The participants had been employees of the agencies from 1 to 21 years, and on average, for 5 years at the time of interview. The age range of participants was 16 – 67 years, with an average age of 41 years. Approximately three quarters (31/44) were female. During their employment with the current agencies, participants together had held 108 different positions. Current positions included part- and full-time secretarial, community development, casework, teaching, and program delivery, janitorial as well as managerial and financial positions working with children, youth, adults and Elders of the community.

Step Two

The total number of responses provided by participants was 154. These responses were edited for clarity and redundant responses were removed leaving 91 responses for the analysis. Participants had been asked at the conclusion of the interview if each was interested in participating in the grouping task at a later time. A list of interested individuals was maintained and all were contacted regarding the date, time and location of four meetings held in the area where participants would receive complete lists of responses to the question and be asked to group them together in any way that made sense to them. Each was asked to group all responses.

The only guideline was to have a results that was more than 1 group (all responses in one pile) and less than 91 groups (no grouping of responses). The majority of participants had between 10 and 15 groups that included all responses. A total of 16 participants attended one of the meetings and grouped responses together.

Step Three

Two statistical procedures were applied to the grouped data. These procedures included multidimensional scaling, which placed responses on a visual “map” with distances between items representing the frequency with which each was grouped together by participants with others. Cluster analysis organized the results of multidimensional scaling conceptually by starting with each response being treated as its own cluster and ending with a decision by researchers regarding the most appropriate number of concepts for the data. The Concept System (Trochim, 1987) was used to perform the analysis and construct the concept map.

Step Four

In step four, researchers made the decision regarding the number of clusters for the final concept map. The researchers took into account the statistical and conceptual properties of the responses within different cluster solutions generated by the analysis. Statistical data from the bridging index, a value between 0.00 and 1.00 calculated for each response through the multidimensional scaling procedure, reflected the frequency with which that response was grouped together with others nearby on the map. The highest values, or those above 0.75 indicated that a particular response was grouped often with responses far from it on the map, while low value below 0.25 indicated that the response was grouped often with those near to it on the map. The average bridging index for a cluster reflects the degree to which the responses within it were grouped with responses outside of the cluster. Conceptual similarity of responses within each

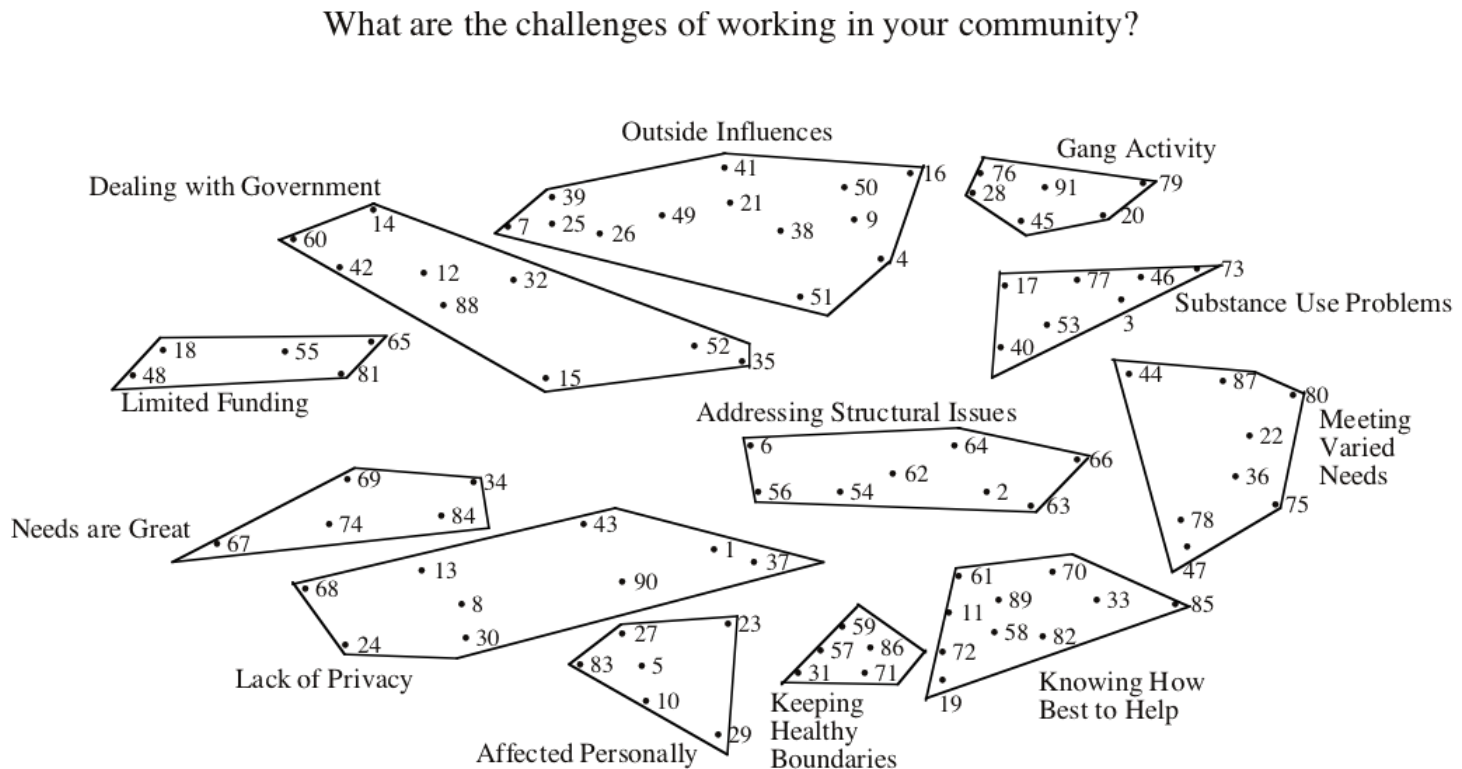
cluster was also evaluated by the researchers, who considered maps with 18, 16, 14, 11, 9 and 7 clusters before deciding that the 12-cluster solution fit the data best. Labels for the clusters were based on the contents of each. In some cases, participants provided labels during the grouping procedure that held for those in the final map. These were used whenever possible.

Participants reported that the challenges of working in their own community were: the lack of privacy, the depth of need, how their work affects them personally, maintaining healthy boundaries, knowing how best to be helpful, addressing structural issues, meeting various needs, dealing with substance-related problems, gang activity, negative outside influences, working with government and working with limited funding. Bridging indices above 0.75, reflecting a lack of consistency in grouping by participants, are noted by an asterisk (*) and should be interpreted with caution.

Results

The concept map appears in Figure 1. Each number, identified by a point on the map, corresponds to a numbered response in Table 1. Participants grouped the 90 responses.

Figure 1: Concept Map of 90 Responses



Aboriginal Family Services Agencies in High Poverty Urban Neighbourhoods

Table 1: Responses and Bridging Indices for Concept Map

Cluster Items and Bridging Values for Concept Map

Cluster and Response		Bridging Index	Cluster and Response		Bridging Index
Cluster #1 - Lack of Privacy		0.40	44.	language barriers	0.37
1.	a lot of people need help	0.11	78.	walking on a tightrope	0.38
37.	see somebody I know in the wrong place at the wrong time	0.19	47.	my family gets into trouble and I get implicated	0.51
90.	you want to be there to help anyone	0.26	36.	I lost a lot of friends	0.59
43.	lack of personal identity	0.31	22.	emotional pain	0.61
8.	being a healthy role model	0.38	80.	get scared for the kids	0.67
13.	concern about staff safety	0.43	75.	try to get them involved other programs	0.69
30.	getting others to work together	0.50	87.	working with the children who have experienced serious issues	0.73
68.	sometimes I don't have money to give	0.65	Cluster #8 - Substance Use Problems		0.25
*24	everybody knows your business	.77	77.	violence	0.18
Cluster #2 - Needs are Great		0.65	17.	dealing with crack heads	0.19
34.	healing that needs to be done with little resources	0.43	40.	isolation	0.23
84.	when they get denied services	0.47	46.	crack houses	0.27
69.	sometimes parents get angry easily	0.66	3.	abuse	0.28
74.	try to accommodate all different nationalities/cultures	0.72	53.	parents losing kids to the system	0.28
*67.	sometimes I don't have bus tickets	0.97	73.	there are children 13 years old doing prostitution	0.30
Cluster #3 - Affected Personally		0.19	Cluster #9 - Gang Activity		0.07
23.	engaging people and keeping them engaged	0.07	76.	turf things with gangs	0.00
29.	getting attached	0.11	28.	get gangs off the streets	0.02
5.	am I a friend or a staff member?	0.21	91.	young gang members	0.03
10.	can't forget the tragedies that people have discussed with me	0.22	45.	light broken where there are prostitutes	0.05
27.	finding balance but still needing to address the issues	0.22	20.	drug issues	0.10
83.	when something bad happens I feel it personally	.30	79.	watch kids group up sell drugs and get into gangs	0.19
Cluster #4 - Keeping Healthy Boundaries		0.08	Cluster #10 - Outside Influences		0.18
59.	people think I had something to do with them not getting service	0.03	50.	not enough police	0.03
71.	you get caught in the middle of a situation	0.06	16.	crime	0.07
57.	people tell me things but don't want anyone else to know	0.09	21.	emergency call response time is slow	0.08
31.	getting people to trust	0.10	4.	alcohol problem because bars so close	0.10
86	work-home boundary issues cause conflict with my family	0.10	38.	if we were white, the police would come faster	0.10
Cluster #5 - Knowing How Best to Help		0.19	51.	not enough recognition that communities have own solutions	0.12
58.	people think I can get them ahead in society	0.07	49.	no new parks for more than 30 years	0.13
11.	can't help them other than being a friend	0.09	9.	business-suit people who take advantage of the children (johns)	0.16
61.	seeing people struggle and I can't really help them	0.11	25.	family bonds that were destroyed by Residential Schools	0.18
19.	don't want to come off as a Mrs. Know It All	0.12	26.	fetal alcohol spectrum disorder	0.32
72.	tempted to intervene in situations I see after work hours	0.12	41.	kids not going to school	0.33
89.	you never know exactly how you can help somebody	0.13	7.	attention deficit disorder	0.35
82.	when I don't have answers	0.21	39.	inner-city communities get taken advantage of	0.37
70.	there is tension	0.26	Cluster #11 - Dealing with Government		0.45
33.	hard to help because they're used to doing it on their own	0.29	35.	family involved in stuff that isn't good	0.20
85.	when you get to know people it is hard to know where to draw the line	0.46	32.	government does not look at nurturing the community	0.21
Cluster #6 - Addressing Structural Issues		0.15	52.	painful amount of poverty	0.23
56.	people not used to getting help	0.04	15.	confronting the issues that happen in the community	0.27
54.	people all have different wants and needs	0.07	12.	city hall does not care about people here	0.35
62.	seeing the broader scope	0.12	14.	conflicting government systems	0.47
64.	social issues are challenging	0.14	88.	working with the foster parents to help them keep the kids safe	0.47
2.	a problem if you're White	0.15	*42.	lack of parenting skills	0.86
6.	attendance	0.15	*60.	seeing kids apprehended	0.96
63.	seems hopeless when you are trying to get a head start	0.19	Cluster #12 - Limited Funding		0.79
66.	some people not supportive when family members need help	0.36	81.	we're overcharged and under serviced	0.60
Cluster #7 - Addressing Structural Issues		0.57	65.	some go back to the reserve	0.61
			*18.	dollars attached to programs	0.83
			*55.	people are like crabs in bucket	0.90
			*48.	having strong financial manager	1.00

Discussion

In the following section the results of the study are described and compared to the available literature.

Cluster #1 – Lack of Privacy

This cluster had an average bridging index value of 0.40, which was the 5th highest of the 12 clusters. One response, “everybody knows your business”, had a bridging value of 0.77 meaning that it was often grouped together with responses in other clusters and was not consistently grouped with the other responses in this cluster by participants. It is therefore an unreliable indicator of “Lack of Privacy” than the other responses in this cluster.

Participants described a lack of privacy as a challenge that they experienced. Because the community is small, participants felt a “lack of personal identity” at times and suggested that “*everybody knows your business”. Knowledge of one another can make “getting others to work together” a challenge. Knowing that “a lot of people need help” and because “you want to be there to help anyone” there is pressure to help outside of work. This pressure to help may involve requests for money, but “sometimes I don’t have money to give”. As well, there is pressure of “being a healthy role model” in the community, and the risk to “see somebody I know in the wrong place at the wrong time”. With that, comes “concern about staff safety” outside of work.

Experiences of participants reflected in this concept are both similar to and different from the literature. The issue of safety at work has been raised as a job-related challenge in other studies (Armstrong & Griffin, 2004). However, the size and intimate nature of the community that was noted by participants in the study has not been described in the literature.

Cluster #2 – Needs are Great

This cluster had an average bridging index value of 0.65, which was the 2nd highest of the 12

clusters. One response, “sometimes I don’t have bus tickets”, had a bridging value of 0.97 meaning that it was grouped together with responses in other clusters and was rarely grouped with the other responses in this cluster by participants. It is therefore an unreliable indicator of “Needs are Great” than the other responses in this cluster.

There was a range of needs in the community and lack of resources to meet them within any one agency. It was a challenge to “try to accommodate all different nationalities/cultures” among residents and to help them do the “healing that needs to be done with little resources”. People come to the agency for help and because of limited agency resources, staff may not be able to help in all ways needed or requested. For example, “*sometimes I don’t have bus tickets” to give out. Understandably, “sometimes parents get angry easily” “when they get denied services”.

Limited resources within the agency have been identified in several studies on workplace stress and burnout among individuals in the family services (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). This is consistent with the experiences identified by participants in the present study. It is important to note that limited funding of Aboriginal agencies and programs is more than a lack of family services funding; it is a structural issue stemming from colonial treatment and inequitable funding (e.g. Shannen’s Dream, 2011).

Cluster #3 – Affected Personally

This cluster had an average bridging index value of 0.19, which was the 5th lowest of the 12 clusters. These responses were grouped together often by participants, suggesting that they among the most cohesive and reliable ways participants were “Affected Personally”. Responses in this cluster referred to the challenge of feeling the effects of community need, personally. Participants noted that “when something bad happens I feel it personally”, and that because they live in the community there is a very short distance between them and people who come for service,

so they “can’t forget the tragedies that people have discussed with me”. There are risks and benefits of “getting attached”, which participants summarized with the need to constantly ask themselves the question “am I a friend or a staff member?” While they found it difficult “engaging people and keeping them engaged” the need for “finding balance but still needing to address the issues” remained in the forefront.

There is reference in existing literature to the importance of role clarity between staff and those coming for service (Colligan & Higgins, 2005; Maslach, 2003). Clear boundaries in the helping relationship are important and improve effectiveness (Lloyd & King, 2001). From a First Nations perspective (Reid, 2005), service providers are residents and community members first. These overlapping roles are necessary for the work to be done appropriately and well. In the present study participants described the depth of impact from the stories of those who come for service as shared experiences based on cultural past and current circumstances, related through a shared experience of historical trauma.

Cluster #4 – Keeping Healthy Boundaries

This cluster had an average bridging index value of 0.08, which was the 2nd lowest of the 12 clusters. These responses were grouped together often by participants, suggesting that they among the most cohesive and reliable ways of “Keeping Healthy Boundaries”. Boundaries were difficult for participants. They described the importance of “getting people to trust”, but letting “people tell me things but don’t want anyone else to know” leaves them vulnerable when “people think I had something to do with them not getting service”. The interaction between participant family members with others in the community during the course of their regular, everyday lives lead to “work-home boundary issues cause conflict with my family” and sometimes “you get caught in the middle of a situation.”

Maintaining a balance between self as staff member and self as resident was made difficult because of the location and clientele of the workplace. In her study of First Nations women providing family services in reserve communities, Reid (2005) noted similar experiences. In addition, there were references to the climate of the work setting (Hassell & Brandl, 2009), coworker support (Ducharme, Knudsen, & Roman, 2008) and the politics of the workplace (Huang, Chuang, & Lin, 2003) may take a particular spin when the differences between those delivering service and those receiving service are, outside of the helping relationship, negligible.

Cluster #5 – Knowing How Best to Help

This cluster had an average bridging index value of 0.19, which was the 5th lowest of the 12 clusters. These responses were grouped together often by participants, suggesting that they among the most cohesive and reliable ways of “Knowing How Best to Help”. Participants described the challenge of knowing the best way to help others. While they “don’t want to come off as Mrs. Know It All” sometimes “people think I can get them ahead in society” by assuming they have some kind of power or resource that can change their circumstances quickly, even “when I don’t have answers”. It is disappointing “seeing people struggle and I can’t really help them” because “you never know exactly how you can help somebody”. Sometimes, participants “can’t help them other than being a friend”. However, “there is tension” when participants are “tempted to intervene in situations I see after work hours” because “when you get to know people it is hard to know where to draw the line”. Others are “hard to help because they’re used to doing it on their own”.

The notion of not knowing how to help others was consistent with existing literature on job stress examining perceived control and a sense of personal agency (Muncer, Taylor, Green, & McManus, 2001; Troup & Dewe, 2002). The desire to help when not in a position to do so because of either being in a non-work context

or not having the right resource at the right time for a particular person, can cause considerable emotional pressure (Bussing & Glaser, 1999) and mental strain on employees (Demerouti, Bakker, Nachreiner, & Ebbinghaus, 2002).

Cluster #6 – Addressing Structural Issues

This cluster had an average bridging index value of 0.19, which was the 3rd lowest of the 12 clusters. These responses were grouped together often by participants, suggesting that they among the most cohesive and reliable ways of “Addressing Structural Issues”. There were challenges associated with discrimination. Participants who are “seeing the broader scope” of disadvantage in society recognize that “social issues are challenging” and it “seems hopeless when you are trying to get a head start” against those powerful forces. The complexity of the community, and in some cases divisions between members of the community are reflected in the fact that “people all have different wants and needs”. For example, among those who have faced cultural oppression their entire lives, many “people not used to getting help”. As well, problems within families leave “some people not supportive when family members need help”. Those who are a cultural minority in a small community can face “a problem if you’re White” (in an Aboriginal community).

The literature included reference to experiences of oppression (Alleyne, 2004) and discrimination (Bowleg, Brooks, & Ritz, 2008) as contributors to stress and burnout. The context of these experiences was explained by participants in the present study as challenges within the broader community of people who had experienced them in relation to their cultural, geographical, economic or social location. Within the local community of reference for participants, being Aboriginal was a majority status.

Cluster #7 – Meeting Varied Needs

This cluster had an average bridging index value of 0.57, which was the 3rd highest of the 12 clusters. These responses were grouped together by participants, suggesting that they were cohesive and reliable ways participants were “Meeting Varied Needs”. Because there is a great deal of diversity within the community, participants struggle with how to balance the different interests and meet needs of the community as a whole. The “language barriers” across cultural differences within a community that exist make it difficult to communicate and to help people to “try to get them involved other programs” that were developed for different groups. The needs of children are important too. “Working with the children who have experienced serious issues” is a challenge that leaves participants to “get scared for the kids” in the community. Making their “emotional pain” more visible has cost participants in their personal lives, for example “I lost a lot of friends”. The conduct of those related to participants in the community leaves them feeling like they are “walking on a tightrope”. For example, “my family gets into trouble and I get implicated”.

The responses by participants in this concept were consistent with the literature on outside influences on stress and burnout in relation to family commitments. Reid’s (2005) study also highlights this issue. There are also references in the international literature, not specific to Aboriginal staff and communities, on family commitments (Behson, 2002) and imbalance between work and family (Golub, Weiss, Ramesh, Ossoff, & Johns, 2007) as contributors to stress at work. In addition, experiences outside of work, such as in one’s personal life with those in the community can also impact one’s work stress (Csiernik, Smith, Dewar, Dromgole, & O’Neill, 2010).

Cluster #8 – Substance Use Problems

This cluster had an average bridging index value of 0.25, which was the 6th lowest of the 12 clusters. These responses were grouped together often by participants, suggesting that they were

among the most cohesive and reliable ways of characterizing “Substance Use Problems”. Participants identified the interrelated problems of substance abuse and crime in the community as challenges. The presence of “crack houses” in neighborhoods populated by families with children became focal points for “violence” and “abuse”. The result was “parents losing kids to the system.” In addition, “there are children 13 years old doing prostitution”. Participants’ agencies offered a safe space to be with others to combat the sense of “isolation” among residents, who had become afraid of “dealing with crack heads” in the community.

There is reference to research in the law enforcement literature on job stress (e.g. Alexander, 1993), regarding substance abuse and crime as challenges experienced among staff. In addition, the stressors associated with substance abuse and violence has also been reported in the family services literature among those providing addictions services (National Center on Substance Abuse and Child Welfare, 2011; Oyefeso, Clancy, & Farmer, 2008). The strong presence of these issues among participants is different however than has been reported in the non-Aboriginal literature suggesting that the impact of colonization and historical trauma are responsible for the difference, and the need for its recognition by funders for appropriate staff support is essential.

Cluster #9 – Gang Activity

This cluster had an average bridging index value of 0.07, which was the lowest of the 12 clusters. These responses were grouped together often by participants, suggesting that they were the most cohesive and reliable ways of describing “Gang Activity”. The participants also described the presence of gangs in the community as a challenge to their work there. Participants had to “watch kids grow up sell drugs and get into gangs”. The “young gang members” developed their own “drug issues” and “turf things with gangs”. Their behavior (e.g. “lights broken where

there are prostitutes”) served to create fear and mistrust. It was difficult, but necessary, for participants to help “get gangs off the streets” as part of their work.

The presence of local gang activity as a challenge for family service workers is absent from the literature on stress and burnout. However, there are references in the law enforcement literature to this type of stressor (see Noblet, Rodwell, & Allisey, 2009 for a review). However, other than Reid’s (2005) study, there is little on the combination of that stressor as part of one’s work life and non-work life. The degree of risk and uncertainty about the potential for violence is a characteristic of certain communities and of law enforcement work, but not within family services work as is the case for participants of the present study.

Cluster #10 – Outside Influences

This cluster had an average bridging index value of 0.18, which was the 4th lowest of the 12 clusters. These responses were grouped together often by participants, suggesting that they were among the most cohesive and reliable ways of describing “Outside Influences”. Participants described several influences from outside of the community in the city itself that created challenges for them in their work. They noted “inner-city communities get taken advantage of”. Despite the high rates of “crime”, there were “not enough police” and “emergency call response time is slow”. Participants felt that “if we were White, the police would come faster”. In particular, they wanted police to target the “business-suit people who take advantage of the children (johns)”. A contributor to local “alcohol problem (was) because (too many) bars so close”. However, liquor licenses were granted despite protests from local residents because there was “not enough recognition that communities have own solutions” to the problems of alcohol abuse. In addition, the community had “no new parks for more than 30 years”. There were high rates “fetal alcohol spectrum disorder” of “kids not going to school” and children in school with disabilities, such as

“attention deficit disorder” because of the eroding of community responsibilities and “family bonds that were destroyed by Residential schools”.

The inner city was seen as distinct from other areas of the city and differences in treatment, such as emergency service access, were inequitable. This has been clearly noted by Aboriginal researchers in Canada (e.g. First Nations Child and Family Caring Society of Canada and Paukuutit Inuit Women of Canada, 2006). There was reference in the international literature to perceived mistreatment (Kop, Euwema, & Schaufeli, 1999) and organizational disadvantage (Freeney & Tiernan, 2006) affecting resources such as time (Kowalski et al., 2010) and service consistency (Vakola & Nikolaou, 2005). However, the location of necessary services for residents outside of the inner city was itself a challenge for staff, and exacerbated all of the other contributors to stress they faced trying to meet local need for their services.

Cluster #11 – Dealing with Government

This cluster had an average bridging index value of 0.45, which was the 4th highest of the 12 clusters. Two responses including “lack of parenting skills” and “seeing kids apprehended” had bridging values of 0.86 and 0.96 respectively, meaning that they were grouped together with responses in other clusters and not grouped with the other responses in this cluster by participants. They are therefore unreliable indicators “Dealing with Government”.

A lack of communication between residents and between governments also contributed to challenges for participants in the community. Participants noted that “city hall does not care about people here” and that the provincial “government does not look at nurturing the community”. Government did not help with “confronting the issues that happen in the community”. For example, “conflicting government systems” left no one responsible to help the community deal with the “painful amount of poverty”. The poverty, “*lack of parenting skills” and “family involved

in stuff that isn’t good” resulted in “*seeing kids apprehended” and taken from the community. In cases where children were able to remain in the community in care, participants noted the challenge of “working with the foster parents to help them keep the kids safe”.

Participants described that their interactions with governments, reliance on government services and gaps in those services led to problems that local staff faced in their work. Because of the agency’s role in family services, connections with the government in family services and income assistance as well as disability services would be crucial. However, participants noted that these relationships were one-sided. We found reference to these stressors in the worker burnout literature (Regher & Bober, 2005). We also found similar experiences in the literature on colonization (Wotherspoon & Satzewich, 2000) including the removal of children from community and segregation with relegation to secondary status in comparison to the dominant (i.e. non inner-city) group.

Cluster #12 – Limited Funding

This cluster had an average bridging index value of 0.79, which was the highest of the 12 clusters. The high value indicates that this cluster is not conceptually distinct from the others and should be interpreted with caution. Three responses including “dollars attached to programs”, “people are like crabs in a bucket” and “having strong financial managers” had bridging values of 0.83, 0.90 and 1.00 respectively, meaning that they were grouped together with responses in other clusters and not grouped with the other responses in this cluster by participants. They are therefore unreliable indicators “Limited Funding”.

Participants described a lack of agency funding as a challenge. It was noted that taxes paid locally cut into already small household budgets and what was returned to the community in funding and services was small in comparison to other areas of the city. It was concluded, “we’re overcharged and under serviced”. Because of a

lack of “*dollars attached to programs”, there was competition for funding between individuals (e.g. “*people are like crabs in bucket”). The lack of funding led to some leaving the city and returning to their reserve communities (e.g. “some go back to the reserve”). It was a challenge to find and keep good financial knowledge within the community even though “*having strong financial managers” was crucial.

There were references in the literature to the negative effects of a lack of agency funding and the effects of a lack of funding on staff pay (Hegney, Eley, Plank, Buikstra, & Parker, 2006) as well as the burdensome need to keep careful control and records over financial matters (Ito, Kurita, & Shiiya, 1999).

Conclusion

The findings of this study contribute to our understanding and knowledge about the challenges faced by staff who work in Aboriginal family services agencies in high poverty urban areas in a number of ways. The consistency between the experiences described by participants in the current study and those identified in the literature lends credibility to the pre-existing researcher-defined constructs in relation to concerns about staff safety, limited agency resources, boundaries between staff and service recipients, the dual roles of being community member and agency staff, knowing how to help in complex situations, inequitable and unreliable program funding and working within different levels of government with different rules and expectations. The contributors and extent of these factors vary between communities. Among Aboriginal agencies, colonial history and historical trauma underlie the depth of challenge faced and contribute extensively to the funding inequities that exist above and beyond what non-Aboriginal agencies and communities face.

The experiences described by participants also included challenges that had received little attention in the literature. While these challenges are apparent to Aboriginal family services agencies because of the histories, contexts and

realities within which they work, they have not been well explored in research. Other than notable exceptions by Canadian (e.g. Regher & Bober, 2005) and Aboriginal researchers (e.g. Reid, 2005 & FNCFCS, 2006) there is a relative lack of research on challenges faced by family services workers in Aboriginal agencies.

Participants in the present study identified their relationships with other residents in their community as factors that made their work in the community a challenge. There has been relatively little attention to the role of community characteristics and their relationship to the experiences of stress and burnout among Aboriginal family services workers working in Aboriginal communities. In the present study, not only was the community composition such that residents knew one another outside of the agencies, but the staff of those agencies were also known to and interacted on a daily basis with the individuals, families or associates of those who came to the agency for service. The depth and reach of dual role challenges faced by those hired from the local geographic and cultural community are different than those who provided service within a large or disparate community where there is less personal knowledge of one another between residents.

In addition to the depth of need for family services in the community, which was identified by participants in the study, individuals also spoke of the diversity within the community to which their agency attempted to respond. The assumption that a small community of individuals who share geographic, cultural and socioeconomic characteristics are uniform and require similar services was challenged by participants. The program funding that agencies depended on originated from outside of the community and was not sensitive to the range of services needed that was apparent to those living and working in the community.

The challenge of managing relationships in a community where residents work and live was compounded by the presence of commonalities

in their understanding of past and present life experiences. The degree of impact that service recipients' stories had on participants indicated the presence of a shared reality that was deeper than living day to day in the same community, such as the colonial past combined with experiences of poverty and discrimination in daily life. This shared reality made helping relationships deeper and the family services delivered by local residents more effective. However, the corresponding challenges were to the difficulties in establishing clarity about roles as staff and residents and not having enough of the right resources locally, to help more people, more efficiently.

Specific problems that existed within the community and made the work of staff challenging included problematic substance use and gang activity. These factors did appear in the family services literature on staff stress and burnout, and were prominent in the law enforcement literature. It is noteworthy that the nature of challenges for staff working in Aboriginal family agencies overlapped considerably with the law enforcement profession, which is known to have high rates of exposure to traumatic events, traumatic stress and job burnout and staff turnover (Perez, Jones, Englert, & Sachau, 2010).

In addition, the external control of funding and public service resources delivered within the community was stressful. Those at the top of the systems who made the funding and service decisions did so from their perspective as outsiders to the community. Those delivering services in the community did so from their perspective as insiders. The two perspectives did not match, and participants in the study noted that funding allocations were not sufficient to meet need and the public services offered in the community were not responsive. They also noted that their relationships with government systems for the purpose of accessing public services from inside the community were difficult because of gaps in service and their availability to people in the community. The documentation requirements by funders were heavy and a drain on agency service resources.

The importance of making decisions based on local expertise is underscored by the results of the present study. Outsiders, including policy-makers and researchers, basing assumptions, expectations and program funding decisions on the results of literature on experiences of family services staff will find gaps in the literature. While there are similarities between challenges faced by family services staff in non-Aboriginal and Aboriginal communities, the differences, highlighted by Aboriginal researchers and the results of the present study, support the need for more Aboriginal-led research that is community and culturally-based on the topic of family service worker experiences. Two areas emerging from the present study represent particularly significant findings that should be attended to in future research.

Issues associated with the management of tensions around dual relationships as well as the discrepancy between resources needed by staff and those available to the agency through inequitable funding are worthy of exploration. The contextualization of such research is critical. An understanding of colonial history and experience of historical trauma as well as characteristics of the community itself from community members, such as history and geographic and social location, are necessary to accurately represent current realities and priorities.

The staff characteristic of being both a community member and service provider is rooted in cultural ways of helping and essential to make service relevant, appropriate and effective. This greatest strength also poses some important challenges for identifying the issues and dealing with difficulties that arise. The experiences of people who have managed these tensions and achieved balance for themselves, their families and community are important to understand. How do service providers in Aboriginal family agencies manage relationships? Based on results of the present study, this is a very important direction for future research. It is also crucial that funders recognize the complexity and necessity of relationships and adequately resource for staff training and support on these issues.

The depth and extent of community need for family services varies between Aboriginal communities. However, all Aboriginal communities have experienced multiple and cumulative losses as well as inequitable political and social treatment. The discrepancy between funding available to family agencies to provide service and what is necessary to meet community need is great. The experiences of participants in the present study described their challenges associated with working in an agency situated within a community with poor housing, few educational and employment opportunities as well as social segregation within an urban center as profound influences on their work. Despite these great challenges, their strength and hope for change was not diminished. However, there is great potential for stress and burnout by staff in an environment where there is only enough funding for agencies to treat symptoms, such as crime and substance use, instead of dealing directly with oppression and disadvantage through real community and family healing. Not only should the strengths of staff be explored further in future research, but continued advocacy on the to change inequitable funding arrangements that continue to disadvantage Aboriginal family agencies and their staff.

Limitations

There were some limitations to the study in relation to sampling. All participating agencies were culture-based Aboriginal organizations that hired extensively from the local geographic and cultural community. While almost all staff were Aboriginal and residents of the inner city, there were exceptions which were not tracked in the study. Participation was voluntary and staff from the three participating agencies self-selected. While all who participated in interviews were invited to participate in the sorting only a small proportion did so. It is therefore not known to what extent those who participated differ from those who did not.

References

- Alarcon, G., Eschleman, K. J., & Bowling, N. A. (2009). Relationships between personality variables and burnout: A meta-analysis. *Work & Stress, 23*(3), 244-263.
- Alexander, D.A. (1993). Stress among body handlers: A long-term follow-up. *British Journal of Psychiatry, 163*, 806-808.
- Alleyne, A. (2004). Black identity and workplace oppression. *Counselling & Psychotherapy Research, 4*(1), 4-8.
- Armstrong, G. S., & Griffin, M. L. (2004). Does the job matter? Comparing correlates of stress among treatment and correctional staff in prisons. *Journal of Criminal Justice, 32*(6), 577-592.
- Avey, J. B., Luthans, F., & Jensen, S. M. (2009). Psychological capital: A positive resource for combating employee stress and turnover. *Human Resource Management, 48*(5), 677-693.
- Bussing, A., & Glaser, J. r. (1999). Work stressors in nursing in the course of redesign: Implications for burnout and interactional stress. *European Journal of Work and Organizational Psychology, 8*(3), 401-426.
- Bamber, M., & McMahon, R. (2008). Danger-early maladaptive schemas at work!: The role of early maladaptive schemas in career choice and the development of occupational stress in health workers. *Clinical Psychology & Psychotherapy, 15*(2), 96-112.
- Behson, S. J. (2002). Coping with family-to-work conflict: The role of informal work accommodations to family. *Annual Academy of Management, 60th*, Aug 2000, Toronto, ON, Canada.
- Blackstock, C. & Bennett, M. (2003). National children's alliance: Policy paper on Aboriginal children. Ottawa: First Nations Child & Family Caring Society of Canada.
- Bopp, M. & Bopp, J. (2001). *Recreating the world: A practical guide to building sustainable communities*. Ottawa: Four Worlds Press.
- Bowleg, L., Brooks, K., & Ritz, S. F. (2008). "Bringing home more than a paycheck": An exploratory analysis of Black lesbians' experiences of stress and coping in the workplace. *Journal of Lesbian Studies, 12*(1), 69-84.
- Burgess, L., Irvine, F., & Wallymahmed, A. (2010). Personality, stress and coping in intensive care nurses: A descriptive exploratory study. *Nursing in Critical Care, 15*(3), 129-140.

- Burgess, A., Regehr, C., & Roberts, A. (2009). *Victimology: Theory and practice*. New York: Jones & Bartlett.
- Carter, T. (2004). A new face on poverty: Social assistance in Winnipeg's inner city. Winnipeg, MB: Institute of Urban Studies.
- Colligan, T. W., & Higgins, E. M. (2005). Workplace Stress: Etiology and Consequences. *Journal of Workplace Behavioral Health*, 21(2), 89-97.
- Connors, E., & Maidman, F. (1999). A circle of healing: Family wellness in Aboriginal communities. In I. Prilleltensky, G. Nelson, & L. Peirson (Eds.), *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action* (pp. 375-463). Wilfred Laurier University: The Family Wellness Project team.
- Csiernik, R., Smith, C., Dewar, J., Dromgole, L., & O'Neill, A. (2010). Supporting new workers in a child welfare agency: An exploratory study. *Journal of Workplace Behavioral Health*, 25(3), 218-232.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Ebbinghaus, M. (2002). From mental strain to burnout. *European Journal of Work and Organizational Psychology*, 11(4), 423-441.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, 86(3), 499-512.
- Dickason, O. (1998). Toward a larger view of Canada's history: The native factor. In D. Long and O. Dickason (Eds.), *Visions of the heart: Canadian Aboriginal issues* (2nd ed.) (pp 11-30). Toronto, ON: Thompson Nelson.
- Ducharme, L. J., Knudsen, H. K., & Roman, P. M. (2008). Emotional exhaustion and turnover intention in human service occupations: The protective role of coworker support. *Sociological Spectrum*, 28(1), 81-104.
- First Nations Child and Family Caring Society of Canada and Paukuutit Inuit Women of Canada (2006). *FASD training study: Final report*. Ottawa: First Nations Child & Family Caring Society.
- Four Worlds (1989). *Developing healthy communities: Fundamental strategies for health promotion*. Ottawa: Four Worlds Press.
- Freaney, Y., & Tiernan, J. (2006). Employee engagement: An overview of the literature on the proposed antithesis to burnout. *Irish Journal of Psychology*, 27(3-4), 130-141.
- Golub, J. S., Weiss, P. S., Ramesh, A. K., Ossoff, R. H., & Johns, M. M., III. (2007). Burnout in residents of otolaryngology-head and neck surgery: A national inquiry into the health of residency training. *Academic Medicine*, 82(6), 596-601.
- Government of Canada (1982). *Constitution Act*. Ottawa: Queen's Printer.
- Hallett, B. (2006). *Aboriginal people in Manitoba*. Winnipeg: Her Majesty the Queen in Right of Canada.
- Hassell, K. D., & Brandl, S. G. (2009). An examination of the workplace experiences of police patrol officers: The role of race, sex, and sexual orientation. *Police Quarterly*, 12(4), 408-430.
- Hegney, D., Eley, R., Plank, A., Buikstra, E., & Parker, V. (2006). Workforce issues in nursing in Queensland: 2001 and 2004. *Journal of Clinical Nursing*, 15(12), 1521-1530.
- Huang, I.-C., Chuang, C.-H. J., & Lin, H.-C. (2003). The Role of Burnout in the Relationship Between Perceptions of Organizational Politics and Turnover Intentions. *Seventh World Congress for Total Quality Management*, Jun 2002, Verona, Italy.
- Indian and Northern Affairs (1996). *Report of the Royal Commission on Aboriginal Peoples*. Ottawa: author.
- Ito, H., Kurita, H., & Shiiya, J. (1999). Burnout among direct-care staff members of facilities for persons with mental retardation in Japan. *Mental Retardation*, 37(6), 477-481.
- Kop, N., Euwema, M., & Schaufeli, W. (1999). Burnout, job stress and violent behaviour among Dutch police. *Work & Stress*, 13(4), 326-340.
- Kowalski, C., Driller, E., Ernstmann, N., Alich, S., Karbach, U., Ommen, O., . . . Pfaff, H. (2010). Associations between emotional exhaustion, social capital, workload, and latitude in decision-making among professionals working with people with disabilities. *Research in Developmental Disabilities*, 31(2), 470-479.
- Lloyd, C., & King, R. (2001). Work-related stress and occupational therapy. *Occupational Therapy International*, 8(4), 227-243.
- Loewen, G., Silver, J., August, M., Bruning, P., MacKenzie, M., & Meyerson, S. (2005). Identifying employment opportunities for low-income people within the Manitoba innovation framework. Winnipeg, MB: Manitoba Research Alliance. p. 13
- Long, D., & Dickason, O. (1998). *Visions of the heart: Canadian Aboriginal issues* (2nd ed.). Toronto, ON: Thompson Nelson.

Aboriginal Family Services Agencies in High Poverty Urban Neighbourhoods

- Maslach, C. (2003). Job Burnout: New Directions in Research and Intervention. *Current Directions in Psychological Science*, 12(5), 189-192.
- Mendelson, M. (2004). Aboriginal people in Canada's labour market: Work and unemployment, today and tomorrow. Ottawa: Caledon Institute of Social Policy. p. 38.
- Muncer, S., Taylor, S., Green, D. W., & McManus, I. C. (2001). Nurses' representations of the perceived causes of work-related stress: A network drawing approach. *Work & Stress*, 15(1), 40-52.
- National Center on Substance Abuse and Child Welfare (2011). Helping child welfare workers support families with substance use, mental and co-occurring disorders. Retrieved June 5 from: <http://www.ncsacw.samhsa.gov/training/toolkit/default.aspx>.
- National Aboriginal Design Committee (2002). Position paper on Aboriginal literacy. Toronto, ON: Author.
- Noblet, A., Rodwell, J. and Allisey, A. (2009), Job stress in the law enforcement sector: comparing the linear, non-linear and interaction effects of working conditions. *Stress and Health*, 25: 111-120.
- Oyefeso, A., Clancy, C., & Farmer, R. (2008). Prevalence and associated factors in burnout and psychological morbidity among substance misuse professionals. *BMC Health Services Research*, 8, 39-46.
- O'Donnell, V. & H. Tait. (2003). Aboriginal peoples survey 2001 - Initial findings: Well-being of the non-reserve Aboriginal population. Ottawa: Statistics Canada.
- Paul, D. (2006). *Fist Nations history: We were not the savages* (3rd ed.). Halifax, NS: Fernwood.
- Perez, L., Jones, J., Englert, D., & Sachau, D. (2010). Secondary traumatic stress and burnout among law enforcement investigators exposed to disturbing media images. *Journal of Police and Criminal Psychology*, 25, 113-124.
- Reid, M. (2005). Aboriginal social workers speak out on health: Child welfare, holistic health and women in social work. *Perspectives*, 27 (5), 4-5.
- Regehr, C. & Bober, T. (2005) *In the line of fire: Trauma in the emergency services*. New York: Oxford University Press.
- Regehr, C. & Glancy, G. (2010). *Mental health social work in Canada*. Toronto: Oxford University Press.
- Regehr, C., Roberts, A. & Bober, T. (2008). On the brink of disaster: A model for reducing the social and psychological impact. *Journal of Social Service Research*, 34(3) 5-14.
- Shannen's Dream (2011). Support Shannen's dream. Retrieved June 9, 2011 from: <http://www.fncfcs.com/shannensdream>.
- Soler, J. K., Yaman, H., Esteva, M., Dobbs, F., Asenova, R. S., Katifá, M., European General Practice Research Network Burnout Study, G. (2008). Burnout in European family doctors: The EGPRN study. *Family Practice*, 25(4), 245-265.
- Statistics Canada (2008). *Aboriginal peoples in Canada in 2006: Inuit, Metis, and First Nations*, 2006 Census. Ottawa: author.
- Statistics Canada (2010). *Aboriginal identity population*. Retrieved October 28, from: <http://www12.statcan.ca/census-recensement/2006/dp-pd/hlt/97-558/pages/page.cfm?Lang=E&Geo=PR&Code=01&Table=3&Data=Count&Sex=1&StartRec=1&Sort=2&Display=Page>.
- Statistics Canada (2011a). 2006 profile of Aboriginal children, youth and adults. Retrieved June 5, from: http://www12.statcan.ca/census-recensement/2006/dep-pd/89-635/P4.cfm?Lang=eng&age=3&ident_id=1&B1=0&geocode2=000.
- Statistics Canada (2011b). *Visual census: families and housing, Manitoba*. Retrieved June 5, from: http://www12.statcan.ca/census-recensement/2006/dp-pd/fs-fi/index.cfm?LANG=ENG&VIEW=D&PRCODE=46&TOPIC_ID=2&format=flash.
- Stout, M., Kipling, G., & Stout, R. (2001). *Aboriginal women's health research*. Winnipeg: Canadian Women's Health Network.
- Trochim, W. M. (1987). *The concept system*. Ithaca NY: Concept Systems Incorporated.
- Trochim, W. M. (1989a). Concept mapping: Soft science or hard art? *Evaluation and Program Planning*, 12, 87-110.
- Trochim, W. M. (1989b). An introduction to concept mapping for planning and evaluation. *Evaluation and Program Planning*, 12, 1-16.
- Trochim, W., & Kane, M. (2005). Concept mapping: An introduction to structured conceptualization in health care. *International Journal for Quality in Health Care*, 17 (3), 187-191.
- Troup, C., & Dewe, P. (2002). Exploring the nature of control and its role in the appraisal of workplace stress. *Work & Stress*, 16(4), 335-355.
- Vakola, M., & Nikolaou, I. (2005). Attitudes towards organizational change: What is the role of employees' stress and commitment? *Employee Relations*, 27(2), 160-174.

- Wesley-Esquimaux, C. & Smolewski, M. (2004). *Historic trauma and Aboriginal healing*. Ottawa: Aboriginal Healing Foundation.
- Wotherspoon, T., & Satzewich, V. (2000). *First Nations: Race, class and gender relations*. University of Regina: Canadian Plains Research Center.
- Wuttunee, W. (2004). *Living rhythms: Lessons in Aboriginal economic resilience and wisdom*. Montreal: McGill-Queen's University Press.