

Aboriginal Nursing Students' Experiences
in a Nursing Program

by

Heidi Petrak
BSN, University of British Columbia, 1994

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ABSTRACT

This ethnographic study explored the experiences of six Aboriginal nursing students in a nursing program with the hope of gaining understanding of such experiences. Four important themes emerged from the analysis of the interviews with the Aboriginal nursing students: (a) teaching about residential schools (the impact of colonization), (b) the push and pull of family and culture, (c) tensions with the nursing program, and (d) pressures to succeed. These themes revealed both the courage and tenacity of Aboriginal students to succeed against their fears of failure, rejection from their community, and rejection from the medical community. Nursing curricula need to be prepared to incorporate the concept of cultural safety and determine whether the dominant Euro-Canadian female nursing program requires that students give up their Aboriginal identity and assimilate, which can perpetuate colonialism.

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CHAPTER 1: INTRODUCTION

The health status of Aboriginal¹ peoples² is alarmingly below that of the rest of Canadians (Assembly of First Nations, 2007). The current poor health status has decreased the quality of life for Canada's Aboriginal peoples. For example, health statistics in Canada indicate that, on the average, the life expectancy of Aboriginal peoples is approximately 10 years less than that of non-Aboriginal Canadians. The reasons for their poorer health status are multifactoral and complicated (Indian and Northern Affairs Canada, 2004; Kelm, 1998; Smye & Browne, 2002). What is known is that there is a shortage of health care workers—for example, nurses—who can provide support, education, and services for people, especially those who live in more remote areas. Nurses have a long and proud history of offering support and services that are instrumental in improving the health of remote and local communities through education, support, and hands-on care. However, there is, above all, a lack of Aboriginal nurses (Aboriginal Nurses Association of Canada, 2005) to fulfill such roles in these communities.

¹ *Aboriginal* is a broad term that refers to people who identify themselves as First Nations, Métis, and Inuit (Eskimo and Indian (colonial terms), Native American, Native, or First People are less common terms). Thus Aboriginal in this paper refers to all of these peoples unless otherwise specified. The term *Indigenous*, also used in this paper, has a larger global meaning (used throughout the world by colonized peoples) and is used to refer to Indigenous knowledge and ways of knowing in keeping with Aboriginal educators (Battiste, 2000).

² *Aboriginal peoples*: Canada and North American have many different cultural groups who are Aboriginal but may or may not share a common language, experiences, customs, or traditions. Therefore, I make a distinction by referring to Aboriginal *peoples* to encompass all groups of Aboriginal people rather than Aboriginal *people*, which implies that all are the same and is certainly not true (RCAP, 1996c; Smith, 2005).

Significance of the Study

Indian and Northern Affairs Canada (2004) reported that the Aboriginal population is increasing at a rate twice that of non-Aboriginal Canadians. This means that more Aboriginal peoples will need to be educated to care for and work with Aboriginal peoples, and more health care workers will be needed to improve the current health status of Aboriginal peoples (Health Canada, 2002). In particular, Aboriginal peoples will need more nurses to develop increased knowledge and understanding of their complex health issues. Learning about health and ways to achieve health will go a long way towards improving Aboriginal peoples' health status until it is on par with that of the rest of Canadians.

In 2001 the provincial government recognized the shortage of health care professionals in BC; in particular, nurses. Therefore, in an effort to address the current and future needs of Canadian people, the provincial government initiated strategies to deal with the shortage of nurses (Province of British Columbia [BC], 2004). One of these strategies was to increase the enrolment of nursing students by increasing the number of seats available in nursing programs. This would naturally lead to an increase in the number of nurses graduating from university degree programs (Bachelor of Science in Nursing [BSN]) to fill the growing shortage.

Currently, the number of Aboriginal nurses is not proportionate to the number of Aboriginal peoples in Canada. There are not enough Aboriginal nurses to meet the health needs of Aboriginal peoples. In response to this resource problem, an agreement between the federal government, the Canadian Federation of Nurses Unions, and the Aboriginal Nurses Association of Canada was made to encourage and support more Aboriginal peoples in the field of nursing (Indian and Northern Affairs Canada, 2004). This demonstrated the federal government's commitment to help Aboriginal peoples in their

efforts to achieve self-government and self-reliance. The government of BC also responded to this issue and directed \$100,000 towards the recruitment of Aboriginal youth into the nursing profession and to retain Aboriginal nurses who are already working in the province (Province of BC, 2004).

The general consensus is that most Aboriginal people will more readily accept Aboriginal health care professionals, who would then have a greater impact than non-Aboriginal health care professionals on the health of Aboriginal peoples (Lakehead University, 2003). It is reasonable to believe that an Aboriginal nurse with knowledge and experience of Aboriginal issues would have a better depth of understanding of the particular health issues, culture, language, and traditional medicine/healing practices, including the impact of colonization and its possible meanings for another Aboriginal person. This “inside” knowledge would be more influential, accepted, trusted, and legitimate for Aboriginal peoples. However, it is important to recognize that each of the Aboriginal communities across Canada has many different cultural histories, beliefs, and health practices (Report of the Royal Commission on Aboriginal Peoples [RCAP], 1996c). Therefore, it is vitally important not to assume that all Aboriginal peoples have the same experiences and beliefs, but to believe that nurses, even Aboriginal nurses, will need to become familiar with the individual community, including people’s history, in which they choose to work (Culley, 1996; National Aboriginal Health Organization (NAHO), 2008). Establishing a trusting relationship may enhance general mental, emotional, spiritual, and physical health and well-being. These factors may contribute towards improved health services for Aboriginal peoples (Lakehead University, 2003).

Government initiatives have also been undertaken to increase postsecondary education in general in the Aboriginal population. The government’s long-term goal has been to support Aboriginal peoples’ self-governance (Government of BC, Ministry of

Advanced Education, 1995). However, Aboriginal peoples' self-government requires postsecondary education. It is well known that there is a direct "correlation between educational attainment and employment, economic well being and health" (Canadian Millennium Scholarship Foundation, 2004, p. 5). Therefore, a people with a strong educational foundation are better prepared to participate and flourish in Canadian society.

The federal government recognized certain truths or facts about Aboriginal peoples—their poor health status, the rising Aboriginal population, the low education levels, and a general nursing shortage—and thus acknowledged a difficult situation in Canadian society. In an effort to remedy these truths and become more proactive, the nursing departments from a large university collaborated with a medium-sized college in Western Canada, in conjunction with a First Nation Education and Services Department (FNES), and enacted an agreement in September 2004 to create eight priority seats in the Registered Nurse/BSN program for Aboriginal students. Students who identify themselves as Aboriginal will gain immediate acceptance into the nursing program (i.e., they will be fast-tracked) rather than having to wait two to three years to begin their studies. These eight priority seats represent the willingness of the First Nations Education and Services Department and the Nursing Department to help Aboriginal peoples take a small step towards improving access to educational opportunities. However, success in the nursing program does not depend only on having these allocated seats.

Research Purpose

Nurses have a longstanding history of providing health care, education, and services to the public to promote health and well-being; they are an essential and one of the largest factions of the health care workforce in the nation. Unfortunately, there is an emerging trend of higher attrition among Aboriginal nursing students compared with non-Aboriginal students. The purpose of this research was to explore the experiences of

Aboriginal nursing students and, from this exploration, gain an understanding of their experiences in a nursing program. The knowledge gained from this study will also inform nurse educators and better facilitate such students' success. A greater number of Aboriginal nurses are needed to enhance the lives of Aboriginal peoples through health care, health promotion, and education.

Motivation of the Researcher

The desire to engage in research "begins with [the] desire to search for truth, illuminate knowledge and improve the quality of life on Earth" (Kenny, Faries, Fiske, & Voyageur, 2004, p. 3). My interest in Aboriginal peoples began a long time ago when I had the opportunity to work with Aboriginal people on reserves in Northern BC. While working in these communities, I learned the truth about the history of Canada's First Peoples. What I learned horrified and humbled me, and I was amazed and awed by the strength and endurance of Aboriginal people who had worked so hard to overcome such intense adversity. Five hundred years of colonization has caused a great deal of damage, and yet an unyielding spirit survives and it is that persistent spirit (Stephenson & Elliott, 1995) that is beginning to overcome the damage inflicted. However, the flames of this spirit will need to continue to be fanned, supported, and encouraged to once again burn brightly.

When I became aware that eight priority seats had been created in a college nursing program, I was thrilled to know that I worked in an institution that supported Aboriginal peoples. When after the first cohort of nine Aboriginals entered, and only two continued in the program, I was deeply disappointed and confused. Many questions ran through my head: Why are the attrition rates of Aboriginal nursing students significantly higher than those of non-Aboriginal students? What are some of the factors that hindered

the success of these students? What might be done better to support the success of these desperately needed students?

After I researched the literature on the education of Aboriginal students in general, several themes came to light that explained why these students were not being successful. Most important was the impact of colonization—in particular, the residential schools—which has been and will continue to be a profound and negative force in the lives of many Aboriginal peoples for many generations. The aftermath of colonization left many Aboriginal cultures fractured and deeply wounded, and some people lost their sense of identity, languages, customs, and rituals. Many could no longer identify with their Aboriginal ancestry; but neither were they fully accepted by the dominant European culture in which they lived (Kelm, 1998). This sense of disconnection has resulted in low self-esteem, depression, anger, violence, alcohol use, substance use, suicide, and profound spiritual and emotional pain.

My initial review of the literature left me with a nagging sense that I did not understand the whole picture. What was the essential piece that was missing? Could we as nurse educators not be certain that in a nursing-education environment of collaboration, cultural sensitivity,³ and acceptance, all students would successfully learn? What became clear was that I, and possibly the nursing program educators, did not understand how Aboriginal students in the nursing program felt about their experiences in the program. Would a greater understanding of their experiences help to shed light on the higher attrition rate? How did the students themselves perceive the nursing environment

³ Cultural sensitivity is a place to start and requires that nurse educators teach nursing students to be aware and sensitive to different cultures, health care practices, values, belief systems, and so on. The term may be interchangeable with *cultural awareness*, and *cultural appropriateness* (Brown e & Varcoe, 2006). However, unlike cultural safety, cultural sensitivity does not examine how the deeper historical, sociopolitical, and economical positions may disadvantage a particular group within dominant culture (Smye & Browne, 2002).

that was positioning itself to be trusting, open, and accepting of students? Where were Aboriginal nursing students' voices in the literature? What was it really like for Aboriginal nursing students to be educated by the Eurocentric, dominant-culture nurses in a dominant-culture institute in dominant-culture settings (hospitals and communities)? My motivation for this research was my desire to identify some of the missing pieces and to learn what only the students themselves could tell us. Thus, I began to listen to their stories and views on the nursing program, to hear their voices and learn their truths about their experiences. Through hearing their stories, I hoped to gain insight and knowledge that would enhance Aboriginal students' experiences of nursing programs.

Research Methodology

I used a qualitative research approach in this study to answer the central research question, which was, "What are Aboriginal students' experiences of being in a nursing program?" Specifically, the method of inquiry was an interpretive ethnography, which is the study and interpretation of an aspect of culture; in this case, the experiences of a group of Aboriginal nursing students. For this study I interviewed six nursing students who identified themselves as Aboriginal. I carefully considered the ethics and assumptions of research with Aboriginal peoples because of the sensitive issue of colonization and the ongoing neo-colonial process, including the way in which research has been and continues to be colonizing (Schnarch, 2004; Smith, 2005).

Research Questions

The central research question for this study was, "What are Aboriginal nursing students' experiences of a nursing program?" In the interviews I asked, "Tell me about your experiences in a nursing program." I further explicated this question by asking specifically about their experiences as Aboriginal nursing students to gain an understanding from an Aboriginal perspective if possible. Other questions for further

exploration that were helpful in prompting meaningful discussion included the following: What have been the challenges and/or benefits in the nursing program? How are you experiencing the nursing education culture? What advice would you give to an Aboriginal student starting out in the program?

I asked additional questions to obtain more specific information that I felt was significant to nursing education, educational preparation, financial issues, and family issues/obligations, which are all known barriers to Aboriginal student success (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002; Martin, 2006): Where were you educated for high school (on reserve or public, private, or home schooling)? Did you feel adequately prepared educationally for nursing school? Do you feel that you have adequate financial resources to be a full-time student? Did you have to leave home to come to school? How has that been for you? Are you aware of any cultural healing practices, and would they fit into the nursing practice that you are being taught?

Summary

The poor health status of Aboriginal peoples compared to that of the rest of Canadians is of serious concern. A nationwide shortage of health care workers only compounds the problem, and supporting and encouraging Aboriginal peoples to become educated as nurses may be one step towards improving their health services. Recognizing the comparatively higher attrition rate of Aboriginal nursing students compared to that of non-Aboriginal students sparked this study to help me to understand the experiences of Aboriginal nursing students in a nursing program. I believed that closely examining the experiences of Aboriginal students would reveal insights and new knowledge that would, in turn, be instrumental in informing nursing curricula and perhaps better inform recruitment and retention strategies in a nursing program. This knowledge may be a step in the drive to retain more Aboriginal students in nursing programs. I hope that this will

increase the number of Aboriginal nurses who decide to work with their peoples and contribute to the enhanced health of Aboriginal peoples.

Chapter 2 is a review of the literature on the history and background of Aboriginal peoples; in particular, Aboriginal students and Aboriginal nursing students. Chapter 3 will discuss the method and design of the study, include a careful consideration of the ethics involved when researching Aboriginal peoples, reflect on issues of ownership of knowledge and discuss how credibility was established. In chapter 4, I will delve into the findings of the study and reveal four main themes that emerged from the participant (Aboriginal nursing students) interviews. Finally, in chapter 5, I will elaborate further on the findings of the study, discuss limitations of the study, suggest implications for nursing education, reveal participants' advice to future Aboriginal nursing students, and propose areas for further research.

CHAPTER 2: REVIEW OF THE LITERATURE

Introduction

I found limited literature related to the experiences of Aboriginal nursing students in a nursing program. However, in a recent doctoral dissertation, “Aboriginal Nursing Students’ Experiences: Validation through Research!” Donna Martin (2006) discussed Aboriginal nursing students’ struggles and resourcefulness to become nurses. Health Canada (2002) published a report, “Against the Odds: Aboriginal Nursing,” that highlighted the barriers to nursing education that Aboriginal students face. Martin and Health Canada identified barriers or struggles for Aboriginal nursing students that include difficulties with finances, inadequate high school preparation, and the institutional barriers of a Eurocentric educational system that does not acknowledge or reflect Aboriginal culture.

I found considerable literature within the discipline of education with regard to the education of Aboriginal students. In particular, the Canadian Millennium Scholarship Foundation (2004) identified several barriers to postsecondary education for Aboriginal students—historical, social and cultural, geographic and demographic, and personal and individual—which are similar to those that Martin (2006) and Health Canada (2002) identified. For the purpose of the literature review, I will refer to the barriers to postsecondary education that the Canadian Millennium Scholarship Foundation cited and support them with references to other literature.

Identified Barriers to Postsecondary Education

Historical Barriers: The Impact of Colonization

Critical to understanding Aboriginal peoples and their culture is acknowledging Canada's distinct history of colonization. This history has had, and is still having, a significant impact on Aboriginal peoples. Being aware of this history will help to avoid or minimize the possibilities of making incorrect assumptions about Aboriginal peoples (RCAP, 1996a, 1996d; Smye & Browne, 2002).

The history of colonialism and the struggles of the Aboriginal peoples are not unknown in Canada (RCAP, 1996a). When the Europeans arrived, the Aboriginal peoples faced many struggles. However, as Warry (1998) explained, "The physical, emotional, and sexual abuse of children in residential schools is perhaps the most obvious example of direct harm experienced by many Native men and women" (p. 215). Until only a few decades ago, Aboriginal children as young as six years old were forced to leave their family and homes to become educated. Also, some were placed in boarding homes of the dominant society and attended schools, separated from family and home, and placed in the care of strangers (RCAP, 1996a). This began in the 1890s to assimilate "savage" Aboriginals into civilized Canadian society (Kelm, 1998; RCAP, 1996a). Many of these children did not know how to speak English when they arrived at their new school or home and were not allowed to speak their own language. Thus, they felt isolated and lonely and were unable to communicate even their most basic needs to anyone (Industry Canada, 2005). They suffered other abuses as well, such as the unfamiliar foods that they were forced to eat, crowded living conditions, loss of freedom, and frequent mental and physical abuse at the hands of their teachers and boarding house 'parents' (Industry Canada, 2005).

When these children returned to their homes, many had lost their understanding of their original culture and could no longer speak their language as a result of this forced assimilation. The children were taught in these residential schools that their culture had no value, was primitive, was “the work of the Devil,” and was therefore not worth preserving (Industry Canada, 2005). They began to believe that the dominant European, “advanced” civilization was superior to their own original culture. They no longer considered the “ceremonies and rituals which harmonized the spiritual and social life of the community and gave its members a sense of personal significance and group identity” (Industry Canada, 2005, Residential Schools: Background section, ¶ 9) were significant or valuable (although many still did). As a result of the teachings in residential schools many no longer respected their Elders or the Elders’ ways. Many felt that they did not need to contribute to their family and community, no longer putting family first. Thus, these children grew up in a fractured world, neither accepted by the non-Aboriginal people who had educated them, nor able to identify with their original society. This sense of disconnection resulted in low self-esteem, depression, anger, violence, alcohol use, substance use, suicide, and pain (Industry Canada, 2005).

During a conference that I attended titled *Integrating Culture Into Practice* (Duncan, BC, April 2006), many people told stories of their experiences in residential schools, of the experiences of parents who had been in residential schools, or of grandchildren’s experience of the cycle of abuse. The stories were all, without exception, heart rendering. One Elder told the group in a strong, impassioned, but broken voice, “You will *never* know what it was like” in reference to his experiences in a residential school. Although I will never truly know what his experience was like—and this is certainly true for all people who did not attend—we can have a degree of compassion and gain insight from these stories as well as validate the experiences of those who suffered

so greatly. Because of this limited understanding, it comes as no surprise that there is such a high degree of mistrust towards many aspects of dominant European culture that represent the antagonists of residential schools.

Children who attended residential schools of the past are now parents and grandparents themselves and today, understandably, have a great deal of mistrust of the education of their children in regular provincial schools, as well as mainstream postsecondary institutions. Provincial schools' and postsecondary institutions' education curricula tend to be insensitive to Aboriginal students' needs, whose culture and ways of learning may be very different from those of non-Aboriginal people (Health Canada, 2002). However, many schools and postsecondary institutions are making attempts to increase this sensitivity by hiring Aboriginal teachers and creating programs to help Aboriginal students (Health Canada, 2002).

More and more reserves now have schools that are operated and taught by Aboriginal teachers who are designing their own curricula to reflect original cultural values, customs, languages, and beliefs. Currently, approximately 60% of First Nations students who live on reserve attend reserve schools (although not all teachers are Aboriginal yet), and the remaining 40% attend provincial, federal, or private schools (Indian and Northern Affairs Canada, 2000). However, these reserve schools receive inadequate funding to offer the high-quality education required to enter the competitive postsecondary education environment (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002). In fact, 70% of on-reserve students never complete high school (Assembly of First Nations, 2007). The reasons for such low Grade 12 graduation rates are varied and include the need to leave family and community for high school, low self-esteem and self-confidence, a lack of supports, and a lack of role models (Canadian

Millennium Scholarship Foundation, 2004; Health Canada, 2002), which can be linked to the generational effects of residential schooling (RCAP, 1996a).

The generational effects of residential schooling continue to have an impact on Aboriginal peoples (RCAP, 1996a). Survivors of residential schools were disconnected from their culture and were never taught how to raise their children. When they began to have children, some inflicted those abuses on their children, who then continued the cycle (RCAP, 1996a). Parents who have a poor self-image are unlikely to be able to teach their children to have a positive one. Hence children who are not confident in themselves are less likely to succeed in school, as evidenced by the high school attrition rates (Assembly of First Nations, 2007). However, Warry (1998) optimistically stated that “there is great hope that the next generation will escape the problems of the past” (p. 223) and that Aboriginal communities will begin to heal.

Warry (1998) explained that “community healing is about undoing the damage caused by years of colonial oppression, which attacked Aboriginal beliefs and practices as bad, inferior, primitive, or pagan” (p. 222). The first step was to acknowledge the harm that has been done to Aboriginal peoples and apologize for the pain and suffering that many endured in residential schools (RCAP, 1996a).

Social and Cultural Barriers

Although more Aboriginal children are being educated in Aboriginal schools, a lack of preparation for the rigors of postsecondary education in mainstream colleges and universities has been identified as a barrier to success in postsecondary education (Canadian Millennium Scholarship Foundation, 2004). Thus, the question arises: Are Aboriginal nursing students adequately prepared for the rigors of the nursing program? The high attrition rate may suggest that they are not adequately prepared academically for the tough curriculum in the sciences of biology, pathophysiology, chemistry,

mathematics, and pharmacology that is required to become a registered nurse (Health Canada, 2002). At a workshop series that School District 62 sponsored —Aboriginal Ways of Knowing (Victoria, BC, 2006)—Dr. Lorna Williams reported that “Aboriginal students are not encouraged to take sciences,” which refers to grade-school education and which may be a strong contributing factor to the challenges that some Aboriginal students face.

Although the nursing program curriculum offers a multicultural component, it is limited to broad statements and discussions on all cultures and very few on the issues that Aboriginals in particular face (Collaborative Nursing Program, 2004). The program includes communication skills, community nursing, and the art and history of nursing; but it is still based on the dominant European-Canadian culture. Practice settings in large urban hospitals, where Aboriginal students work, the patients are mainly non-Aboriginal people. The majority of the nurse educators in nursing programs are Euro-Canadian. There is a distinct lack of Aboriginal role models in nursing, let alone educators in the nursing program, and Health Canada (2002) identified the lack of role models as a barrier to postsecondary education.

Discrimination has also been a significant barrier to postsecondary education. In postsecondary institutions that are predominantly Euro-Canadian, educators as well as non-Aboriginal students lack knowledge of and have failed to acknowledge traditional Aboriginal values, culture, and points of view. All of these factors have culminated in a lack of understanding of Aboriginal perspectives and have led to unconscious racism and prejudice towards Aboriginal students (Varcoe & McCormick, 2007), who are expected to understand and agree with the dominant culture curriculum (Puzan, 2003). However, there is no expectation that non-Aboriginal people will know about Aboriginal peoples (Canadian Millennium Scholarship Foundation, 2004). Generally, the stance of

postsecondary institutions is one of assimilation rather than recognition of differences. As Young (1990) charged, “Self-annihilation is an unreasonable and unjust requirement of citizenship” (p. 179); in other words, abolishing one’s original culture to fit in with the dominant culture is neither acceptable nor right.

As a result, Aboriginal people often feel that their voices are unimportant or unheard in a group dominated by non-Aboriginal people, which has effectively silenced their voices and opinions. This is a continuation of the historical oppression and segregation that many Aboriginal peoples have experienced (Canadian Millennium Scholarship Foundation, 2004). These feelings lead to low self-esteem and a lack of belief, confidence, interest, and motivation in completing their studies (Health Canada, 2002). Young (1990) argued that “it is more empowering to affirm and acknowledge in political life the group differences that already exist in social life” (p. 169). Aboriginal students are therefore seen as unique individuals with a great deal to contribute, but with different cultural perspectives, histories (that need to be acknowledged), and ways of being from those of the dominant culture (Paterson, Osborne, & Gregory, 2005).

Geographic and Demographic Barriers

Aboriginal people are economically behind compared to non-Aboriginal people. Poverty and unemployment rates are much higher in Aboriginal groups. Although the federal and provincial governments have allocated funds towards postsecondary education for Aboriginal students, there are other economic considerations (Ministry of Advanced Education, Government of British Columbia, 1995). Relocation to expensive urban centers is required but entails a higher cost of living. Many students are mature and have families whose relocation costs may also need to be covered, and daycare expenses then need to be allocated for the care of their children (Martin, 2006).

Another issue that plagues students is that governmental funds for postsecondary education are transferred to the control of the Band Council on reserves, which then distributes the money. If students do not live on reserve and/or does not maintain close ties to the Band, they are less likely to qualify for funding. This can pose a problem for potential students if Band Councils show “nepotism, favouritism and unfairness, [which can] affect the distribution of band funding” (Canadian Millennium Scholarship Foundation, 2004, p. 22). These students will most likely never be able to afford expensive postsecondary education.

Personal and Individual Barriers

Many factors in combination or singularly can influence individual Aboriginal students’ ability to obtain a postsecondary education. The Canadian Millennium Scholarship Foundation (2004) identified poor self-concept and lack of motivation as major themes, which translates into feelings of powerlessness, hopelessness, apathy, anger, frustration and a suicide rate six times greater than that of non-Aboriginal people. Families lack financial and emotional support to help these students, and often the children are required to become caretakers because of their parents’ poor mental and/or physical health and alcohol and/or substance use. Thus, students are sometimes forced to leave their education to take care of family matters (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002; Martin, 2006). Away from their family and community, Aboriginal students often suffer from isolation and loneliness and have no funds to return home periodically to receive support in familiar cultural surroundings (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002; Martin, 2006). To add to this stress, students feel discriminated against, inadequate, and devalued in the competitive postsecondary school environment (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002; Martin, 2006). It is no wonder that so many

Aboriginal students have left their postsecondary education when they face these kinds of barriers to success.

Summary

The literature reported that Aboriginal students must face and overcome many difficult barriers to achieve postsecondary education, a dominant Eurocentric culture system into which Aboriginal students are expected to blend and be accepted. Often they must leave their homes, families, and culture. They must have adequate financial resources to live in an expensive urban center and hope that their Band will consistently give them funding to continue their education. They must be adequately prepared academically for the rigors of higher education. They must also overcome their own insecurities, low self-esteem, and loneliness in an increasingly competitive learning environment.

Are these the same barriers that all Aboriginal nursing students must face to be successful in nursing school? What are the experiences of Aboriginal nursing students in a nursing program? What new knowledge did I acquire from listening to the voices of nursing students? In the next chapter I will discuss the method that I chose—qualitative interpretive ethnography—to explore these questions.

CHAPTER 3: RESEARCH METHODOLOGY

Theoretical Framework

Before beginning the discussion of method and methodology, I must first explicate the theoretical frameworks that influenced my inquiry. The postpositivist paradigm “has emerged in response to the realization that reality can never be completely known and that attempts to measure it are limited to human comprehension” (Weaver & Olson, 2006, p. 460). I recognize that I am limited in my ability to understand the experiences of Aboriginal nursing students because I can never know what it means to be an Aboriginal person in Canadian society. I am an average, educated, middle-class Euro-Canadian woman. However, I also view the world through an interpretive paradigm in that I try to interpret and see the world “through the eyes of people in their lived situations” (p. 461) because I believe that one can always find a common ground (intersubjectivity) with another person.

Finally, because I chose to specifically interview Aboriginal peoples, many of whom have experienced oppression and marginalization⁴, I viewed the research partly through a critical theoretical lens. The critical social theory paradigm looks at issues of power, oppression, marginalization, and distribution of resources in society and social institutions (Weaver & Olson, 2006). However, the critical social paradigm goes beyond just identifying social inequities; the “research becomes a means for taking action” (Weaver & Olson, 2006, p. 461). Taking specific action will not be part of this research at this time, but critically examining the important social issues of this particular population

⁴ Aboriginal peoples continue to be oppressed and marginalized socially, politically, and economically in relation to the dominant culture (RCAP, 1996c; Smye & Browne, 2002).

will be of significance in understanding the subjects'⁵ experiences in a dominant-culture postsecondary institution and sets the stage for improvement in the nursing program that will subsequently address the hidden dynamics that currently disadvantage Aboriginal nursing students.

Study Design

I chose a qualitative research approach to explore the question “What are Aboriginal students’ experiences of being in a nursing program?” Researchers use a qualitative method to study a “complex narrative that takes the reader into the multiple dimensions of a problem or issue and displays it in all its complexity” (Creswell, 1998, p. 15). When Aboriginal peoples are the subject of research, the issues are more complex and multifaceted because of the influences of colonialism (Castellano, 2004). A qualitative approach allowed me to examine the experiences of the participants and analyze more in depth the issues that emerged from the interviews rather than relate the experiences to dry facts and figures. More specifically, I used an ethnographic approach in this study. Ethnography is a “description and interpretation of a cultural or social group or system” (Creswell, 1998, p. 58). All participants in this research were concurrently members of all three identified groups: They were all Aboriginal peoples (a culture), they were all students (a social group), and they were all students in a nursing program specifically.

Denzin and Lincoln (2003) cautioned that:

Subjects, or individuals, are seldom able to give full explanations of their actions or intentions; all they can offer are accounts, or stories, about what they did and why. No single method can grasp all of the subtle variations in ongoing human experience. (p. 31)

⁵ I use *subject*, *participant*, *student participant*, and *Aboriginal nursing student* interchangeably to mean the same persons.

Therefore, much is left to the researcher's interpretation of the findings.

With regard to the method of research inquiry, an interpretive ethnography seemed best suited for this research; that is to say, "the purpose of ethnographic research is to describe and interpret cultural behaviour" (Wolcott, 1987, pp. 42-43). Thus, through interpretive ethnography as a method of inquiry I have tried to understand and interpret Aboriginal nursing students' experiences in a nursing program.

Interviews are a "basic method of data gathering . . . with the assumption that interviewing results in true and accurate pictures of respondents' selves and lives" (Denzin & Lincoln, 2003, p.63). Therefore, I included interviews of Aboriginal nursing students in the research design—students either currently in the nursing program or students who had not been successful in the program. My intention was to engage 10 to 12 participants for the study—self-identified Aboriginals, half of whom were successful in their courses and half of whom did not continue their studies in nursing. An e-mail went to all self-identified Aboriginal students (approximately 20); however, only 6 students agreed to be interviewed.

I enlisted help to recruit participants for the research from the First Nations Education and Services (FNES) department in a local college, whose employees were able to access and help to determine which students were available or interested in being interviewed for this project. FNES then sent an e-mail flyer (see Appendix A) to all of the Aboriginal nursing students via Aboriginal listserve. After some time had passed and only two participants had responded, FNES again sent out the flyer and included the consent form, which further explained the intentions of the research (see Appendix B). The Aboriginal liaison person assigned to the nursing department also attempted to contact students and former students by phone. It took over four months, from July to October, to recruit and interview six participants for this study.

Participant Group and Setting

I interviewed six nursing students of Aboriginal descent, all of whom were female, were currently enrolled in a local college/University nursing program, and had successfully passed their nursing courses at the time of the interviews. Four participants identified themselves as First Nations, but all had some European ancestry. Two participants identified themselves as Métis. The participants were in the second, third, or fourth year of the nursing program. I chose not to interview any students from the first year because they had just started the program in September, and I felt that they would not have been in the program long enough to offer in-depth insights into it. Three of the participants attended public schools in a larger urban center. One participant attended school in a small community, but finished Grades 10-12 in a larger urban center. Two participants attended public school but moved to a reserve, where they attended school for one to two years before moving back to the city again to complete high school. Five of the participants were single, and one was in a long-term intimate relationship and had grown stepchildren. The participants' ages ranged from 22 to 36 years.

The Interviews

The interviews took place in a comfortable private location of each participant's choice. They lasted anywhere from 45 minutes to 1.5 hours and were semistructured (Denzin & Lincoln, 2003). I tape-recorded the interviews with the permission of the participants, which helped to avoid distractions or interruptions in the flow of the conversation and allowed me to focus solely on what the participants were saying. A transcriptionist was hired to then transcribe the taped recordings verbatim.

Prior to conducting the interviews, I reviewed the consent forms with the nursing students and obtained their signatures. Several asked me why I wanted to do this research and what the interview would involve. After we reviewed the consent forms, which

explained the purpose of the research, and the students felt that they understood and were comfortable with the purpose of the study, we began the interviews (Canadian Institutes of Health Research (CIHR), 2007). The central question that I asked at the beginning of each interview was, “Tell me about your experiences in the nursing program. What has it been like for you so far?” I sometimes asked specifically, “What are your experiences as an Aboriginal nursing student?” to generate a deeper understanding of the experiences from an Aboriginal perspective. The question was designed to be open and broad to allow the participants the freedom to answer in whichever way they chose. They easily entered into a dialogue about what they thought of the nursing program and began the discussion in their own unique way because each had her own separate views of what had affected her most in her experiences.

I also asked guiding questions based on the barriers to Aboriginal postsecondary education that the Canadian Millennium Scholarship Foundation (2004), Health Canada (2002), and Donna Martin (2006) identified: Where were you educated (on reserve, public, private, or home schooling)? Did you feel adequately prepared, educationally, for nursing school? Do you feel you have adequate financial resources to be a full-time student? Did you have to leave home to come to school? and How has that been for you?

I asked other, more general questions about nursing and the nursing program: What have been the challenges and/or benefits of the program? How are you experiencing the nursing education culture? Do you know of any cultural healing practices, and would they fit into the nursing practice that you are being taught? and What advice would you give to an Aboriginal nursing student who is just starting out in the nursing program? I did not ask all of the questions in the interviews, often because some of the topics arose naturally within the context of the free flow of the conversations.

Data Analysis

Qualitative research came about as a desire to understand people (Denzin & Lincoln, 2003). Qualitative analysis is focused on discovering meanings of the participants' experiences. Data analysis techniques described by Kvale (1996) and LeCompte (2000) were used to guide my approach to the analysis process. I carefully reviewed the transcribed interviews (data) and using different coloured highlighter pens, highlighted phrases and sentences relating to the questions asked which referred to the main barriers (see chapter 2) to postsecondary education. For example, pink highlighter was used when participants discussed financial issues (geographic and demographic barriers), light blue for educational preparation (social and cultural barriers), yellow for family issues (personal and individual barriers) and so on. Any words and/or phrases that were repeated by several participants were noted as important emerging themes (Kvale, 1996; Ryan & Bernard, 2003), such "teaching about residential schools" (under historical barriers).

I grouped or condensed categories together when I identified common threads (being similar in nature), and larger, broader themes emerged (Kvale, 1996). For example, the student participants talked about learning circles, being placed together in one section, discrimination, and assumptions and although they're all different concepts, they are related in that they are "tensions with the nursing program", a broader theme.

At times contrasting opinions or comments were noted, however, both views were considered important and were presented under the same theme to avoid bias, selectivity (LeCompte, 2000) and "impos[ing] a researcher's agenda" (Lather, 1994, p. 107). For example, while some participants enjoyed being a part of the learning circles, others did not. Contrasts demonstrated each of the participants' individuality and preferences and

brought in a broader range of experiences and important information to the interpretation of the data.

Credibility was established with follow-up interviews with the participants (see p. 35 for further discussion).

Considerations: Before I Began

In the pursuit of knowledge having some prior understanding of the subject to be examined before conducting research may help to uncover faulty assumptions.

Assumptions can be potentially harmful to the subject and therefore to knowledge development in the research process (Castellano, 2004; Smith, 2005). Recognizing stereotyping and negative attitudes and beliefs about a specific culture is essential in any research, especially with Aboriginal peoples as the subjects (Polaschek, 1998).

Four main considerations emerged from my review of the literature that I believe helped to disperse my assumptions: (a) the importance of being knowledgeable about the impact of colonization, (b) an awareness of the risks or benefits to the participants in the research process, (c) an awareness of how the dominant Eurocentric culture may influence education practices as being the norm, and (d) consideration of the ownership of the knowledge derived from the research. I reflected upon and addressed all of these considerations when I interviewed Aboriginal peoples (nursing students). It is crucial to attempt to have some understanding of the subjects' roots and the barriers that they face, which was particularly important because I as the interviewer am from the dominant culture and the subjects are from an oppressed culture.

Ethical Considerations

Although ethical considerations are important in any research involving human beings, the impact of colonization has brought many Aboriginal peoples to a place of great distrust of anything that the dominant culture initiates that can be perceived as

dictatorial, oppressive, or harmful or as theft of, for example, cultural property or knowledge without consent (*Tri-Council Policy Statement [TCPS]*; Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2005b; see also Smith, 2005). I therefore found it imperative and helpful to review the *TCPS*. The first principle is the foundational principle of respect for human dignity; others include respect for informed and freely given consent, respect for vulnerable persons, respect for privacy and confidentiality, respect for justice and inclusiveness, balancing harms and benefits, minimizing harms, and maximizing benefits (Sec. 2.1).

In dealing with Aboriginal peoples, the dominant European culture and, in particular, the residential school experiences of Aboriginal peoples have violated the *TCPS* (CIHR, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2005) principles in some form in the past. Therefore, historically, Aboriginal peoples have been concerned about interactions with the dominant culture, including research involving Aboriginal peoples, for many reasons (Austin, 2004; Castellano, 2004; Smith, 2005). In the *TCPS*, the authors cautioned researchers that often in the past “inaccurate or insensitive research has caused stigmatization” (Sec. 6A), which has served only to compound the difficulties that many Aboriginal peoples already face. For this reason I as the researcher was more aware of and sensitive to the issues surrounding Aboriginal peoples to avoid or minimize any preconceived ideas about the culture (RCAP, 1996a). Stereotypical images must be recognized for exactly that: images that do not necessarily represent all Aboriginal peoples (CIHR, 2007). I was careful to be respectful, open, and honest in the interviews with the Aboriginal participants and tried to be aware of any assumptions that I might

have held about the participants based on their being Aboriginal (Whittemore, Chase, & Mandle, 2001).

Along with adhering to the *TCPS* (CIHR, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2005) principles, I reviewed my own professional code of ethics and adhered to it when I conducted the interviews (Smythe & Murray, 2000). The following section reviews the Canadian Nurses Association's ([CNA], 2002) Code of Ethics for nurses and the Standards for Nursing Practice (College of Registered Nurses of British Columbia ([CRNBC], 2006), both of which are foundational knowledge that guides safe and ethical nursing practice. It was extremely helpful to use both the *TCPS* principles and CNA's Code of Ethics as a guide during the interview process to identify essential ethical considerations and uncover assumptions that arose during the research interviews (RCAP, 1996d, Appendix E). For example, I embarked on the interview process with the assumption that colonization had impacted the participants in some way. They, their parents, grandparents, or other family members might have attended a residential school in which they had suffered mistreatment (generational effects). But, at the same time, I did not want to assume that the participants knew all about their culture, spoke their language, and knew the customs, because many Aboriginal peoples have lost that knowledge as a result of colonization (RCAP, 1996a). I also did not want to assume that the participants had all suffered from these past experiences and therefore would be distrustful of any Euro-Canadian person such as myself.

Embedded in nursing practice is a Code of Ethics (CNA, 2002)—eight specific values that guide a nurse to give safe, competent, and ethical care, which can be interpreted to mean, from a nurse researcher's perspective, that the researcher is obligated to put the participants' safety first. As the researcher, I was cognizant of my own personal

values and was able to recognize when there is a potential conflict. For example, I was aware of the power imbalance or the status of authority that the participants might have perceived because I am a nursing instructor (and have a position of power over students), and I made all attempts to equalize the relationship. Because I am the researcher, an instructor, and a figure of authority, I clearly informed the nursing students that I would not instruct any of their classes now or in the future, which, I hoped, would minimize their perceptions of coercion to participate in the research or threat of being “marked down” because they might say something that I would deem inappropriate during the interview or decline to continue with the interview.

Health and well-being means that the researcher must strive to promote the optimal health, mental, emotional, and spiritual well-being of the participants and value their knowledge. As the nurse researcher, I used all of my communication skills and training to ensure that I was respectful, listened attentively, asked open questions, clarified information, paraphrased, and maintained an empathetic, understanding stance. I was also aware of my body language, nonverbal behaviors, and facial expressions and made respectful eye contact by following the lead of the participant.

Leslie and McAllister (2002) suggested that nurses naturally make good social researchers because of their unique “ability to make the extraordinary ordinary” (p. 700). People are able to speak to nurses about the most intimate aspects of their lives and tend to trust nurses implicitly. During the interviews the participants sometimes disclosed information of a deeply personal nature and trusted me to listen to them and to understand and believe in their experiences (Leslie & McAllister, 2002). As a nurse of more than 20 years’ experience in talking to people of all ages and from all walks of life in a huge range of difficult situations, I felt no concern about conversing freely and openly with the participants, and they shared painful stories of their past without fear of

being judged. For example, one participant spoke of her difficult abusive relationship, and another spoke of her fears of failing the nursing program and the shame that she would feel if that were to happen.

I respected the participants' right to *choice* at all times. For example, if they chose to withdraw from the study at any time, I assured them that they were free to choose to do so (autonomy) and need not fear repercussions (safety). This, in turn, assisted in building trusting relationships between us and equalized any perceived power imbalances (CIHR, 2007). None of the participants left the study, and all actively participated, offering their insights and thoughts on their experiences in a nursing program.

Dignity means that the “nurses [researchers] [must] recognize and respect the inherent worth of each person and advocate for respectful treatment of all persons” (CNA, 2002, p. 18). As the researcher, I was respectful of and sensitive to the participants' cultural backgrounds and their potential vulnerability in the interview setting and never took advantage because to have done so would have compromised the participants, the relationships, and the personal boundaries.

An example of how I helped a participant to maintain dignity occurred when she spoke of her abusive alcoholic mother. I accepted that speaking of this made her vulnerable because she looked down at the floor and appeared sad and ashamed. However, I did not assume that her mother was a bad mother because the participant had described her as abusive and an alcoholic. I did not want the participant to feel that I judged or disrespected her mother because I know from experience that most children love their parents no matter whether they are good or bad parents, as was the case with this participant. I wanted her to maintain her feelings of dignity for herself and her mother, and she stated very clearly that her mother is a good person, and I accepted her and her mother's situation without judgment or comment.

I upheld the *confidentiality* of the participants and carefully changed all identifying information to protect their anonymity (safety). Each participant reviewed, approved, and signed the consent forms; and I informed them of the purpose of the interviews and used caution to avoid biasing the interviews. For example, I decided that it was best not to focus on the high attrition rates of Aboriginal students in the interviews, but rather to focus on the students' experiences in the nursing program. With the permission of the participants, I tape-recorded the interviews and assured the participants that I would keep the information confidential and dispose of all records of the interviews after I completed the research.

However, due to the small number of participants (six) and relatively low number of Aboriginal nursing students in the program (approximately 20), there was a high probability that some students (non-participants) could identify the participants in this study from some of the quotes that may be used in this report and in other venues such as published articles in the future. This was discussed with the participants as a possibility and they stated unanimously that they were unconcerned about this.

I promoted *justice* by ensuring that the participants had full information about the research project and treated them with fairness and as equals. As the researcher, I was conscious not to commit any acts that might have been interpreted as discriminating towards the participants or their culture. That is why it is in the researcher's (and perhaps the participants') best interest to be informed of tensions that might exist as a result of colonization and neo-colonial processes. I was aware that it was important for me to acknowledge my position as a Euro-Canadian researcher who was conducting research with an oppressed and marginalized cultural group against the backdrop of the dominant "normal" Eurocentric culture (Puzan, 2003).

Accountability means that, as the researcher, I was accountable to the participants should they feel distressed or compromised in any way or that I had not accurately interpreted their information. In other words, after I had analyzed all of the interviews, I reviewed the findings with the participants for accuracy and validation (Whittemore et al., 2001). The participants agreed with the findings of the research and I openly acknowledge that I am not the expert in this situation; rather, it is the participants' experiences that are valid in this research (Kenny, Faries, Fiske, & Voyageur, 2004; McNaughton & Rock, 2003).

Last, I interpreted *quality practice environments* to mean safe and neutral places for participants and researchers to conduct interviews. Although it was daunting to consciously consider all of these values, it was essential, and I believe it went a long way to ensuring that I developed healthy, productive partnerships in research with these Aboriginal nursing students who were the subject of the research (CIHR, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2005b; McNaughton & Rock, 2003).

Awareness of Risks and Potential Benefits

It was important that I ask, "Is the research putting the participants at risk?" For example, I was aware that some of the questions might have unintentionally directed the participants to relive difficult or even traumatic moments (Smye & Browne, 2002). If they had attended a residential school in which they had experienced trauma, was exploring that relevant to the research? Did I need to force the participants to relive painful past experiences to gain an understanding of their current experiences in nursing school? I was careful to acknowledge that my need to know should not outweigh the participants' need not to tell. Therefore, I asked broad, open questions that allowed them to choose the subjects that they wished to discuss and to direct the flow of information.

The act of carefully listening to the participants' experiences and being truly present and compassionate could potentially have had a therapeutic effect (Nortvedt, 2004). I believe that the participants felt that I had respected and heard them, which contributed to their feeling more positive when we discussed a difficult situation or subject, such as an abusive boyfriend or fears of failure. Having the opportunity to debrief a more painful memory and feel validated by an empathetic listener can be a cleansing experience.

As the researcher, I needed to be aware of the power differentials between the participants and myself as the researcher. The potential power of authority rested with me, and because I am also an instructor at the college where the students were studying, I believe that I fully addressed the power-over relationship in our teacher-student interactions. The participants felt free to say no at any time, but they all continued with the interviews. I believe that none of the participants felt any pressure or coercion to consent and be interviewed. They all seemed to share their thoughts and feelings easily and were very open about their experiences in the nursing program, both the positive and the not-so-positive. Some of the participants even talked about other instructors who had made assumptions about them. For example, one spoke of an instructor who assumed that, because the student was Aboriginal, she would have trouble writing papers.

I was also aware of the need to assure the participants, and because I was a nurse educator, that I would not teach any of their classes or practice groups in the future to decrease any sense of obligation or discomfort that either they or I might feel. For example, a few participants shared some rather personal experiences, and I do not want them to feel awkward because I know these things about them (their fear of failing, an abusive significant other) or that I will feel obligated to give them a higher mark because they participated in the study. I must admit that it was gratifying to hear from the participants that they were disappointed that they would not have me as their instructor

again. This led me to believe that I had, in fact, created an atmosphere of trust, openness, honesty, equality, and sharing for the participants.

As the researcher, I also questioned my motivation to engage in research about a culture from which I did not originate. What are the risks for the researcher? One possible result is that the participants might assume that the researcher considers him- or herself superior by virtue of being part of the normalized dominant culture. Puzan (2003) argued that “Those who are racially designated are measured against mostly implicit standards of whiteness and , whether they are willing or unwilling, able or unable to meet those standards, find themselves deficient and subordinate” (p. 194). I guarded against this by engaging in open dialogue with the participants and explicitly expressing a genuine desire to be of service to them, thereby disrupting any notions of cultural superiority and power imbalances (Polaschek, 1998). Several participants asked me directly, “Why are you doing this research?” in a somewhat direct and distrustful manner. When I carefully and genuinely explained my motivations and concerns, they all readily agreed to continue with the interviews.

Last, as the researcher I was able to reconcile any sense of obligation—a sense that I (the dominant culture) owe the Aboriginal peoples a debt for what has happened to them in the past (NcNaughton & Rock, 2003). This could have led me down the wrong path of trying to “fix” past harms and make it all better. I recognize that this is not possible and that it is disrespectful of Aboriginal peoples to situate them as dependent, ill, incapable, and unable to solve their own problems (NAHO, 2008; Warry, 1998). My intention is to share the findings of this research with the Aboriginal community and the nursing program in the hope that the knowledge that I have gained from these interviews will be used to improve the success rates of Aboriginal nursing students (CIHR, 2007).

Ownership of Knowledge

Who owns the knowledge of the research findings, who uses that knowledge, who disseminates it, and which processes are appropriate in conducting research with Aboriginal peoples in relation to these issues are subjects of debate in the literature, (CIHR, 2007; Schnarch, 2004). McNaughton and Rock (2003) maintained that the knowledge gained from research should be flexible and that the “researchers themselves will have the task of deciding which knowledge mobilization strategies are most appropriate” (p. 9). Smythe and Murray (2000) cautioned that the “issues of ownership, interpretive authority, and betrayal are subtle, complex, and pervasive” (p. 325), which means that there are no easy answers to this dilemma. On the one hand, the participant telling about the experience owns that experience exclusively because he or she is the one who has lived it. The researcher who interprets the experiences and writes about it also has some claim to that part of the experience, which can, in some cases, be generalized to another group with a similar set of experiences (Sandelowski & Barroso, 2002; Smythe & Murray, 2000; Whittemore et al., 2001).

Of particular significance to Aboriginal peoples is that “research under the control of outsiders to the Aboriginal community has been instrumental in rationalizing colonialist perceptions of Aboriginal incapacity and the need for paternalistic control” (Castellano, 2004, p. 102). It is important that I, as the researcher, be sensitive to this matter of control because it could have strong implications for how my findings are utilized. Research findings from a non-Aboriginal researcher that are interpreted as oppressive will have no value to the people they are intended to serve and whose lives the findings could impact. Therefore, the participants in the research must validate and reassess the findings from the research process. This assessment is critical to correct any

“misinformation or to challenge [the researcher’s inadvertent] ethnocentric and racist interpretations” (RCAP, 1996d, Appendix E).

I shared all of the findings from the experiences of Aboriginal nursing students with the participants. Once they validated the research results, I then disseminated the findings from this research with FNES staff, who can then decide who would benefit the most from this information (CIHR, 2007; Whittemore et al., 2001). I will also share the findings with the nursing department. At that point the research findings will no longer be my responsibility. One step to ‘decolonize’ Aboriginal peoples is to empower them, which means giving the responsibility for decisions back to the people (Smith, 2005). Elders believe that knowledge carries power, and with power comes a responsibility, an ethical obligation that must be understood and acted upon (Castellano, 2004).

Credibility

Any research study must be validated in some form or another (Avis, 1995; Whittemore et al., 2001). In this qualitative research study the preferred method of validation was reviewing the findings with the participants (Appleton, 1995; Whittemore et al., 2001). I contacted the participants, who readily agreed either to meet in person or to speak on the phone, and, to check for credibility, reviewed with them the findings in the form of prevalent themes that emerged from the interviews. The participants validated the findings as true to their experiences and to which they could readily relate (Appleton, 1995; Whittemore et al., 2001). This type of validation is *internal* validation (Denzin & Lincoln, 2003). *External* validation also corroborates the findings when the researcher considers an experience applicable to a wider group (Appleton, 1995).

Although some participants did not speak directly about a theme, when I brought it up as an experience others participants had, they could all relate to having had a similar experience or feeling (Appleton, 1995; Whittemore et al., 2001). For example, one

participant did not discuss the theme of fear of failure and returning to the community as an issue during our interview. When I mentioned the theme, she said, “Oh God, yes! I can see that is so true!” and went on to describe her own fears of failing nursing school and disappointing her family and community. Thus I established internal credibility because the theme had personal applicability (Appleton, 1995).

I further established credibility when I spoke to another participant about the fear of failing and returning to the community as a prevalent theme; this participant also had not discussed this particular fear. Although the theme had no bearing on her personally, she could understand that it might be a genuine concern for others in the Aboriginal community. This could be considered external validation because of the generalizability of the theme (Appleton, 1995). However, I believe that caution must be taken to avoid making assumptions that the experiences of Aboriginal students will all be exactly the same. Therefore, although it is important to review the findings with the participants and cautiously check for commonalities in the experiences within each theme (Whittemore et al., 2001), I believe that it is equally important to acknowledge the individuality of each person’s experiences.

Summary

I have discussed the theoretical frameworks that influenced the research inquiry as well as my position as a Euro-Canadian middle-class woman. The study design was a qualitative interpretive ethnography, and I conducted individual interviews as the method of gathering data. Six self-identified Aboriginal nursing students agreed to be interviewed, and I tape-recorded their conversations and carefully analyzed the data for repeated words and/or phrases. I have also discussed in detail the ethical considerations involved in interviewing Aboriginal peoples. In addition, I have addressed the ownership of the knowledge derived from this research as well as any potential risks and benefits to

the participants and to me as the researcher. Finally, I have discussed the credibility of the research.

The next chapter presents the findings from the interviews. I have used many of the participants' own words to verify the analysis of the themes that emerged from the interviews. The participants shared their triumphs and the trials of being in a nursing program, and some of their words are moving and provocative.

CHAPTER 4: FINDINGS

Introduction

Four main themes emerged from the interviews. First, the participants believed very strongly that all nursing students should be taught about the impact of residential schools and the wider processes of colonization in the nursing program. They were aware of how residential schools impacted the emotional, spiritual, mental and physical health and well being of Aboriginal peoples. They believed that if health care workers knew more of the history of Aboriginal peoples then such workers would be less judgmental and prejudice toward Aboriginal people. Second, the participants discussed ways in which their families influenced them. They spoke of strong family ties that sometimes were stressful barriers to the students' education and sometimes a source of support and encouragement. Third, the participants spoke of ways in which the nursing program supported them, but they also identified areas for improvement to deliver a more culturally sensitive, or better yet, a culturally safe⁶ program. Lastly, the participants shared their fears and struggles concerning pressure to succeed in the nursing program and returning to their communities.

Results

Four themes emerged from the interview data: (a) teaching about residential schools (the impact of colonization), (b) the push and pull of family and culture, (c) tensions with the nursing program, and (d) pressures to succeed.

⁶ The term cultural safety originates from Maori nurses in New Zealand and implies an awareness of a cultural group from a historical, sociopolitical and economic position within a dominant society with the focus on minimizing power in relationships between educators, researchers, and practitioners and clients - provider and recipients (Smye & Browne, 2002; Polaschek, 1998).

Teaching About Residential Schools (The Impact of Colonization)

Almost all of the participants in the study believed that the impact of residential schools on the Aboriginal culture needs to be taught to all nursing students in the program because Aboriginal peoples are overrepresented in the health care system. They understood the impact of colonization in their communities and knew of some of the health care challenges that Aboriginal peoples face because the aftermath of residential schools are enormous physically, emotionally, mentally, and spiritually. Aboriginal peoples die sooner than other Canadians, have poorer living conditions, and suffer from higher rates of suicide, diabetes, tuberculosis, and HIV/AIDS (Assembly of First Nations, 2007), as well as face mental health issues, addiction, and alcoholism, according to the participants. To appreciate why this is happening to Canada's Aboriginal peoples, the participants suggested that it is important that nursing students understand how colonization is still affecting Aboriginal peoples today. Ann⁷ stated:

If you're not given the information, . . . you can't really expect them to have a lot of sympathy or empathy for somebody you don't understand. So if you know all that, it's a lot easier to not be prejudiced or to understand where they're coming from, why is there abuse in the family.

Clearly, Ann saw this lack of information about the history of Aboriginal peoples as the reason that Aboriginal peoples are misjudged. Nurses' lack of understanding can lead to prejudice and biases in the health field (Taylor, 2005), which, in turn, can influence how all nursing students interact with Aboriginal clients. Sue also said that, at times, "I feel like I've got to be a little protective that way," in reference to her experiences of looking after specifically Aboriginal clients. She felt that she has to guard Aboriginal clients to ensure that they are treated fairly and that their complaints are taken seriously. From

⁷ I have changed all participants' names to preserve their anonymity.

Sue's perspective, she believed her nursing education enhanced her own self confidence and her sense of power and provided her some of the communication tools needed to better advocate for her clients. Sue believed that it is necessary to advocate for clients and thereby counter what appear to be the prevailing attitudes of health care workers that have positioned her as an advocate for Aboriginal clients.

The curricula at the participants' nursing school generally did not include the consequences to Aboriginal peoples who have gone to residential schools, and Sue explained that the subject of residential schools arose in one of her nursing classes in her first year⁸ of the program quite by chance:

I was really mad that nobody knew about it, nobody talked about it in the nursing program, just because I know some Native people . . . [non-Aboriginal students] are going to see them in the hospital and make judgments and assumptions based on whatever. If you don't know a part of the history or any of the history, then it would be easier to make negative judgments.

This statement is very similar to what Ann said. Ann also made a strong argument for teaching nursing students about the Aboriginal population: "We look at now . . . mental illness and addiction, and so we kind of see what's going on with these homeless people, but we don't address what's going on with the Aboriginal population. So I think that is lacking," because many homeless people are Aboriginal. Liz supported this idea when she talked about her learning about the impact of residential schools in a course that she had taken near her community before she went into the nursing program:

First Nations that had gone through the residential program, like why they are the way they are, some of the demons they're facing and why, to see a drunk on the side of the road, why First Nations are viewed like that, . . . it was a real eye opener.

⁸ Currently most BSN nursing programs are four years.

Liz found that taking this extra course helped her to further understand her own people. This implies that not all Aboriginal students will have the same understanding of the harmful impact of the residential school experiences or the same knowledge about those experiences.

Liz talked about working close to her community in a small local hospital one summer. What she saw there distressed her, and she realized how profound the impacts of residential schools were on the clients in the hospital. What she also realized was the generational effects that colonization is having on Aboriginal peoples:

So many Aboriginal people were coming in there with drug overdoses, suicide attempts, and it was really, really scary. I knew a lot of these people coming in—people older than me, but like seeping into my generation, like second, third generation down. So it's something that's definitely impacting First Nations communities to me fast and continuing. It's scary. It's not being dealt with.

Liz seemed to have a greater awareness of what was happening to Aboriginal peoples. It seemed that the course on Aboriginal issues that she had taken helped her to see beyond the medical issues that brought people into the hospital. She recognized, probably for the first time, that the issues that Aboriginal peoples have faced had not gone away but were having a generational effect (RCAP, 1996a; Warry, 1998). Liz was voicing her concerns and feeling uncertain about the future of her community. Understanding her people's issues helped her to understand her Aboriginal clients, but, at the same time, Liz realized that the problem continues and was not being recognized or addressed in the hospital where she had worked.

Several participants were surprised that their classmates knew nothing about what had happened in the residential schools and took it upon themselves to teach their peers. Sue stated, "I couldn't believe that there was never any talk about it in school. . . . My peers didn't know, and I found that surprising." Some participants considered it

acceptable to teach their peers about the sensitive topic of residential schools, whereas others felt that the instructors or one of the Elders should come to class and talk about residential schooling, and they did not feel comfortable discussing this issue in class.

Sue talked about a friend (who had been in the program at the time but was no longer in the program) who reacted strongly when the subject of residential schools came up in a class. Sue reported that her friend did not feel comfortable talking about residential schools in class and did not offer any opinions because she had gone to residential school and was still feeling the trauma of that experience. Sue said “It was emotionally hard to talk about things that happened to my family. . . . Everybody else was pretty quiet about it, and the other Aboriginal students didn’t say anything” referring to her friend. This situation can be interpreted as a culturally unsafe moment for Sue’s friend (Varcoe & McCormick, 2007) and illustrates the vulnerability of some Aboriginal students. Ensuring cultural safety means reducing the risks of recreating a trauma experience (caused by governmental policy of placing children in residential schools) that Sue’s friend experienced so that she can feel safe in class (Smye & Browne, 2002).

Introducing difficult and sensitive topics in the nursing program is not unusual, and doing this in a safe way is crucial. For example, when an educator intends to introduce a topic that he or she knows might be difficult for some students, giving them the option of attending that class would be appropriate. It may also be necessary to determine students’ emotional state and offer support or suggest counseling after discussions of sensitive subjects.

Other participants talked about the higher suicide rates, young girls who were having babies, alcoholism, boredom, and prejudices that they had encountered while living on reserve and in small communities. They believed that understanding what had happened to Aboriginal peoples would make them less judgmental and prejudiced.

However, they emphasized the need for discussions to occur with a great deal of caution and sensitivity because, clearly, some students feel vulnerable when the subject of residential schools is brought up in class. On the other hand, it was clear that the Aboriginal students felt that all nursing students need to understand the history of Aboriginal peoples to counter the racial biases that some of them had witnessed. The potential for cultural risk was high in that sometimes information on a culture can inadvertently perpetuate stereotypical images (Polaschek, 1998; Varcoe & McCormick, 2007). However, it seemed to be a risk that some students were willing to take to increase their peers' understanding while at the same time decreasing judgment and bias.

It is also important to consider why the students believed that they themselves needed to teach their peers about residential schooling when it is usually the task of nursing educators. Taylor (2005) explained that nurse educators, in fact, “feel unprepared to teach the cultural content within the curriculum” (p. 136), which leaves the educator in a vulnerable position. This is a difficult problem in that it seems that neither nursing educators nor Aboriginal students should be situated in a place of vulnerability when sensitive issues arise. However, so much of nursing's and nursing education's focus is on incredibly sensitive issues—the “social taboos or the unspeakable” (Leslie & McAllister, 2002, p. 700)—and how these issues are taught must be considered carefully and with sensitivity to keep the environment safe. Educators may refer to a National Aboriginal Health Organization (NAHO, 2008) document which suggests ways to ensure culturally competent and safe environments in which to teach nursing students.

Push and Pull of Family and Culture

Family obligations are a central part of the Aboriginal culture and can be a barrier to Aboriginal students' success in school (Canadian Millennium Scholarship Foundation, 2004). Sara stated:

I think possibly one of the biggest barriers for First Nations students is their family is such a big part of their life, right? And so sometimes I think maybe they're not strong enough to say that they need time for school. . . . I know in some of the customs and cultures you need to be at certain areas and certain things culturewise to fulfill your place in that. Like, you need to be at certain ceremonies at certain times, and they're not really bendable on those types of things.

The pull of family and community can make it difficult for students to set school as a priority. In the Aboriginal culture the needs of family are generally considered more important than the needs of the individual (Martin, 2006). Sara observed that "there's a theme in First Nations culture that you need to take care of others before you take care of yourself." This presents a conflict for students in that in postsecondary institutions they are expected to complete their assignments on time and attend classes first. However, because many Aboriginal people are taught to consider family ahead of school (Health Canada, 2002), students are caught between two worlds, two belief systems, with the expectations of their nursing instructors in one system and the obligation that they feel towards their family in the other. Some participants believed that they had to make a choice between family and school because they were unable to achieve a balance between these two worlds.

Sara felt that she had to leave her family and

pulled back from my culture. . . . I found a new area [foster family], still a First Nations family, but I pulled right back from my family personally. . . . I left my home and I said, "I want to come live with you." So I found a really supportive area that I'm in that supports education, supports me doing my homework and getting all my stuff done.

Sara explained that when she was younger her biological mother often allowed her to stay home from school, and Sara would help her mother with her business work. This created a barrier when she had to adhere to the rigors and expectations of a nursing program, and, as a result, she chose an environment that supported her ambitions to become a nurse.

Sara demonstrated great personal agency, determination, and resourcefulness in finding a way to go to nursing school (Martin, 2006). However, this required that she sacrifice her connections to her family and culture. Health Canada (2002) described this as “their [Aboriginal nursing students’] indomitable human spirit as they strive to complete their nursing degrees” (p. 96) and illustrates their ability to persevere.

Other participants shared stories of growing up with difficult family situations such as alcoholic parents. Lyn reported that “my mom moved us out to the reserve, and I moved away from her because I didn’t want to live on the reserve.” Lyn was 13 years old when she decided to move away because

she [Lyn’s mother] was a severe alcoholic and abusive, and I think from watching her and everything, that’s exactly what I didn’t want to do. I wanted to be a better person; I didn’t want to be an alcoholic; I didn’t want to live on the reserve.

Lyn talked about her experience of moving back to the reserve after she had lived in the city: “I found out just how messed up reserves are; . . . found a lot of young kids doing drugs and smoking”; and she decided that that was not going to be her future. Before she moved to the reserve, she said she had a busy, full life in the city in which she engaged in many sports and activities that she enjoyed. At a very young age, Lyn saw her mother as an unhealthy role model, someone whom she did not want to emulate. Lyn showed incredible resiliency in breaking away from that high risk and, as she described it, the “boring” reserve environment. Both Lyn and Sara found it necessary to break free of their families to focus on their own goals to become nurses.

Liz found leaving her family very difficult but necessary to achieve her goal of postsecondary education. Her mother (a Euro-Canadian woman who had married a First Nations man) supported and encouraged her to move away from their small community to finish the last years of high school in a larger urban center:

There was nothing to do there, and like before I left, everyone was starting to drink and to get into the party scene. But then my Mom got me out to do my Grade 10, and then I got to do my Grade 12, so I didn't get too pulled down by it. . . . Everybody my age are drunk; they drink all the time, and it just gets them more depressed —just depression and no motivation to do anything.

It was important to Liz to gain the support of her parents to counter the influence of her peers that she viewed as possibly dragging her down. Liz's parents probably recognized that she and her peers were heading down a destructive path of alcoholism and depression, so they encouraged her to "get out." Liz explained that her father is a recovering alcoholic who undoubtedly knows the price of staying in a small community.

However, for some participants there is also a cost to leaving. After Liz moved away from her community, "it was really hard. I felt really, really lonely" because she was disconnected from family and friends and missed them so much. It took a great deal of courage to leave the familiarity of home, but there was no other choice if she wanted to achieve a nursing education. When Ann first moved away from home to begin the nursing program, she said, "I think that . . . I'm lost here." The literature reported that Aboriginal students' struggle with this sense of loneliness and isolation from family and culture is one of the strongest reasons that they drop out of school (Canadian Millennium Scholarship foundation, 2004). Finding a supportive environment is crucial to relieve the loneliness and stress of moving to a large, expensive urban area. Ann explained that "some people wanted to stay [in her community], . . . having to do the commute, to stay back with their families or to be able to afford to go to school" and described their difficulty in commuting. This created a tremendous strain on some of her friends who had families and children at home and faced the long commute, and it was a very real barrier to their continuing their education. Although some participants had to cut their ties with family and community, others managed to stay closely connected.

Sue managed to stay connected to her family and community, but it was difficult to be away from them and her cultural activities: “It’s hard to be away from my family. . . . I had to make sure I had some time for my family if they came to visit.” Although Sue had to move to be closer to school, she

found that really hard being down here and going to school and hearing from people what was going on up there, like people dying, people having babies, people going to Potlatches, getting together, and knowing that I was missing everything for four years!

Sue spent a great deal of time traveling between her home close to her school and her home with her partner back in her community, which put a strain on her time management and made it difficult to complete her homework. She felt that she had to return home as often as possible, not only for cultural events and family, but also because she wanted to be with her partner as much as possible.

Sue’s need to connect with her partner involved a number of elements. She was concerned about him:

I remember one of the hardest things in the first year was knowing that I was working my butt off down here and he would be out partying and having a good time, not phoning me for three days because he didn’t want to get into trouble, and that was hard on me.

Sue found that at those times it was very hard to concentrate on her school studies. Her concern about her boyfriend’s trustworthiness further added to her burden of balancing school work commitments, relationship and family commitments, and her desire to be present at cultural events. To add to this struggle, her boyfriend’s grandfather died, and she was torn between going home to support him and their community and having to deal with her workload at school. Sue showed extraordinary tenacity in continuing with her nursing studies despite the continual emotional pull of home and family.

Tensions with the Nursing Program

An important strategy⁹ to support Aboriginal students in the nursing program is to place all self-identified Aboriginal students in the same class. Most of the participants were relieved to have all the Aboriginal students together. This strategy helped to reduce their anxiety and feelings of loneliness because they were able to develop a sense of a familiar community (Jones, 1999). Lyn derived a great deal of comfort from being in a class with other Aboriginal students:

I think for me it was really important that first year to connect with the other Aboriginal students, though a lot of the students weren't raised on reserves and everything. I guess it's just a comfort zone of knowing that there are other Aboriginal students that are trying, that we're going to pull each other through this program one way or the other.

Ann and Liz felt the same way, and Sue echoed Lyn's statement: "It was more comfortable; there was that connection—the comfort zone maybe of having other Native people around." This reflects the strong sense of community that plays a large role in Aboriginal cultural ways (Warry, 1998). Having students from a similar cultural background enhances the sense of comfort, mutual support, and commonality and decreased the strain of feeling alone. However, not all the participants felt the same way.

Sara felt that she might miss out on the perspectives of other students in class: "I pull from everybody's cultures and experiences, and I think that would really be lacking if you just had a First Nations class of nurses," which thereby questions the wisdom of placing all Aboriginal students in one class. Sara saw it "more as a hindrance in that you know those people or you know their culture more, [and] you would tend to gravitate towards those people and not have as broad of an experience throughout this program."

⁹ Several strategies support Aboriginal nursing students. Refer to Appendix C for the list of recommendations.

This is an important point considering that nurses encounter people from different cultures throughout the world. Beth shared Sara's opinion but also wondered how the class with the Aboriginal students would be any different from other classes. Beth and Sara both wondered whether the class with all Aboriginal students might focus on more Aboriginal issues and Indigenous ways of knowing, whereas the other classes would not benefit from the information.

Being Aboriginal has some distinct advantages in the nursing program. For example, Liz talked about where she was raised: "It would probably take a while for them [non-Aboriginal peers] to really understand the whole—like, everything that comes with it. There's a whole other side. Like, everything is done for a reason kind of," which indicates that she already understood the holistic approach to health care that is taught in nursing. She was able to explain it in terms of nursing: "Like, to teach someone the skill but not teach everything behind it. . . . There are some times when we'll learn something, and I'll just have my other different ways of taking it in or viewing it." For Liz, the need to understand the whole human being and not just the parts was a concept that she had learning in her community at an early age. The holistic nursing perspective that the nursing program teaches made sense to her and was easy for her to accept. Nursing programs are strong in the belief in and teaching of holistic health care. Liz's holistic Aboriginal (Indigenous) way of knowing (Weenie, 1998) can be seen as an advantageous fit. Aboriginal nursing students may have other knowledge that can influence and enhance nursing practice (Indigenize curricula), as well as other ways of being (Collaborative Nursing Program, 2004) that nurses can learn.

Sara pointed out other advantages of being an Aboriginal student in the nursing program as well. In her culture she

grew up in an area where you talked to everybody. Have you ever seen a Big House, a Longhouse? It's fairly large, and when you get big dos it's packed. And, you know, they're all safe people to talk to. . . . So I think it's easier for me to just sit down and talk with a person and talking about her experiences in life and what's going on for them than maybe someone who grew up in maybe more seclusional area like two-parents-one-child home where they may not have had those opportunities to network and expand. . . . I saw lots of births, so I was comfortable with that.

Sara's experience of being exposed to so many people and seeing births translates into exposure to life (witnessing the pain and joy of birth) and ease in building relationships, which are important skills in nursing. This speaks to Indigenous ways of learning such as apprenticeship as when Sara was present at births and her circle learning through contact with Elders and their teaching in the Longhouse (Lanigan, 1998).

The participants shared their thoughts on and experiences with another strategy that the nursing program offered to support Aboriginal nursing students—learning circles.¹⁰ For some, learning circles contributed to the connection and community with which they were familiar and comfortable, as well as the chance to share stories and experiences with one another. Sue said, "I thought the learning circles were really good. I really enjoyed those. I enjoyed that as a time to get together with other Native people, . . . just knowing the support was there with you." Liz concurred:

I also like the sharing circles that they do, just to debrief and sit and talk about how things are going and make that connection with other people that are in your class that are kind of into the same thing

This demonstrates that learning circles are a source of connection.

Other participants spoke of different experiences with learning circles. Lyn agreed with the concept of learning circles but felt that the way in which they were structured

¹⁰ FNES and the nursing program offer learning circles to all Aboriginal students that are usually facilitated by a nursing faculty member. The circles are informal get-togethers and present an opportunity to connect and discuss any issues that arise.

was not conducive for her because the timing was often awkward—usually at the end of a long day of classes when the students were tired. Lyn suggested “getting them together for dinner or something like that” and changing the name to *healing circle* or *sharing circle*. She explained that she would be more comfortable if the learning circles had

Nothing to do with schooling or having to give information, but incorporate it. Just say, “Well, how are things going?” . . . What are we supposed to learn at these things? I don’t feel like telling anybody anything about what I’m going through, but if you’re in a different environment, a more comfortable environment, like I was saying, away from school, not feeling like you’re being judged, and then just conversation.

Once again, these thoughts reflect the need for a sense of community and connection outside the school environment, which may point to the students’ desire not only to pull away from the stresses of school life, but also perhaps to relax and be amongst their own people and away from the scrutiny and judgment of the dominant education culture. Feeling judged would certainly not generate a harmonious, relaxed environment that would help the students to connect with one another. It is possible that the presence of a faculty member could hinder the intent of learning circles.

Sara and Beth chose not to attend any learning circles—Beth because she felt that she had limited or no connection to her Métis culture, and Sara because “I’ve definitely severed a lot of those links and don’t wish to participate as much in that,” which suggests that she felt the need to truly disengage from her culture to succeed in her schooling. Furthermore, “I’ve grown so strong with my peers in general, I feel I really have a good support base for them and don’t need just my own people to be around because everyone is my own people now.” This statement may imply that Sara gave up her Aboriginal culture to assimilate herself into the dominant culture. She may have felt that as a nursing student she “should learn to adopt the values and behaviours of the dominant culture (Euro-White and female)” (Paterson, Osborne, & Gregory, 2004, p.1) to succeed in the

nursing program. Blending into the nursing culture would keep her safe from prejudices toward and assumptions about Aboriginal people. It may be possible that a culturally sensitive nursing school would position these students to assimilate (Taylor, 2005; Varcoe & McCormick, 2007).

Some of the participants talked about the assumptions of their instructors or other students. For example, Sue stated that she had been

having difficulty with something, and one of the instructors said, “Oh, is it the writing?” and assumed that I couldn’t write, and I thought that was kind of interesting because I thought all the instructors were talking about Aboriginal students—that this, you know, might be what their problem is, what it is they must be having difficulties [with], with their writing or something like that. I just felt like that was it, that was part of my problem, her assumption right off the bat that I couldn’t write.

The instructor’s attributing Sue’s writing skills to her being Aboriginal made her uncomfortable. In fact, Sue felt very comfortable with her writing abilities, and she believed that the instructors’ assumption was incorrect, which would have resulted in a frustrating, devaluing, and demeaning experience for Sue. Educators’ discrimination against and judgment have caused Aboriginal students to drop out of school (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002). This also brings to light the question of the “cultural competence”¹¹ of nursing instructors and cultural safety in the classroom or nursing practice setting because nursing instructors may not have the required cultural knowledge and understanding of Aboriginal students.

Sue commented that “I have had the assumption [from peers and educators] that I was from around here, on what reserve do you live on or from one of the reserves around here.” Beth said, “Just because they look Native doesn’t mean they know all about their

¹¹ Cultural competence begins with an “awareness, then knowledge, then application skills” (Taylor, 2005, p. 139) and looks at ways to bridge the gaps between inequities in health care.

own culture,” which alludes to the assumption that all Aboriginal cultures are the same or that all Aboriginals have the same experiences. Liz explained that “even within First Nations cultures, there’s lots of differences— . . . different sources of food, different habitats—so it’s different beliefs, different cultural systems” and that it is important to avoid making any sweeping assumptions that all Aboriginal nursing students’ experiences will be the same.

However, some students, such as Lyn, appeared to want to blend into the norm of nursing school (Puzan, 2003):

I’m just another one of the nursing students struggling to get through the course. And I guess no matter what color or ancestry, you’re still going to struggle or kick, just find the right way that’s best for you to get through the course. That’s the way I look at it.

Lyn recognized that she was not the only nursing student who was struggling in the program, and she seemed to be trying to normalize her experience to that of just another one of the students. But not all students have the same experience of being judged because they look Aboriginal.

Ann, Liz, Sara, and Beth had a different perception because they do not look Aboriginal. Ann stated:

I don’t really look Aboriginal, so I don’t always face the same sort of discrimination as I see among some of my Aboriginal peers. And a lot of people just look at you and think, if you don’t look Aboriginal, you don’t have the same sort of issues.

Liz reported, “I haven’t encountered anything like that here. I don’t look very Aboriginal, so I don’t get pinpointed out, like ‘You’re First Nations’ kind of thing. I don’t get those kinds of questions.” The issues and questions are culturally related assumptions that “others” must be making about Aboriginal students who look Aboriginal, just as the instructor who assumed that Sue had problems with her writing (Puzan, 2003). Sara said:

My nanna put it quite well a long time ago that I have a foot in both worlds. I am accepted somewhat in the First Nations world because I am part of their culture, but I'm also probably more accepted in the regular world because I'm not as dark skinned. . . . I don't know that people treated me differently because I don't look as Aboriginal as other people. I mean, people don't even know.

Sara's reference to the "regular world" speaks to her recognition of the dominant Eurocentric culture as the norm (Puzan 2003). This being so, although Sara, Ann, Liz, and Beth are culturally outside of the norm, they have an advantage in that they look like everybody else, and nobody knew that they are not really of the "regular" world. They were able to blend in completely.

Ann commented, "I've always felt that nursing is a very, very accepting environment." But has nursing been so accepting? Nursing school may be accepting as long as students are "able to pass as white, either by actually appearing white, or by adopting the accoutrements of white culture" (Puzan, 2003, p. 194) and "these students can adapt to the expectations and practices of the predominantly Euro-White female faculty" (Paterson, Osborne, & Gregory, 2004, p. 2). Sara pondered:

I think it's the nursing culture people. Yeah. I think I'm a person first and everything else comes after, but I don't think—for me anyways—the Aboriginal view is in the first view; like, that's not all I identify myself as. I identify myself more as a nursing student than as an Aboriginal because that is my culture now.

It is possible that being accepted into nursing school means that students are being subtly pressured to lose or reject their culture, homogenize their identity, and adapt and change to become part of the dominant Euro-Canadian female culture of nursing to become nurses.

Pressures to Succeed

Several of the participants commented on their experience of personal changes since they began the nursing program. For example, Sue noted:

I've definitely changed; I know I've changed. And I'm wondering whether people will see it as a positive change or a negative change. . . . The whole thing has made him [Sue's longtime partner] grow as well, do better things with his life than sit around with his friends.

Sue expressed her concern about how she would be perceived and saw that her personal change had had a profound impact on her partner. She recalled her first year in nursing and her longtime partner's feelings about her going to nursing school:

He said that was one of his worries, is that when I go to school I would end up leaving him behind and breaking up with him, I guess. Maybe that's part of not wanting me to succeed, wanting me to stay behind.

As Sue moved forward with her education, she risked her relationship with her partner. Fortunately, her partner was able to move forward with her, and their relationship continued. He was not willing to be left behind.

Although Sue's relationship with her partner continues to be strong, her struggles have not ended with her boyfriend. Her concerns for her future remain as she worries about her connection to her community and how her community may perceive her. She expressed her fears as follows:

The fear of not making it and having to come back to the community and think, Oh. My dad puts a lot of pressure on me. . . . God, what if I fail? What are they going to say then? What if something happens? Yeah, I think there's a lot of pressure because you don't want to go back to your community and say, "Oh, I didn't make it." . . . I'd have to admit that I didn't make it or it was too hard for me. . . . I think that would be really awful.

Sue feared that, if she failed the nursing program, she would fail her community. There is yet another layer of the pressure that she faced in that, if she failed, she was afraid that it would be "a reflection of our culture" and that her failure would continue to perpetuate the stereotypical image of Aboriginals as lacking the ability to succeed. But she was not only afraid of failing in the nursing program, but also afraid that she might succeed.

Furthermore,

being accepted back into that community is also a worry. You're thinking, Do they think I'm one of them now? Not being accepted into the nursing community because people don't know what to say around me, and when there is an Aboriginal person in the room [doctors and other health care professionals]. . . . I think I am going to be accepted as a nurse, and then when I go back to my community, will they accept me as a community member—"And, oh, she's educated now"—and I don't know if that's going to be a problem.

Sue seemed trapped between two worlds beyond her control. She worried about her community of Aboriginal people accepting her as a nurse and a community member and about how the medical community would accept her as an Aboriginal nurse. She wondered whether, because she is Aboriginal, the medical community might behave differently in her presence; she was still unsure of how to negotiate in that world as well. Sue seemed to be caught between these two worlds of culture and dominant-culture medicine, but Sue's nursing education might give her the tools she needs to deal with the struggles she faces. It may be that the expectation that Aboriginal nurses will be instrumental in helping to improve the health of Aboriginal communities is unrealistic.

Several other participants talked about their fears of not being successful in the nursing program. Liz said:

When I went back to [her community], everyone was like, "Wow! You're such a good role model, and we're really proud of you!" And I was like, "Yeah, thanks." And then I came back to school, and everything [assignments, readings and workload] was in the first couple of weeks of the second year; it just freaked the shit out of me. I thought, Oh my God! What if I can't do this? I just kept hearing how intense it is. Like, if I don't make it, I know everyone knows I'm gone from nursing, and so many people have seen me in the hospital. . . . It's like this huge pressure.

Liz recognized and felt the pressure from her community to succeed. However, "Everybody that knows me knows that I'm in nursing school, so it makes it more encouraging—or for me to stick to it, stronger feeling [motivation]." But then, "God don't let me fail!" She explained that sometimes she wanted to drop out of nursing, but her realization that her community depended on her to succeed gave her the courage to

stay with the program. Liz struggled with many of the same pressures that Sue felt: “I haven’t been going out drinking a lot. . . . I just don’t feel that urge to go out any more. School is my main priority this year.” Liz had changed her habits to adapt to the demands of the nursing program. Attending nursing school seems to have been a strong contributing factor to the profound changes and choices that some of the students felt they had to make.

Liz did not want to return to her community after she became a nurse but was feeling a “more unspoken” pressure to return because of the band funding that she had received. Her community is

so small, and I know everybody on a personal basis; . . . they all know me. It would just be too much. I know some . . . people I don’t get along with, just being younger, and things happen in the past, and I don’t want that to discourage them from coming to the nursing station.

Liz’s and Sue’s feelings differed somewhat in that Sue wanted to return to her community, but feared that they would reject her. Liz had no desire to return to her community because she worried that they might not accept her or she might not be an effective health care provider. Her concern stems from her intimate knowledge of the people in her community and her past connections. She worried that the community would not seek her as a health care professional, which might jeopardize their health. Liz recognized the ethical dilemma as a reality and a possible barrier to her people seeking nursing help. It seems that many Aboriginal nurses have these same concerns and therefore do not wish to return as nurses to the communities in which they grew up (Health Canada, 2002). Who then will be these communities’ nurses?

Summary

The participants believed that nursing school should teach the history of Aboriginal peoples—especially the health implications that result from the impact of

residential schools—and that, with an awareness of the history, health care providers would have more compassion for Aboriginal peoples; at the same time, it would decrease their prejudice, biases, and assumptions. The participants had to make many sacrifices to be able to attend nursing school, including having long commutes, risking relationships, turning away from family or leaving family and communities, and combating loneliness. This demonstrates their tremendous courage and tenacity in their goal of becoming nurses.

The participants described their experiences in the nursing program as involving various tensions. Some seemed to feel a need to blend into the nursing culture, and some continued to maintain their sense of identity through connections with other Aboriginal students. They related stories of educators' and other students' assumptions and discrimination. Finally, they shared their fears of failing the program and of succeeding. Whereas some have struggled with the concern of not being accepted back into their communities, others have no intention of returning as health care providers.

In the final chapter I further discuss the significance of these four themes as well as the limitations of the study, suggest implications for nursing education, review the participants' advice to future Aboriginal nursing students, and propose areas for further research.

CHAPTER 5: DISCUSSION

When the women heal, the family will heal. When the family heals, the nations will heal. (Margaret Lavavelle; as cited in Kenny, Faries, Fiske, & Voyageur, 2004, p. 1)¹²

Introduction

In this section I discuss the four themes that emerged from the interviews. The participants believed that including the historical context of Aboriginal peoples in the nursing program would help to decrease bias and prejudice. However, several of the participants stated in the follow-up (credibility-check) interviews that, although they believed that more Aboriginal content was needed in the nursing program, additional information about other cultures should also be included in the curriculum.

Family and culture impacted the participants in many ways and were at times a source of strength, but also a source of struggle. For some, the pull of family was so great that they were compelled to leave their family and community, turn their backs, to go to school. Others benefited from the support and encouragement from their family and community. However, this support could instill a sense of fear of failing and disappointing their family and community. At the same time, several participants worried that their community would not accept them back and questioned the wisdom and ethics of returning to a community that was too familiar to them to practice nursing.

The participants talked about some of the tensions in the nursing program. Although they spoke of the support that they received from various strategies designed to help them to adjust to the school environment, they also spoke of feeling discriminated

¹² According to Margaret Lavalle, an Ojibway woman, this is a very old Indigenous principle.

against by some of the educators and other students. The participants also eagerly offered practical advice to future Aboriginal students who enter the nursing program.

In this chapter I identify the limitations of the study, the implications for nursing education, and several ideas for further research.

Significance of the Study

Teaching About Residential Schools (The Impact of Colonization)

It is evident from the participants' voices that they believed that the history of Aboriginal peoples—in particular, the experiences of those who attended residential schools—needs to be taught in nursing curricula. The participants are aware of the far-reaching health implications today for Aboriginal people. Several talked about the overrepresentation of Aboriginal peoples in the health care system because of the multitude of health problems that they face, including diabetes, HIV/AIDS, mental health and addictions, and tuberculosis. Some participants felt that they had to be “protective” of their Aboriginal clients to ensure fair treatment from non-Aboriginal health care workers, which places the students in the role of advocates. For example, some recalled incidents in which they had witnessed health care workers' unfair treatment of Aboriginal clients in the health care system. Teaching students to be client advocates is an important part of nursing curricula, and it appears that some of the participants were gaining confidence in that role.

Cultural sensitivity and multiculturalism has been part of the nursing curricula for some time, but how the notion of difference is taken up in nursing education is lacking, as inequities are not acknowledged and this needs to be critically examined by nurse educators (Culley, 1996; Leininger, 2001). There may be some gaps and inconsistencies, and the Aboriginal nursing students suggested that more Aboriginal content be offered in the nursing program. It appears that most nurse educators are not

prepared to teach Aboriginal culture and will therefore avoid, for example, the subject of residential schools (Taylor, 2005). The participants reported that when this subject arose in the classroom, the educator appeared to have little knowledge of Aboriginal history; however, some of the Aboriginal students took it upon themselves to educate the others in spite of the emotional risks of recalling traumatic events. It is imperative that nurse educators learn how to make classrooms and nursing practice settings culturally sensitive and safe for nursing students (NAHO, 2008).

Push and Pull of Family and Culture

The participants demonstrated remarkable strength in the struggle between the pull of family and culture and the demands of a postsecondary education to work towards their goal of becoming nurses. Leaving school to rejoin family is a significant reason that students leave before completing their education, according to the literature (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002; Martin, 2006).

Aboriginal students have few role models to encourage and motivate them to continue their education (Health Canada, 2002). Their families and community supported and encouraged some of the participants to continue, whereas others found it necessary to cut themselves off completely from family and culture and find a new support system that values and understands the demands of school, which is crucial to the success of Aboriginal students.

Tensions with the Nursing Program

The participants talked about certain tensions that they experienced in the nursing program. As mentioned earlier, two such tensions are the lack of Aboriginal content and the pull of family. The literature discussed the need to leave home to go to school as a barrier to students' completing their education as they battle feelings of aloneness and isolation (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002;

Martin, 2006). Several of the students in this study certainly felt that tension, which Health Canada (2002) described as suffering from “cultural shock” (p. 83). Finding a home away from home through using learning circles and placing all Aboriginals in the same class is important for some students to feel connected to their identity and culture (Health Canada, 2002). For other participants, it was important to blend into the regular world (Puzan, 2003; Schnarch, 2004).

Another tension for some of the participants was the discrimination from educators and other students that they felt at times. This is a common theme throughout the literature and is a barrier to the completion of education (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002; Martin, 2006). This finding is concerning in that nursing is considered an accepting, unassuming, culturally sensitive, and safe learning environment. However, the literature revealed that classrooms are not yet culturally safe environments and question whether cultural safety is even possible to achieve in the classroom (Taylor, 2005; Varcoe & McCormick, 2007). Varcoe and McCormick (2007) suggest that other alternatives may be more promising to teach about culture in nursing curricula such as “community building” (p. 460) and to start by examining our own perspectives and biases.

Pressures to Succeed

The participants described an interesting paradox that Aboriginal nursing students face. Although many of the participants received tremendous support from their family and communities, they also described a fear that they would not be accepted back into their communities. There is little evidence in the literature to support their fear of not being accepted back into community. Health Canada (2002) stated that, where students express an obligation to return to their community, Elders fear that they will not return. There is no discussion in the literature of the concerns that some of the participants in this

study identified. However, Schnarch (2004) reported that Aboriginal peoples in postsecondary education “may have to work twice as hard to meet and bridge academic and community expectations. They are sometimes forced to make difficult choices between their values and advancing their careers as they walk a two-culture tightrope” (p. 87) and this is certainly a difficult position.

The participants’ fears went even deeper. One expressed her concern about how the medical community might view her as an Aboriginal nurse. It seems that the personal changes in some of the participants contributed to a number of challenges that they faced, such as their fear of failing the nursing program. Some felt that they would not be able to face their community if they should fail, which contributed to immense stress and pressure. One participant was able to voice this fear: “I don’t want failing to be a reflection of our culture,” which may be a significant feeling that underlies those of many Aboriginal students who decide to pursue postsecondary education. The literature affirmed that success in school requires high self-esteem (Canadian Millennium Scholarship Foundation, 2004).

Limitations of the Study

This study had several limitations. First, only six participants agreed to be interviewed; no students who did not complete a nursing program were available. This limits the study in that what caused these students to leave the program is unknown. If I had information on what contributed to their not finishing nursing, it would have added to my knowledge on some of the barriers the students faced in completing school.

Second, the relatively small number of participants is also a limitation in that the experiences of these six may not offer a broad enough range. However, Sandelowski (1995) argued that sample size may not be significant if the quality of the data is high. I

believe that this group of participants shared very rich experiences of being in a nursing program.

A third limitation is that all six participants were female; thus, the male perspective is missing from this study. However, the literature pointed out that most Aboriginal students enrolled in programs are female, especially in the nursing program (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002; Martin, 2006).

Finally, another limitation of the study is that all six students were educated mainly in a mainstream public grade school system. Although a few spent some time in reserve schools, the majority of their schooling was in a larger urban center. According to the literature, educational preparation is a barrier to Aboriginals' successful completion of postsecondary education (Canadian Millennium Scholarship Foundation, 2004; Health Canada, 2002; Martin, 2006). However, it was not an issue for the six student participants, who all felt that they were adequately prepared for the rigors of the nursing program. A few complained about the extra work that was required to pass the biology course in particular. Nevertheless, they were successful in that area.

Implications for Nursing Education

An examination of Aboriginal nursing students' experiences has several implications for nursing education. First, it is clear that more Aboriginal content needs to be threaded into the nursing program throughout the four years. All of the participants also felt very strongly that although Aboriginal content needs to be taught, so too does content on other cultures. This reflects Aboriginal ways in that all people have equal rights and say in matters. However, the manner in which culture is taught is very important.

Second, for educators to become culturally competent and create a culturally safe learning environment, they must “shift from authority figure to learner in cross-cultural interactions” (Taylor, 2005, p. 137). Letting go of the position of power in the classroom is vital to opening up to “the opportunity to learn, to listen as well as speak and to follow as well as lead” (Varcoe & McCormick, 2007, p. 460). Some of the participants suggested that the nursing school invite Elders or Aboriginal health care workers to speak to the student body and faculty to help educators who have limited knowledge of Aboriginal history and culture become co-learners with the students (Varcoe & McCormick, 2007). However, one participant observed that the educators who need exposure to Aboriginal history are the least likely to attend. How can administrators encourage and support all nurse educators to become informed on Aboriginal issues and all matters of cultural safety?

Third, Taylor (2005) suggested beginning by assessing one’s own values and beliefs about culture and the health care system. This includes uncovering one’s own prejudices and biases and determining how they interfere in communications with other cultures. This is imperative when one is responsible for the education, health, and well-being of a class full of diverse cultures. It may be of particular importance when educators have Aboriginal students in the classroom or nursing practice setting because of the impact of residential schooling and the overrepresentation of Aboriginal peoples in health care. Educators will need to become more informed and more critical in their thinking and teaching when issues of culture arise. Educators will need to avoid discriminatory remarks and ‘stereotypical’ images of people from different cultures and teaching this to students, which will only serve to perpetuate those narrow thoughts and views (Browne & Varcoe, 2006; Varcoe & McCormick, 2007). Although knowing about cultural beliefs, values, health care practices, traditions, and customs are all important

aspects of cultural sensitivity and competence, educators must go deeper and try to understand cultures from a political, social, economic and historical perspective and teach that aspect to students (Browne & Varcoe, 2006).

Fourth, although some participants possess the skills to assertively advocate for Aboriginal clients, it is not clear that all students have this ability. Teaching about culture is one thing, but teaching students the skill of advocacy and instilling in them the confidence to do so is another issue that must be addressed in nursing program. It is vital that students feel that they have the communication skills and resources to cope when they face overt prejudice, bias, and discrimination. Equally important is that Aboriginal students have resources to help them in their struggle with their fears of failure and success. Educators, possibly in collaboration with Aboriginal communities, must look for ways to prepare Aboriginal students for the transition back to Aboriginal communities if they decide to return.

Last, nurse educators must ask themselves whether they are unconsciously directing Aboriginal students to blend into the dominant Euro-Canadian female culture of nursing (Puzan, 2003; Varcoe & McCormick, 2007). Are we asking students to give up their Aboriginal identity and assimilate and thereby perpetuating colonialism? If we are, we may be missing a unique and valuable opportunity to enhance nursing curricula with knowledge of holistic Indigenous ways of knowing, learning, and being. It is important that educators listen to the voices of all students because there is so much knowledge to be gained and shared as long as they obtain permission to share and use that knowledge and respect it (Schnarch, 2004).

Aboriginal Students' Advice to Other Aboriginal Students and Nursing Faculty

The participants were also full of advice to offer Aboriginal students who enter the nursing program. For example, they all stressed the importance of (a) applying for

funding, scholarships, and bursaries; (b) accessing the learning center and the tutoring that is offered; (c) keeping up with the readings, especially in biology; (d) being aware of managing time and workload issues; (e) putting aside time for family and friends; (f) taking “me” time, managing stress, and seeking counseling when necessary; (g) finding a supportive environment in which to live; and (h) as one participant said, “stick to it,” although that is “a personal choice.”

Another strategy to counter the dominant culture norms is to find placements for Aboriginal students in Aboriginal communities. This suggestion perhaps points to a clue to how nursing schools can respect cultural diversity by making room in the program for such experiences, which can help to balance and shift the dominant norms to the norms of the Aboriginal community, for example. This might help to relieve the fears of some Aboriginal students of not being accepted back into their communities and further their understanding of the needs of an Aboriginal community.

Implications for Further Research

There are several areas that warrant more research. As discussed earlier in the limitations to the research, the study included no students who left the program without completion and no male students. Gaining these two additional perspectives might have revealed more insight into the Aboriginal student nurse experience. Because there is little research on the paradox of balancing fears of success with fears of failure and acceptance back into the community, this would be a worthy research endeavor.

Some of the participants also alluded to Aboriginal (Indigenous) ways of knowing, learning, and being that might benefit the holistic approach to nursing and greatly add to nursing knowledge. Further research offers the opportunity to learn more about traditional Aboriginal healing practices that could enhance nursing curricula.

Summary and Conclusion

Six generous, gracious Aboriginal nursing students shared their time and their experiences of being in a nursing program. The knowledge derived from these tenacious women emerged as four equally important themes. In the first theme, *teaching about residential schools (the impact of colonization)*, the participants believed that all nursing students should learn about Aboriginal history and the impact of residential schools and ensuring that others understand what Aboriginal peoples have suffered will decrease their prejudice and bias and increase their compassion. Some of the participants acknowledged their role as advocates for Aboriginal clients in the hope that all nurses will learn to be accepting and understanding. Furthermore, nursing programs should reflect a respect for differences across peoples, Aboriginal and non-Aboriginal. However, it is evident that not all nurse educators are comfortable with or knowledgeable about the notions of ‘culture’ and ‘difference’ and that concepts such as cultural competence and cultural safety need to be incorporated into nursing curricula in a critical fashion. How this can be done has yet to be determined as it is unrealistic to expect nurse educators to be knowledgeable about all facets of all cultures and cultural groups.

In the second theme, *the push and pull of family and culture* made it difficult for some of the participants to set school as a priority in their lives. Achievement and success within postsecondary educational institutions generally demands compliance with the dominant culture, which places the expectations of education and self before family, contrary to the ways of many Aboriginal people. In this study, the participants often had to make difficult decisions, such as to prioritize school over family and community, and shouldered the consequences of those decisions – several participants struggled with feelings of isolation and loneliness, and they were missing important cultural events, which put them at odds with the constant pull of family and community.

In the third theme, *tensions with the nursing program*, the participants accepted strategies to offset the struggles of aloneness and culture shock with enthusiasm and relief. Placing all Aboriginal students in one class and developing learning circles where students can find support and a “comfort zone” helped the participants to maintain a sense of community was helpful to some. However, not all of the participants felt the same way. Other participants created new relationships and support systems and blended in with other nursing students. This is an important reminder that not all Aboriginal students will have the same understanding or experiences with regard to history, culture, beliefs, or nursing programs.

Creating a learning environment that is culturally safe and accepting of differences is vitally important in nursing education (Browne & Varcoe, 2006; Varcoe & McCormick, 2007). Nurse educators must be prepared to create safe environments to teach sensitive topics in classrooms or nursing practice placements and reflect on behaviors that may be interpreted as intolerant and assimilative (Puzan, 2003). In addition, selecting practice placement areas such as small Aboriginal communities can lead to a better understanding of Indigenous ways. These placements should be done in collaboration with Aboriginal communities so that strong linkages are established and students are assisted in their learning across both sites, the educational institution and the community.

Nursing curricula needs to incorporate material that reflects a respect for differences by including clinical practice examples that draw on the experiences of a variety of people and perspectives. It needs to include the expertise of community members across diverse groups in curriculum development and in the classroom such as Elders, health care interpreters, gay community, persons representing disability groups, mental health organizations etc., and focus attention on the socio-cultural, political,

economic, historical contexts. It also needs to address the notion of power relations in which health and health care occurs for individuals, families and communities. This will embed the notion of relational practice (Doane & Varcoe, 2005) that underscores the need for the student and instructor to begin their work by reflecting on their own biases, assumptions and practices that might act as barriers to excellent care and teaching. In addition to respect, relational practices embody the idea of inclusivity. Although not an exhaustive list these inclusions would assist in ensuring an understanding informed by difference.

Finally, in the fourth theme, *pressures to succeed*, many of the participants, shared that returning to their community evoked fear and presented ethical dilemmas. The fear of failing in the nursing program is an immense pressure that some of the participants face, as is the fear of disappointing family and community and the concern of perpetuating stereotypical images of Aboriginals who are unable to be successful in postsecondary education. Some participants were concerned about their legitimacy as graduated nurses in their own community as well as in the medical community. They feared that their community would not accept them as nurses who had been educated in the dominant culture because they had become the “other.” Finding ways to overcome these fears can lead to success in a nursing program.

In this study I examined the experiences of six Aboriginal women (nursing students) in a nursing program. The knowledge gained from this study reveals valuable insights to support and retain Aboriginal students in nursing programs in the future.

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APPENDIX A:
RECRUITMENT POSTER



Dear Nursing Students:

My name is Heidi Petrak and I am a nursing instructor at a College and a Masters of Nursing (MN) student at U-Vic. As part of my thesis work, I am devoting part of my studies to looking at what your experiences are like as Aboriginal nursing students in the nursing program. With this valuable sharing of your experiences I am hoping that some of the information could be integrated into the nursing program. If you would be willing to share 1 - 1½ hours of your time to participate in this important research study, to tell me about your experiences in the nursing program, and another ½ - 1 hour for a follow-up interview (at a later date to see if the information I have makes sense to you) it would be deeply appreciated. Sandee, advisor from First Nations Education and Services, is supporting the study and can answer any other questions you may have. You may also contact me directly if you have any further questions. Thank you.

Sandee xxx-xxxx or e-mail xxxx@xxxx

Heidi xxx-xxxx or e-mail xxxx@xxxx

APPENDIX B:

PARTICIPANT CONSENT FORM

Experiences of Aboriginal Nursing Students in a Nursing Program

You are being invited to participate in a study entitled Experiences of Aboriginal Nursing Students in a Nursing Program that is being conducted by Heidi Petrak.

Heidi Petrak is a graduate student in the department of Nursing at the University of Victoria and you may contact her if you have further questions by e-mail petrak@xxxx. or cell phone (xxx) xxx-xxxx.

As a graduate student, Heidi is required to conduct research as part of the requirements for a degree in nursing. It is being conducted under the supervision of Elizabeth Banister. You may contact Heidi's supervisor if you require further clarification or information at (xxx) xxx-xxxx or e-mail ebaniste@xxxx.

The purpose of this research is to gain a deeper understanding of the experiences of Aboriginal nursing students in a nursing program.

Research of this type is important because of the need for Aboriginal nurses to care for Aboriginal people. It has been identified that Aboriginal nursing students have had a much higher attrition rate than non-Aboriginal nursing students. It is hoped that by listening to your experiences in the nursing program, whether you were successful or unsuccessful, a deeper understanding will be gained.

You are being asked to participate in this study because you are/were in a nursing program.

If you agree to voluntarily participate in this research, your participation will include a one to one and a half hour interview with Heidi Petrak at a quiet location and time that is convenient for you. The interview will be tape recorded and transcribed so as not to disrupt the flow of conversation with note taking. Once the research is concluded, this may be several weeks to months after the initial interview; you will be contacted again by Heidi Petrak. Heidi will share the findings of the research with you in order to verify an accurate account of your experiences. This will take approximately one half to one hour of your time at a quiet and private location and time that is convenient for you or may be done via telephone.

Participation in this study may cause some inconvenience to you, including taking time out from your busy schedule and being contacted again at a later date.

There are no known or anticipated risks to you by participating in this research; however, you may possibly experience some emotional or psychological discomfort should you recall some more unpleasant experiences you may have had during your time in the

nursing program. If you experience overwhelming discomfort you may discontinue the interview at any time and have access to counselling services.

The potential benefits of your participation in this research include an opportunity to closely examine your experiences in the nursing program with the researcher (Heidi) which may have some therapeutic effect. The information and knowledge that you share with Heidi may be beneficial to future Aboriginal nursing students.

Your participation in this research must be completely voluntary. If you decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will not be used or only with your consent.

Heidi may have had a relationship with you as your past instructor in a nursing program. To help prevent this relationship from influencing your decision to participate, the following steps to prevent any feeling of coercion have been taken. Heidi will not become your nursing instructor in the future. Heidi will not be part of the recruitment process other than by responding to your interest once you decide to volunteer to be interviewed for the study or wish to seek more information.

To make sure that you continue to consent to participate in this research, you will be contacted by Heidi to verify the findings of the research and asked for your input at that time. You may also wish verify your transcribed interview at that time. This will take place, as stated previously, several weeks to months after the initial interview. When you are contacted for this follow-up interview, Heidi will ensure that you are still willing to participate and if not, you will be given the choice of withdrawing. You will be asked to sign the consent form again for this purpose.

In terms of protecting your anonymity your real name will not be used and any distinguishing characteristics will be changed or removed in the written research results (thesis). You will not be identified as a student who was interviewed by Heidi at any time, for example, on campus.

Your confidentiality and the confidentiality of the data will be protected by changing your name in the written thesis paper and not directly referring to any information that others might use to identify you.

It is anticipated that the results of this study will be shared with others in the following ways. First, the findings will be shared with you, the participant. The results will be shared with the thesis committee members and during the thesis dissertation. The results will be shared with First Nations Education and Services and nursing program leaders. Lastly, the results may be shared through a published article, presentations and/or scholarly meetings.

Data from this study will be disposed of by erasing all taped recorded interviews, erasing any electronic data and all paper copies will be shredded after the data has been used.

Individuals that may be contacted regarding this study include Heidi Petrak and Elizabeth Banister as indicated at the beginning of this consent form.

In addition to being able to contact the researcher Heidi Petrak and supervisor Elizabeth Banister, at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4545).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Thank you for agreeing to participate in this study.

APPENDIX C:
RECOMMENDATIONS

Synopsis

A college and a university, in conjunction with First Nation Education and Services and a nursing department, enacted an agreement in September 2004 to create eight priority seats in the Registered Nurses/Bachelors of Science in Nursing (RN/BSN) program for Aboriginal students. However, only two of the nine Aboriginal nursing students were able to move on into the second semester in the nursing program, which represents a disproportionately high attrition rate compared to that of non-Aboriginal students. The purpose of this paper was to address the high attrition rate of Aboriginal nursing students by examining identified historical, social, cultural, geographic, demographic, personal, and individual barriers to postsecondary education. From this examination, the following recommendations were formulated to increase the chances of Aboriginal nursing students' success in a nursing program. It is recommended that:

1. all identified Aboriginal students be placed together in one section in the nursing program for the purpose of peer support among students.
2. the nursing program add more content to the curriculum specific to knowledge development on Aboriginal culture, history, values, and healing traditions.
3. the nursing program enlist volunteer nurse educators to become mentors for Aboriginal students.
4. the First Nations Education and Services provide inservice and education to these volunteer nurse educators on Aboriginal history, culture, issues, and perspectives.

5. the nursing program actively recruit advancing Aboriginal nursing students and Aboriginal nurses to act as role models and mentors to new nursing students.
6. the nursing program encourage the enrollment of volunteer nurse educators and Aboriginal student nurses in the Aboriginal Nurses Association of Canada.
7. the nursing program establish close and trusting relationships with First Nations Education and Services to support and ensure the continuing education of both students and educators.
8. the nursing program review the possibility of alternate clinical/practice placements in Aboriginal communities to allow Aboriginal students to practice and learn closer to their homes.
9. the nursing program, in collaboration with the First Nations Education and Services Department, develop and implement a pre-nursing curriculum for Aboriginal nursing students that include mathematics, writing, communication and study skills, biology, and chemistry.

It is my hope that instituting some, if not all, of the recommendations will help to ensure that Aboriginal nurses are more accepted, have a better chance of success, develop a positive self-image, and are role models in their communities, thus moving one step closer to breaking Aboriginal peoples' long cycle of struggle and hardship.