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Factors shaping Aboriginal nursing students' experiences

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KEYWORDS

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Summary Motivated by a shortage of Aboriginal nurses and recurring difficulties in recruitment and retention of Aboriginal peoples in nursing education, a critical ethnography was conducted to examine the experiences of undergraduate Aboriginal nursing students in two Canadian schools of nursing. We conducted audiotaped interviews with Aboriginal nursing students ($n = 31$), Aboriginal nurses ($n = 5$), nursing faculty members ($n = 24$), and individuals who were identified as knowledgeable about the context that might shape the experiences ($n = 16$). Other data sources included reflexive and descriptive fieldnotes from 200 h of fieldwork in classroom and laboratory practice sessions and 135 texts from the participating schools. Nursing textbooks, course syllabi, policies, procedures, clinical evaluation forms and websites were randomly selected and analyzed to explicate how texts shaped the students' experiences. In this paper, we discuss the findings of the study and briefly share our recommendations.

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Introduction

Motivated by a projected shortage of Aboriginal nurses and recurring difficulties in recruitment and retention of Aboriginal¹ peoples² in Canadian schools of nursing (Aboriginal Nurses Association of Canada, 2004), we conducted a critical ethnography

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¹ We use the term, Aboriginal, to refer to Indigenous peoples of Canada. Aboriginal peoples include First Nations People, Status and Non-Status Indians, Treaty and Non-Treaty Indians, Native Canadians, Métis, and Inuit as reflected in the current historical, social, cultural and political context (Health Canada, 2002). Although it is more accurate and respectful to use the name of each tribe, we refer to participants as Aboriginal to protect their identities.

² "Peoples" is intentionally plural to reflect the right of self-determination and to acknowledge the great diversity among Aboriginal individuals, families, and communities (Castellano, 2002; L. Smith, 1999).

to identify factors shaping Aboriginal nursing students' experiences. In this paper, we present and discuss the findings of this study (Martin, 2006). The research objectives were: (a) describe the experiences of Aboriginal nursing students, (b) explicate tensions between social groups within schools of nursing, (c) and illuminate hidden or embedded messages within various texts that influenced social relations. By explicating factors shaping Aboriginal nursing students' experiences, we offer recommendations to improve recruitment and retention of Aboriginal peoples in schools of nursing.

The study was guided by tenets from several theoretical and methodological perspectives: Aboriginal epistemology³ (Battiste, 2002; Cajete, 1994; Castellano, 2002; Ermine, 1995; Fixico, 2003), decolonizing methodologies for research and Indigenous peoples (L. Smith, 1999), cultural safety (Ramsden, 2002), and the social organization of knowledge (D. Smith, 1986, 1987, 1990, 1999). Our theoretical lens provided us with a backdrop to critically examine Aboriginal nursing students' experiences, social relations, and the schools' textually mediated discourses. All perspectives valued how history shaped peoples' everyday lives and experiences guiding us to review the history of Aboriginal education prior to embarking on this project to grasp an understanding of how the historical context might shape Aboriginal nursing students' experiences today.

Data sources included audio-taped, semi-structured face-to-face interviews with Aboriginal nursing students ($n = 31$), Aboriginal nurses ($n = 5$), nursing faculty ($n = 24$), and key informants ($n = 16$) who volunteered to participate. Key informants were individuals identified as being knowledgeable about the context shaping Aboriginal nursing students' experiences. Hypothetical examples of key informants are employers of Aboriginal nurses and student support services personnel in postsecondary institutions. We also conducted 200 h of field work in classroom and laboratory practice sessions at the two research sites, documenting reflexive and descriptive field notes. As well, pertinent texts were randomly selected and analyzed. These texts ($n = 135$) included recruitment brochures, textbooks, journal articles, course syllabi, schools' policies and procedures, and websites to explicate how text-mediated

discourse shaped Aboriginal nursing students' experiences.

Background

According to the 2001 census, the percentage of Aboriginal peoples in Canada was 6%. In an ideal world, the student nurse population mix would reflect the overall population mix of the region. In 2002, there were approximately 240 Aboriginal nursing students – a mere 0.7% of the total undergraduate nursing student population (Canadian Nurses Association & Canadian Association of Schools of Nursing, 2004; Health Canada, 2002).

To improve recruitment and retention of Aboriginal peoples in nursing, nurse educators and educational administrators required more information about factors that enhanced or hampered the educational experiences of Aboriginal nursing students. A study that examined how Aboriginal nursing students experience their nursing education and how contextual factors shape or influence their experiences was warranted.

“Interpretivist movements in anthropology and sociology have recently merged with neo-Marxist and feminist theory to produce a unique genre of research in the field of education known as ‘critical ethnography’” (Anderson, 1989, p. 249). In critical ethnography, studies of schools are combined with critical insights into how broader structures are mediated and produce change (Carspecken, 1996; Gordon et al., 2001). We explored Aboriginal nursing students' everyday experience within the two participating schools of nursing and then examined how Aboriginal nursing students' everyday lives were shaped by the broader historical, social, cultural, political, and ideological context.

Social construction of existing knowledge

Our account of the social construction of existing knowledge begins with information about the historical context shaping Aboriginal nursing students' experiences. According to Kirkness (1999), the history of Aboriginal education in Canada can be divided into four overlapping phases: traditional education, colonial domination, assimilation, and self-determination. Traditional education occurred prior to European contact. In the Aboriginal community, every adult was responsible to ensure that every child learned how to live a fruitful life. Education was not a separate institution or entity.

³ Epistemology refers to a branch of philosophy that inquires into the nature and possibility of knowledges (Mautner, 1996). Aboriginal epistemologies are distinct and deal with each Tribe's scope of human knowledge, how it is acquired, and possessed. However, commonalities exist and we relied on these commonalities in our definition of Aboriginal epistemology.

The second phase, colonial domination, occurred when missionaries followed the arrival of European fur traders. Missionaries initiated day or mission schools for the purposes of "civilizing" the Aboriginals. These schools evolved into Indian Residential Schools, which were established by the federal government and run by the church. Children were removed from their families and home communities to obtain physical and moral training. Aboriginal children were not to be educated above the possibilities of their station and were taught up to a Grade 3 curriculum (Kirkness, 1999). "Residential schools" left a potent legacy of language and culture loss, sexual abuse, disruption of parenting, and erosion of youth (Marker, 2005, p. 90). The third phase, assimilation, occurred as Aboriginal children were integrated into the EuroCanadian school system with the closure of Indian Residential Schools.

Self-determination began in the 1970s when the National Indian Brotherhood successfully lobbied the Canadian government for Indian control of Indian education. Since the 1970s, some schools have evolved to offer various degrees of information about the Aboriginal culture by Aboriginal teachers.

Following review of the historical context, we synthesized and analyzed located literature in regards to what was present and what was absent (Marker, 1997). As suggested by Campbell and Gregor (2002), we did not cede authority to the literature as in conventional research studies. By reviewing existing knowledge about Aboriginal nursing students' everyday life, we analyzed how the literature was socially constructed and organized. The analysis of existing knowledge of Aboriginal nursing students' experiences facilitated the focus and direction of the research (Paterson et al., 2004). The literature review helped us reflect on different ways of knowing about Aboriginal nursing students' everyday experiences (Campbell and Gregor, 2002).

Information about Aboriginal peoples' experiences in postsecondary educational institutions was scattered throughout the biomedical and social science literature. Using Aboriginal, First Nations, Indian, Indigenous, Métis, Native, Native Americans, Native Alaskans, nursing students and education as key subject terms, we conducted searches in the computerized library databases of the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Educational Resources Information Centre (ERIC), Medline, and a web-based search through Google Scholar.

A review of the literature revealed that Aboriginal peoples experienced many barriers in acquiring their nursing education. Researchers identified

several inter-related struggles: (a) inadequate high school preparation, (b) lack of support services, (c) rigid institutional policies and procedures, (d) ethnocentrism, (e) and inadequate funding (Dickerson et al., 2000; Health Canada, 2002; Kulig, 1987; McClelland, 2005; Ryan, 1992; Usher et al., 2005; Womack, 1997; Yurkovich, 1997). What was blatantly missing in the nursing literature was how problematic intergroup relations and racism influenced Aboriginal nursing students' experiences and what teaching strategies would facilitate inclusiveness and learning (Jackson et al., 2003).

Method of Inquiry

Following ethical approval from three ethical review boards, we deliberately selected two schools of nursing because these schools were actively recruiting Aboriginal peoples into their programs. We acquired permission to access participants from the educational administrators at the two schools of nursing. We recruited five Aboriginal nurses who volunteered to participate as members of an advisory council. The purpose of the advisory council was to provide us with expertise about Aboriginal nursing students' experiences and advice if we came upon issues in conducting research with Aboriginal peoples.

We recruited participants by letter, posters, informal information sessions and classroom visits. The research assistant conducted the face-to-face interviews with Aboriginal nursing students who volunteered to participate. Following the interview, Aboriginal nursing students were provided with a thirty-dollar honorarium. Interviews were also conducted with Aboriginal nurses, faculty members, and key informants who volunteered to participate. As soon as possible following the fieldwork, we used Wilson's format (1987) to record personal accounts of the participant observations in field notes that became a rich resource as we learned how to see, hear about, and otherwise understand what Aboriginal nursing students do in the course of their everyday lives (Campbell and Gregor, 2002).

We utilized qualitative data analysis software called QSR N6 Student, a version of NUD*IST (Non-numerical Unstructured Data*Indexing Searching and Theorizing) to import text data with flexible document management systems. We used the software to:

group chunks of transcript, sometimes pages in length by theme or topic... This kind of computer-aided sorting works at a fairly primary level

and offers researchers a manageable way to work with large numbers of interviews; it still leaves the analytic work to be done, as always, through writing, thinking, and discussion with collaborators and colleagues (DeVault and McCoy, 2001, p. 768–769).

Using an analytic approach described by Browne (2003), entire transcripts and corresponding field notes were read and reread to identify similar, converging or contradictory patterns of Aboriginal nursing students' experiences, key concepts, and clues to social relations. Then, we progressed to read and reread groups of transcripts to delineate nurse educators' experiences teaching Aboriginal nursing students and key informants' perspectives about the broader context shaping their experiences. We examined the data for conceptualizations and categories emulating Aboriginal peoples, Aboriginal nursing students, student nurses, nursing faculty, knowledge, nursing education and practice. Our aim was to reveal how Aboriginal nursing students' experiences were coordinated and regulated through text-mediated discourse (DeVault and McCoy, 2001).

Limitations of the study included our decision to forego fieldwork in clinical or community practice settings. Because informed consent from patients,

families, and staff was overly daunting, we limited our fieldwork to the environment within the two participating schools of nursing. The other limitation was related to gender. Further research into male Aboriginal nursing students' experiences is definitely warranted as this sample was comprised of two men and 34 women.

Profile of participants

Most of the Aboriginal nursing students were mature First Nations women who acquired Band sponsorship to fund their postsecondary education. Fifty percent of participants had between one and three children and 25% of participants were single parents. Many participants relocated from a northern Aboriginal community to an urban centre to acquire their nursing education. Thus, these participants were presented with a "culture shock" and were required to adjust to an urban lifestyle away from the support of extended family and friends. Please see Table 1 for a more detailed profile of participants.

The majority of participating faculty members was comprised of middle-aged, Euro-Canadian women with more than five years experience in

Table 1 Profile of participants

Description	Gender	Descent	Admission	Funding source	Origin	Relationship status	Number of dependents
Aboriginal nursing students ^a <i>n</i> = 31	Male = 2	FN ^b = 28	Access ^c = 21	Band ^d = 28	Urban = 9	Single ^e = 15	0 = 12
	Female = 34	Métis = 8	Regular = 15	Student loans = 4 Other = 4	Rural or northern = 27	Partnered = 21	1–3 = 18 4–8 = 6
Aboriginal nurses <i>n</i> = 5 Faculty <i>n</i> = 24	Male = 1 Female = 23	0					
Key informants <i>n</i> = 16	Male = 3	FN = 4					
	Female = 13	Métis = 1					

Note. Total number of participants – 76.

^a Aboriginal nursing students were recruited from 2 Canadian schools of nursing and represent various years in undergraduate nursing programs. Two students recently exited the nursing program.

^b FN designates that participants identified themselves as having First Nations ancestry. "First Nations" has gained wide acceptance in Canada since the early 1980s, promoted from within the Indigenous community as a substitute for band in referring to any Aboriginal group formally recognized by the government. While it includes Status, Non-Status, Treaty, Non-Treaty Indigenous nursing students, it specifically does not include people that identify themselves as having Inuit or Métis ancestry. Whereas, M designates Métis which is a term used to describe descendants of Indigenous peoples and French settlers or fur traders.

^c Access programs were established to assist academically, economically, and socially disadvantaged residents to facilitate their pursuit and acquisition of a postsecondary education. Access programs provide a preparatory year, tutoring, bursaries, and personal counseling.

^d Successful First Nations applicants acquire sponsorship from their Band to cover tuition, some books, and a negligible living allowance.

^e Twenty five percent of participating Aboriginal nursing students identified themselves as single with dependents.

schools of nursing. However, most faculty members acknowledged that they had limited preparation and experience teaching Aboriginal nursing students.

Findings

Aboriginal nursing students described their journeys to and through the schools of nursing as long and arduous. A minimal time frame for completion of undergraduate nursing education for this group was five years.

They expressed that their major concerns were inadequate funding and lack of available childcare. For example, lack of available and affordable childcare in urban centers and postsecondary institutions was a major detriment to the Aboriginal nursing students' in that actual provision of childcare or worrying about children's safety prevented them from focusing on studying. In several situations, these students were unable to acquire childcare and were required to send children back to home communities to be cared for by extended family members.

Student #22: We couldn't get him a daycare spot so now he is living back with his grandmother temporarily until we can find him childcare. That was stressing me out big time – what to do with him. I don't know and then my eight year old. What to do with him before and after school. Daycare is full-Yes and costly. And so he is eight and it is about a three block walk from his school to our house, so I reluctantly told him that he could start walking home from school, mapped out the walk for him and whatever, gave him the whole spiel about strangers and stuff and just prayed that nobody bugged him or would bother him and he was walking home and then my partner would have to leave his job... and I just prayed that he would get home in time for my son... because he takes the bus, too.

In the following sections, we describe how this study contributed to existing knowledge of Aboriginal nursing students' experiences.

Intersectionality

The term, intersectionality, is used to describe how gender, race, culture, economic status, and geographical distance from social support systems were forms of oppression that magnified one another (Young and Paterson, 2006). For example, being racialized is not an added form of oppression for an impoverished Aboriginal woman; rather it

heightens or magnifies the oppression (Young and Paterson, 2006). Intersectionality of these variables created undue stress that affected many Aboriginal nursing students' ability to focus on learning how to become a nurse. Factors associated with the intersectionality were personal issues, lack of social support, lack of available childcare, ethnocentrism, racism, conflicts with teachers and finally, the major obstacle – inadequate funding.

The federal and provincial governments ultimately controlled band sponsorship, Canada Student Loan programs, and other forms of financial assistance to Aboriginal peoples. Constant worry about finances negatively affected Aboriginal nursing students' ability to concentrate on learning how to become a nurse. Findings of this study supported Health Canada's report (2002) that Band sponsorships were grossly inadequate in that only half the cost of a nursing education was covered.

Student #29: You can't even afford to buy yourself groceries. You buy what you can. Plus for nursing, you got to dress up. I mean – Look at the way I am dressed! And I got to go into the community like this and things like that... And I only get \$575 a month – that's \$575 – that's not including my hydro I got to pay, so by the time I buy my bus pass... but it's going to be hard.

Equality versus equity

In faculty members' accounts of their relationships with Aboriginal nursing students, they identified their lack of preparedness and experience teaching people with this background. Nurse educators recognized that they required new information and new strategies to connect more meaningfully with these students.

Exploring the experiences of 24 nurse educators broadened the scope of previous work by Dickerson and Neary (1999). We discovered how nurse educators valued a sense of providing equality and fairness to all students in their teachings. Many educators believed that a foundational philosophy of providing equal and fair time along with instruction to all students ensured that they were doing "right" and "good". Many nurse educators were concerned about being perceived as biased for and/or against individual students and student groups in a culturally diverse student nurse population by teaching/evaluating more and/or differently.

Nurse educators misunderstood the gross inequities inherent in being an Aboriginal nursing student educated in an Aboriginal community. In a milieu

where faculty members highly valued equality and fairness, they expressed their resentment regarding perceptions that Aboriginal nursing students were provided with more resources than any other student group. These faculty members believed that these students were well funded by their Bands and ultimately, Canadian taxpayers. Without understanding the contextual components shaping Aboriginal peoples' experiences, many nurse educators perceived that these students were a privileged group. Intergroup relations were mired with misunderstandings of equality, fairness, and equity.

Different explanatory models

This study's findings expanded upon [Dickerson et al.'s work, 2000](#) in that we were able to link Aboriginal nursing students' and clinical teachers' experiences. This linkage facilitated the ability conceptually to formulate how Aboriginal nursing students and faculty members' viewed the same situation differently.

The history of Aboriginal education in Canada greatly influenced these students' experiences in schools of nursing. Because of different explanatory models interplaying in nursing knowledge and practice, faculty members were unable to convey their messages and expectations in an understandable manner to Aboriginal nursing students. Nurse educators expressed their responsibility to prevent harm to the public by ensuring student nurses were practicing safe and competent care. Although nurse educators relied heavily upon nursing practice standards and referred to them frequently in their "talk," clear descriptions and, references to professional practice standards in course syllabi and lecture notes were rare.

Reliance upon different explanatory models fuelled tensions between Aboriginal nursing students and nurse educators. Key informants reaffirmed how historical influences of colonialism and neo-colonialism on Aboriginal education continued to shape the disconnection experienced by both these nursing students and nurse educators. Nurse educators held a clear understanding of what constituted nursing knowledge, practice expectations, and standards of practice. Nurse educators were able to focus on the task or skill at hand, while Aboriginal nursing students struggled to decipher the meaning of nursing jargon (verbal and written descriptions of nursing knowledge and practice settings). The students were perplexed when conflicts emerged between them and their teachers. History played an important role in pre-

venting clearer communications and trust in the intergroup relations.

Existence of racism

Visible and non-visible Aboriginal nursing students observed and detected racism from individuals, groups, and processes within the schools, hospitals, and community placements. In the learning environment, several Non-Aboriginal individuals exhibited racist attitudes and behaviors that were hurtful. In the majority of instances, unwitting insensitivity and/or lack of knowledge about the influences of colonialism and neo-colonialism were demonstrated as Non-Aboriginal peoples openly expressed viewpoints that Aboriginal peoples were all the same and had numerous resources available to them. Aboriginal nursing students who perceived degrading and/or disrespectful treatment from nurse educators described how these experiences "further added fuel to the fire" of how Aboriginal peoples have historically been treated.

Student #9: We had a web chat for our [class] and part of our thing was that we had to go on the Internet and put comments and bring some issues into focus and all that stuff and just tell like anything you could put on there. And in one of our classes I guess one of the fellows, he was talking about Aboriginals. This fellow is like, "Yes and I drive around the [Aboriginal neighborhood] and I see kids barefoot and they are always little Aboriginal children". So I was like, "Oh my God! This person does not even live in the [Aboriginal neighborhood]". So I just said, "You know I work in a professional environment and I hear comments from professionals that people are supposed to be looking out for — saying mean things about Aboriginal people and all that stuff". And without being ignorant basically and I said, "That could be one of my relatives running around barefoot in the [Aboriginal community]". But the thing about it is that I think the person took offence and then it was coming back to me and then I wrote something. I said, "I am not hating on anybody. I think that this is really good that we are bringing this into focus...and I am grateful for everybody's comments..."

While several Aboriginal nursing students shared how they addressed racism in their learning environment, the majority of participants chose to remain silent. Most students perceived that it was dangerous to confront racism.

Student #20: Yes I am very discouraged. Very. There is a couple of times that I wanted to quit because a lot of these other Aboriginal students

or other minorities have told me that they feel it [racism]. It's there they say. Just, I am scared. Its kind of discouraging me. It's like I am the rabbit and some cougar is going to attack me and I'm going to die.

Absent and/or exclusionary discourse

We linked the dearth of curricular content about Aboriginal peoples and their health to the invisibility of Aboriginal nursing students in Canadian schools of nursing. With minimal attentiveness to Aboriginal health care issues, nurse educators failed to facilitate nursing knowledge and culturally appropriate care for Aboriginal peoples, a growing population in Canada. What message does this provide to nursing students who want to work in Aboriginal communities? What message does this convey to Aboriginal nursing students about the relevance of Aboriginal health issues in nursing education? Nursing curricula was developed without consideration of contextual elements regarding population health and education. These contextual elements were identified as being foundational to curriculum development (Jillings and O'Flynn-Magee, 2006).

As noted by Health Canada (2002), racism was virtually ignored in the discourse within the two participating schools of nursing and the postsecondary institutions. Because "racism" was invisible, one might claim that it does not exist. Information about anti-racist policies was somewhat difficult to locate as it was embedded in policies and procedures about respectful learning environments and prevention of harassment. Information about anti-racist policies and inclusive learning environments was not included in course syllabi, implying that racism does not occur in schools of nursing and inclusive learning environments are a taken-for-granted feature on the part of nursing faculty members.

Several aspects within nursing discourse contributed to Aboriginal nursing students' feelings of exclusion in schools of nursing. These discursive features were stereotypical portrayal of Aboriginal peoples, exclusive jargon, and limited intergroup relations. The students found the exclusion of positive aspects of Aboriginal peoples and their culture as defamatory and myopic. Aboriginal nursing students expressed frustration with nurse educators' construction of Aboriginal health as pathology and deficiency. Several of these students used their personal agency to facilitate further discussion about the context shaping Aboriginal health and the strengths of Aboriginal peoples. However, the

majority of Aboriginal nursing students expressed that they felt alienated. These Aboriginal nursing students were uncomfortable voicing their thoughts and feelings to Non-Aboriginal students and nurse educators. Questioning how the curriculum was presented was identified as a potentially dangerous act in that "good" nurses followed the rules and would not question their authority. By constructing Aboriginal health in this manner, the contextual and historical influences of colonialism and neo-colonialism on Aboriginal health were absent.

Conclusions

By conducting the critical ethnography in two Canadian schools of nursing, we identified how intersectionality, equality versus equity, different explanatory models, racism, the invisibility of Aboriginal Health in nursing discourse, and the history of Aboriginal education in Canada shaped Aboriginal nursing students' experiences. From these findings, we developed recommendations to improve recruitment and retention of Aboriginal peoples in schools of nursing. We were awestruck by the personal agency, perseverance and ingenuity of this group of nursing students as they journeyed toward their dreams of becoming nurses.

Collaboration with Aboriginal nursing students and Aboriginal nurses was paramount to the success of this study. Therefore, we recommend that nurse educators collaborate with Aboriginal students, nurses, agencies, and communities to develop a contextual foundation in curriculum development and instructional design. By using reflexivity, more inclusive teaching strategies can be incorporated (Varcoe and McCormick, 2006).

Formal mentorship programs may enhance Aboriginal nursing students' experiences as most identified that they acquired social and academic support from their peers. Educational administrators may consider establishing formal anti-racist policies (Nairn et al., 2004), as well as human and physical resources to support and sustain urban and campus adjustment for Aboriginal peoples (Ryan, 1995).

Future nursing research is required to identify how different explanatory models influence student-teacher relationships. Another study incorporating fieldwork in clinical and community sites is warranted. By incorporating aspects of Aboriginal epistemology into pedagogy and curriculum, nursing education will broaden its scope and capability of providing more inclusive education and better

prepare graduates to care for Aboriginal peoples (Marker, 2004).

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