

**ABORIGINAL NURSING STUDENT SUCCESS:
A PHENOMENOLOGICAL EXPLORATION OF
ELEMENTS OF SUCCESS WITHIN
POST SECONDARY NURSING EDUCATION**

by

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ABSTRACT

National organisations such as the Assembly of First Nations, the Aboriginal Nurses Association of Canada, and the Native and Inuit Nurses Association agree that Aboriginal health care providers best serve the health care needs of Aboriginal people. Nonetheless, the number of Aboriginal Registered Nurses remains small relative to the Aboriginal population, which is currently experiencing significant growth and will be an important source of Canada's workforce by 2017. The implication is that the need for Aboriginal health care professionals will also continue to grow as the population increases.

This dissertation explores the lived experience for five Aboriginal registered nurses who attended three different universities, in a western Canadian province over different periods of time, as they recount the stories of their educational experiences in an undergraduate nursing programme. The impact of the social and historical events of Aboriginal people in Canada is unavoidably part of this exploration and provides context for their experiences. Using a human science model of phenomenology, informed by Husserl and described by Clark Moustakas, the stories are reduced to the essences of the experience, which illuminate the elements of success, and point out the deficiencies in a post secondary system intended to support them.

All participants experienced racism, isolation, and ignorance in varying degrees during their educational programmes. These experiences transcended age, nation affiliation, geography and educational institution and tied these women uniquely together. Family support, mentorship, recognition of the Aboriginal self and maintenance of Aboriginal culture emerged as the tools contributing to their success.

In the final analysis, the study highlights a perceived lack of responsibility by educational institutions to alter colonial attitudes and western teaching methods and notes a failure to put into action the fundamental changes required to transform a marginalising experience to a meaningful one for Aboriginal nursing students.

Key words: Aboriginal nursing; Aboriginal student experience; phenomenology; success; nursing education.

DEDICATION

To my father Thomas Frew, a Glaswegian who brought me to Canada as a teenager, and told me often “you can never have too much education”.

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GLOSSARY

Aboriginal People: include Inuit, Métis and members of First Nations groups.

Acculturation: a culture change that results from continuous, first hand contact between two distinct cultural groups.

Colonial (*history/processes*): the period of European colonisation during which colonizing groups assimilated and subjugated Indigenous peoples of North America (and other countries). Intent on appropriating land and resources in the name of their homelands, the colonizers utilized processes including settlement, physical force, and legislation to gain ownership.

Elders: Aboriginal persons who are respected and consulted due to their experience, wisdom, knowledge, background and insight. Does not necessarily equate with age.

Enfranchisement: a process by which an Indian gave up Indian status and band membership. First legislated under the Province of Canada's Gradual Civilization Act (1857), it involved the loss of status as Indians and the acquisition of full rights of citizens, including political rights such as the right to vote. Indian communities resisted enfranchisement, which they correctly viewed as an attempt to erode them.

Indigenous knowledge: knowledge that is unique to a given culture or society, contrasts with the international knowledge system generated by universities, and research institutions. It is the basis for local-level decision making in agriculture, health care, food preparation, education, natural-resource management, and a host of other activities in rural communities.

Marginalization: the process of establishing and maintaining a social division of people where the dominant group is considered the norm, or the "centre," and non-dominant individuals or groups are considered to exist outside the centre, at the "margins." Those who exist at the social, political, and economic edges of society do not have the same access to life opportunities that members of the dominant group have.

Post Colonial Scholarship: the deliberate decentring of the dominant culture so that the voices perspectives and experiences of people who have typically been marginalised become a starting point for enquiry.

Reserve: tract of land, the legal title to which is held by the Crown, set apart for the use and benefit of an Indian band.

Racism: the use of genetic or biological background as a basis for assumptions about individuals or groups. In racism, racialized groups are seen as different from other individuals or groups and are treated differently through daily practice.

Self-determination: the right of a people to freely determine their political status and freely pursue their economic, social, and cultural development and to dispose of and benefit from their wealth and natural resources.

Self-governance: "inherent" right, a pre-existing right rooted in Aboriginal peoples' long occupation and government of the land before European settlement.

Status Indian: a person who is registered as an Indian under the Indian Act (1876). The act sets out the requirements for determining who is an Indian by the federal government.

Traditional Knowledge: exists principally in the form of songs, proverbs, stories, folklore, community laws, common or collective property and inventions, practices and rituals. The knowledge is transmitted through specific cultural mechanisms such as Elders.

Western Knowledge: scientific knowledge disseminated through publication, individual versus shared knowledge.

CHAPTER 1

BACKGROUND AND STATEMENT OF THE RESEARCH PROBLEM

INTRODUCTION

Situating the issue

Originally drafted in 1876, the Indian Act continues to determine the rights, choices, and opportunities for status Indians in Canada. According to Smye (2004):

European worldviews, including their medical systems, have achieved social, economic and political dominance over Aboriginal people through enactment of its policies. This piece of legislation, passed in 1876, delved into every facet of Native life: education; health services; welfare; taxes; livelihood, including hunting and fishing rights; the consumption of alcohol; citizenship, including the right to vote; "Indian" identity, status or non-status, treaty or non-treaty; organizational/ruling structures; spiritual practices (cited in Peoples Experience with Colonisation, 2006).

Although several amendments to this Act have taken place since 1876, the Act remains fundamentally unchanged and continues to support federal jurisdiction over "status Indians" (Hurley, 1999). Of particular interest in providing a context for the present study is the fact that responsibility for the delivery of health services to on reserve populations remains primarily in the control of the federal

government. Since 1876, health services have been provided through a variety of European models, most recently through First Nations and Inuit Health, formally known as Medical Services. However, a growing number of First Nations communities have transferred or are in the process of transferring administration of on reserve health services from the federal government to local First Nations control. Support for this shift in service delivery model has been reported by numerous groups and scholars such as The Assembly of First Nations (2001), Chandler & Lalonde, (2008), Romanow (2002), The Royal Commission on Health Care (2004), and by nursing scholars: Kirkham-Reimer, Smye, Tang, Anderson, Blue, Browne, Coles, Dyck, Henderson, Lynam, Perry, Semeniuk, & Shapera, (2002), Varcoe, Smith & Edwards (2005).

At the same time, Aboriginal people have voiced their need for Aboriginal health care providers who can carry out delivery of their health services in a culturally safe manner (Canadian Institute for Health Information, 2004; Statistics Canada, 2005; Tookenay, 1996; Varcoe, Smith & Edwards, 2005). (The use of the term Aboriginal is recognised by section 35 of the Constitution Act, 1982 and refers to First Nation, Métis and Inuit peoples of Canada. The same meaning continues throughout this paper.) It is in the context of this historical/political background that the present study is situated.

Situating the Study

The education of Aboriginal health care providers, namely registered nurses (RNs) is the focus of this dissertation. This study documents the experience of five Aboriginal nursing students attending three different

universities, in three regions of a western Canadian province, over different periods of time. All participants had been enrolled in a four year baccalaureate nursing programme culminating in a Bachelor of Science in Nursing degree (BSN) and all successfully completed the national qualifying exam and could use the reserved title, Registered Nurse, after their name. All participants were status Indians as defined by the Indian Act of 1876. Given both the stated need for more Aboriginal nurses and the high attrition rate among Aboriginal nursing students, uncovering the conditions that may contribute to success for Aboriginal nursing students seems an important undertaking. This study examines what experiences of the participants supported their success in becoming a nurse.

It is acknowledged that the size of the study constitutes a limitation and that the experiences examined were unique to these participants. However, the study was conducted with the intention that its findings might contribute toward informing a consortium of schools of nursing in Western Canada. The consortium, known as the Collaborative for Academic Education in Nursing (CAEN) and its ten member institutions support the decolonising of a shared nursing curricula, that until recently was completely void of Indigenous history, knowledge and healing practices.

As a new graduate working in First Nations communities in the early seventies, I recall several colonising health experiences that, in my lack of awareness, I imposed upon the communities where I practiced. For example, the traditional drying of fish outdoors to store for the winter seemed to me to be a less than healthy way to manage food. I suggested to the women of the

community that we can the fish instead. Indulging the new nurse, they provided me with fish and we canned it at the clinic. At the end of this laborious process, they quietly told me that they had no canners, no mason jars, no electricity in some cases, and no propane stoves to keep an even temperature in the canner. This humbling experience demonstrates the lack of knowledge, history and inadequate preparation I received during my nursing education to work with Aboriginal communities.

The stories of these five Aboriginal nurses can add to the existing body of knowledge regarding the inadequacies of nursing education for Aboriginal students and those non-Aboriginal students intending to work with Aboriginal communities.

Situating the Researcher

My relationship with Aboriginal people spans more than three decades of my nursing career. As an outpost nurse, working with seven different communities in the Chilcotin region of B.C., many communities knew me simply as “the nurse”. Six of the communities I cared for spoke Tsilhqot’in and one spoke the Dakelh or Southern Carrier dialect. A strong relationship was formed with each of the Community Health Representatives (CHRs) in these communities. CHRs are health care providers with limited training who are the points of first contact for community members when ill or needing assistance. I relied upon these members to inform me of anyone requiring immediate help, newborns to the community, outbreaks of flu or other illness, and to translate for many of the older community members. The CHRs also acted as my cultural

guides by suggesting the correct way to approach an Elder, and how and when to hold clinics in the traditional areas where the community gathered in different seasons. For example, immunisation of newborns in the summer months took place in hay meadows outside the main community. I attended funerals and weddings at the invitation of families and received gifts such as salmon and moose even after I moved away into town. I continued my relationship with the people of the Chilcotin as a nurse in the emergency room of the local hospital situated in Williams Lake. Knowing their names, families, and connections to each other made my role easier and may have provided something familiar for them. More recently as a nurse educator, I have worked with Aboriginal colleagues from many different First Nations groups and have both taught and learned from Aboriginal students from Secwepemc, Tsilhqot'in, Dakelh, and Métis nations.

Thus, my position as a researcher for this study is a situated one. However, as a non-Aboriginal researcher working with Aboriginal participants, I am conscious of a variety of tensions that may occur during the research process. As an outsider, my willingness to listen to the voices of my participants cannot negate the fact that analysis and interpretation can only be through a non-Aboriginal lens. I remain cognizant of the potential for the research process to perpetuate unequal relations of power and representation and I remain committed to speaking only from my own social, historical, and professional location while letting others do the same. Researchers must be “self aware of their position within the relationship” (Smith, 2005, p.97) and that the ability to

enter, build and nurture a relationship through respect and reciprocity is crucial in the indigenous research arena.

Given the long history of exploitation in academic research and the expropriation of knowledge from Aboriginal people, Browne, Smye, and Varcoe, (2005) tell us that there is a need for the researcher to continually “interrogate” the colonizing potential of the research itself -- that is, being alert to “stereotyping, and ensuring that any interpretation is located within the historical and structural disadvantages that might have shaped them” (p. 31). Scholarship in the post colonial era conducted by non-Aboriginal researchers must therefore be deliberate in decentring the dominant culture to ensure that the voices, perspectives and experience of the people being researched become a starting point for the enquiry (Reimer, Kirkham, and Anderson, 2002).

While it might seem that an insider, meaning an Indigenous person, would be more appropriate for conducting Aboriginal research, Bishop (2005) notes that this approach assumes a homogeneity that is “far from the reality of the diversity and complexity that characterizes indigenous people’s lives” (p. 111). Tillman When considering who should conduct research within Indigenous communities, it is important that the researcher have the “cultural knowledge to accurately interpret and validate the experiences within the context of the phenomena being studied” (Tillman, p. 113 Instead of trying to define “insider, outsider” status,

what we must focus our attention on is the quality of the relations with the people we seek to represent in our texts: are they viewed as mere fodder for professional self-serving statements about a generalized Other, or are

they accepted as subjects with voices, views, and dilemmas-people to whom we are bonded through ties of reciprocity, (Narayan, 1993, p. 672)

Within the nursing community, Aboriginal nurse researchers remain scarce. In 2007, there were twenty-one Aboriginal nursing graduate students in Canada, four in the province of B.C. (Gregory, 2007).

Current situation

Aboriginal nurses are arguably one key component in improving Aboriginal health and are agents of an economic development strategy in supporting healthy communities (Health Canada, 2002). According to the Canadian Nursing Association (2009), Registered Nurses (RN) provide exemplary care, think critically and independently, inform their practice with evidence, and advocate for individuals and communities. In addition to these competencies, Aboriginal RNs are likely to bring a greater understanding of culture, language, and healing practices to their role (Aboriginal Nurses Association of Canada, 2000). Although it must be recognized that given the diversity in traditions, language and geographic location, not all Aboriginal nurses are connected with their traditional home and community. The National Aboriginal Health Organisation supports the concept of Aboriginal health care providers and named twelve strategic goals in its 2006 document *Strategic Framework to Increase the Participation of First Nations, Métis and Inuit in Health Careers*, as stepping stones to improve the recruitment and retention of Aboriginal students in health care.

For many years, the Aboriginal Nurses Association of Canada

(ANAC, 2006) has recognised that “Aboriginal people’s health needs, can best be met and understood by health professionals of a similar cultural background” (p.6). As the recognised voice of Aboriginal registered nurses and as an affiliate of the Canadian Nursing Association, ANAC has expressed this firm belief in many important documents on Aboriginal health released in the last decade. Most notable was its presentation to the Royal Commission on the Future of Health Care in Canada (2003), as well as in federal and provincial government reports such as (Aboriginal Health Summit, 2005; B.C. First Nations Regional Health Survey, 2000; B.C. First Nations Health Blueprint Forum, 2005; The Assembly of First Nations Holistic Planning Model, 2005). Furthermore, Aboriginal rights to health based on Indigenous knowledge, heritage, culture, and traditions encompassing all aspects of Aboriginal societies have been declared by Boyer (2003) as a constitutional right protected by section 35 and section 56 of the Constitution Act of 1982. Health Canada (2002) also claims that the lack of Aboriginal registered nurses in Canada continues to pose a barrier to the improvement in health status for Aboriginal people nation wide. Research by Arnault-Pelletier, Brown, Desjarlais, and McBeth (2006) in Canada has shown that “knowledge of the language and culture is invaluable in working with and understanding clients and the community relationships and practices” (p.22). Research conducted in other colonised countries has shown similar findings. Wilson (2001) in New Zealand agrees that practices “which have their basis in Aboriginal culture are better able to contribute to improvements in health care, reduction in communicable diseases and community health.” Further, the New

South Wales' (NSW) Rural and Remote Nursing Strategy suggested that if Aboriginal health outcomes are to be improved, an understanding of Aboriginal culture is required. "To employ a greater number of Aboriginal nurses is an important part of the solution" (NSW Rural and Remote Aboriginal Nurse Strategy, 2002, p. 7). Based on such reports, Health Canada has taken steps through the Aboriginal Health Human Resources Initiative (AHHRI) to provide funding for education of Aboriginal people in health careers and to change educational curricula to yield health care providers that are culturally competent in providing health care services to Aboriginal people.

Aboriginal Health

The disparity between the health of Aboriginal people and that of Canadians in general is well documented. For example, the Canadian Institute for Health Information (CIHI) (2004) shows that the average lifespan for Aboriginal women is 12 years less than the overall average for Canadian women. "Inuit infant mortality rates are triple that of the rates for all Canadians, and on reserve, First Nations people have double the death rate from suicide" (CIHI, 2004, p.80). In Nunavut, "the rate of deaths by suicide is over six times the Canadian rate" (CIHI, 2004, p. 81). Loss of traditional hunting activities has contributed to obesity, poor nutrition and to soaring rates of diabetes three times that of the non-Aboriginal population (AFN, 2006). Aboriginal people believe this gap can be closed and the "burden of diabetes and other illnesses reduced, through a return to traditional healing practises, access to traditional nutrition

sources, and health care delivered by Aboriginal health care workers with Indigenous knowledge” (AFN, 2006, p. 22).

Historically, Aboriginal people were equipped with knowledge and resources to maintain health and treat illness and trauma (Waldrum, Herring and Young, 1995). Aboriginal people practised a healthy lifestyle through seasonal activities such as fishing and hunting as well as fasting, sweating and drinking teas, a lifestyle based on their knowledge of plants and first aid techniques. Life had purpose and value where “self-care” was internalised (Mussell & Stevenson, 1999). Aboriginal societies had their own healers in the form of herbalists, shaman and medicine men and women with a deep understanding of how and why plants, human spirits and the universe were connected (Waldrum et al. 1995). The education and training of healers was a lengthy process often taking place over several years. According to Waldrum et al., training included aspects of physical, mental and spiritual healing and dealt with the preparation and dispensing of medicines, the conducting of ceremonies, counselling for mental health and follow up services.

Colonisation and Health

It is beyond the scope of this dissertation to adequately address the effects of colonisation on Aboriginal people. However, the point must be made that the effects of colonisation had a devastating impact on the health of Aboriginal people. Kelm (1998) and Hill (2009) for example, with research more than a decade apart describe social problems, demoralization, depression, substance abuse, and suicide as being present in most Aboriginal communities.

Both writers suggest that loss of traditional knowledge and health practices because of colonisation have contributed to the current health status of the Aboriginal population (Royal Commission on Aboriginal Peoples, 1996).

After European contact, Aboriginal people in B.C. suffered multiple infectious diseases such as smallpox and tuberculosis that left their societies devastated. As transportation routes opened up previously isolated areas, the increased contact brought new diseases (Hackett, 2005). Various sources quote different numbers of losses, however, all agree that they are probably an underestimate (B.C. Teachers Federation, 2009; Hackett, 2005; Kelm, 1998; University of Victoria, 2006, 2002). Healers were ill equipped to deal with these diseases as they were unknown to them, and as a result, during this period they lost much of their status within the surviving community (Kelm, 1998). Following this, the British North America Act of 1867 removed control of Indian lands and ways of life from Aboriginal people. Reservations with distinct boundaries became the home of Aboriginal people, restricting their movement and ability to pursue their traditional practices. Policies of domination and assimilation removed control of Indian life from the hands of the Aboriginal people. This action symbolises the fragmentation of traditional native healing practises, described by some Europeans as witchcraft.

In place of traditional health care, the western vision of health care was imposed upon the Aboriginal people, necessitating a major change of life and lifestyle. For example, in an effort to treat tuberculosis in the late 1900s, the federal government isolated and over treated the Aboriginal population, many of

whom died in sanatoriums, creating a loss of trust in the western approach to health (Hackett, 2005). As recently as the 1970s, Aboriginal women in the north were sterilized without their permission in order to decrease the birth rate (Brown and Fiske, 2001, p. 128). Women in many First Nations communities do not present for health care due to a lack of trust in health care providers and the system (Brown & Fiske 2001). Aboriginal women in the Browne and Fiske (2001) study offer other examples of not seeking treatment, citing feelings of intimidation, not being listened to and being turned away, creating potentially poor outcomes for health. These negative experiences continue to be handed down to the present Aboriginal population, limiting the potential effectiveness that western approaches might have on improving health. In the present day, pregnant women in small communities in the Chilcotin region of British Columbia (B.C.) are required to move to a larger centre approximately two weeks before their estimated date of delivery in order to have a safe experience. These activities cause hardship and distress for mothers, fathers, siblings and other family members (Valerie Setah, personal communication, 2008).

European social control, assimilation, and dominance continued with the introduction of the Residential Schools. Children were removed from their communities, for the purpose of education and as a result lost their identity, their confidence and self-worth, their ability to think and speak for themselves, their connections to their kin (even in the same school), and their belief in a kind, safe and sensible world (AFN, 1994). This loss of land, culture, community control and self-determination has been identified as a significant contributor to poor

health status (*Improving the Health of Canadians*, 2004, p.78) among Aboriginal people.

As Aboriginal people have pointed out, “new health and healing systems must embody equitable access to services as well as health status outcomes and holistic approaches to interventions” (CIHI, 2004, p.91). According to Smith, Varcoe and Edwards (2005), “Aboriginal authority over health systems, responsiveness to differences in cultures and community realities, and, where feasible, community control over services” (p.38) would improve health outcomes.

Educational Context

Increasing the numbers of Aboriginal health care providers may be one strategy to employ in improving the health status of Aboriginal people. The education of one potential group of health providers, namely Aboriginal Registered Nurses, is the focus of this dissertation.

The disproportionately small number of Aboriginal people in the health professions is well documented in several publications (ANAC 2007; Kulig, Penz, Andrews, Houshmand, Morgan, MacLeod, Pitblado & Darcy, 2006; Statistics Canada, 2003;). While Aboriginal peoples in British Columbia make up about 4.4% (Statistics Canada, 2003) of the population, they are represented in health careers, specifically in nursing, by very small numbers. In 2007, there were 97 self-declared Aboriginal nursing students registered in B.C. schools of nursing out of 5,269 registrants (CASN, 2008, p.17). This paucity of Aboriginal nurses in the health professions is attributed to a number of reasons. Poor preparation at

the high school level and limited success in sciences limit the number of candidates available to enter a baccalaureate nursing programme each year (CASN, 2007). Those Aboriginal students eligible for university entry face many internal and external barriers such as racism, lack of funding, isolation, and acculturation (Anonson, Desjarlais, Nixon, Whiteman & Bird, 2008; Kirkness & Barnhardt, 1991). As well, a multigenerational fear of and lack of trust in the Western education system as a result of the residential school experience is a persistent emotion among Aboriginal people (RCAP, 1996; University of Victoria, 2006).

On a national level, Gregory (2007) estimated that in baccalaureate programmes, there were 730 Aboriginal nursing students registered in Canadian schools out of a total enrolment for the same period of 32,385. This is an increase of 493 students from the 2002 data. He cautions, however, that there may be Aboriginal students who do not declare their status and that the majority of nursing schools do not track or monitor the progress of Aboriginal students in particular. The reporting of attrition rates for Aboriginal students faces similar challenges as only one nursing school, Camosun on Vancouver Island, reported attrition rates among its self-declared Aboriginal students. This estimate was as much as 33% in 2005 (Gregory, 2007).

The representation of Aboriginal nurses within the nursing profession in Canada remains low -- less than one percent of Canadian nurses are of Aboriginal descent (Horne & Silas, 2006) - with a virtual absence of an Inuit presence.

According to Anonson, Desjarlais, Nixon, Whiteman and Bird (2008, p. 274), “Aboriginal youth is one of the fastest growing populations in Canada and is a prime group to target for education in the health care professions.” The 2006 census states that over 1 million people of Aboriginal ancestry live in Canada, making up more than 4% of the total population (Statistics Canada, 2006). Mendelson (2006) notes that this Aboriginal population is much younger than the population as a whole; the birth rate is higher within Aboriginal communities, and as the “non- Aboriginal population ages increasingly into retirement years, the Aboriginal workforce will enter its twenties and early thirties” (p.14). Brunnen (2004) came to the same conclusion in his report to the Canada West Foundation entitled “Working Towards Parity,” noting that Aboriginal peoples will also furnish a source of much needed skilled workers to fuel future economic prosperity. Schools of Nursing must engage this potential Aboriginal workforce if the number of Aboriginal nurses is going to increase and the health, economic, and social inequities experienced by First Nations, Inuit and Métis people of Canada is to be addressed (ANAC, CASN, CNA, 2009).

At the local level, the Cariboo Chilcotin in central British Columbia is home to three large First Nations populations, namely the Carrier, Chilcotin and Shuswap nations. These nations make up approximately 7,865 Aboriginal persons (Statistics Canada, 2001). Within these nations, there are 17 separate bands with clearly defined geographical boundaries, language, and culture. Overall, the population of on reserve Aboriginal people makes up more than 10% of the total population of the region (Statistics Canada, 2001). Six hundred and

fifty-five members of this population are between the ages of 20 and 24 and 2,340 are between the ages of 25 and 44. Of the population older than 25 years, 9.1% have attained a high school graduation diploma and could be eligible to enter post secondary education. In reality, few Aboriginal students proceed to post secondary education and those who do tend to pursue careers in trades, transport and equipment, business or finance (Statistics Canada, 2005). A career in the health professions was chosen seventh out of ten in the Aboriginal Labour Force Survey of 2005. The results of this and other data collected on the Aboriginal labour force survey identify a link between chosen occupation and educational attainment. For example, the credential requirement for RNs in B.C. is a baccalaureate degree. This four year commitment of time, human resources and finances, may be one of the reasons that health careers are chosen so infrequently. Without a university degree, many health professions are inaccessible to Aboriginal people. Yet the Aboriginal population is the only population experiencing significant growth within Canada and is projected to provide a million working age persons, 3.4% of the overall working population of Canada, by 2017.

If the Aboriginal Nurses Association of Canada is correct in their belief that Aboriginal nurses have an opportunity to create a bridge to both the Western and Indigenous world and are key to providing appropriate and acceptable health care to Aboriginal people (ANAC, 2002), the population described above must be actively recruited and retained into nursing schools. ANAC (2002) also suggests that Aboriginal nurses understand the impact of colonisation on the Aboriginal

population and are potentially in a position to blend the traditional and western approaches for optimum health care. As the participants in this study attest in later chapters however, not all Aboriginal nurse graduates have a connection with their Aboriginal heritage, and some may not self declare as an Aboriginal person or wish to take up this challenge.

Educational Barriers

“Aboriginal peoples view education as a vital area for holistic life long learning and for transformation of their economic livelihood” (Battiste, 2005, p.4). “Higher education is viewed as a powerful fundamental tool in the struggle for solutions” (Armstrong, 2007, p.9). The imposition of the residential school system supported a colonial education “subjecting Aboriginal people to disempowering policies, practices, and attitudes that have continued to the present” (Battiste, 2005, p.5). “Reduced access to resources” has been documented as an impediment to lifelong learning for Aboriginal people (Canadian Council on Learning, 2007, p. 10) and improved access to educational opportunities through better funding, geographic location, and ownership of the education process for Aboriginal people has been identified as a requirement for success by (Fyke, (2001); Malatest, (2004) and Richardson and Blanchet-Cohen, (2000). These statements highlight some of the barriers facing First Nations students entering post secondary education.

The multigenerational impact of colonialism continues to leave its mark on Aboriginal people in the twenty-first century. In particular, Vickers (2002) refers to the continued presence of the colonial mind within the post secondary system.

She suggests that the university thrives on a Eurocentric philosophy, and students and professors conditioned to this system are viewed by those not accustomed to this educational model as superior and oppressive (Vickers, 2002, p. 7). She continues that other knowledge and ways of knowing and learning through oral tradition are seen as inferior and illegitimate (Vickers, 2002). Vickers goes on to describe the “colonial mind” which in the Aboriginal experience means relationships that polarize and that are oppressive in both academic and cultural ways. These types of relationships are sometimes intentional but are often unconscious. She identifies the need to be free of oppressive behaviours through “a requirement for professors and other students to acknowledge the social and cultural differences of Aboriginal students and to examine their personal responses to those differences” (p. 7).

First Nations students entering post secondary institutions are required to alter their traditional ways of knowing and learning in order to succeed (Kirkness & Barnhardt, 1991). Roberts (2005) states that she had to “shed her Cree coat” and don the western medical model to be successful in her nursing education (p.105). This creates a loss of balance for Aboriginal people as the Western mode of learning focuses on the mind and the intellect (mental) to the near exclusion of the physical, emotional, and spiritual (Kirkness & Barnhardt, 1991).

A recent study by Martin and Kipling (2006) examined two schools of nursing that actively recruited and enrolled Aboriginal student nurses. Using an ethnographic approach, and a theoretical base informed by “Aboriginal epistemology, decolonizing methodologies for research, cultural safety and the

social organisation of knowledge” (p. 269), they explored the everyday educational experience of Aboriginal nursing students. Their findings identified five major themes contributing to hardship for Aboriginal students enrolled in post secondary nursing programmes. The themes were: intersectionality; equality versus equity; absent and/or exclusionary discourse; racism; and different explanatory models.

These overlapping themes described by Martin and Kipling (2006) speak of a form of oppression experienced by Aboriginal nursing students through an intersection of “gender, race, culture, economic status and geographical distance from social support systems” (p.692). The interplay of these factors created undue stress for Aboriginal nursing students, affecting their ability to focus on learning. Issues of funding, lack of social support, lack of available childcare, ethnocentrism, racism, and conflict with teachers were cited as major obstacles.

The study also found that poor intergroup relations and different explanatory models of health led to a disconnect between Aboriginal students and faculty during clinical practice. Faculty giving explanations using medical or health jargon drawn from empirical nursing knowledge left Aboriginal students struggling to tie the theory and practise together. Faculty recognised and acknowledged that they required new information and teaching strategies to “connect more meaningfully with these students” (p. 692). In addition, the authors found that misunderstanding around funding processes, and extra supports created tension among equity, fairness and equality. For example, the perception of educators that the Aboriginal students were provided with more

resources than any other student group and were funded by their bands, created a sense of unfairness within the class. Some faculty felt that Aboriginal students were privileged to have courses paid for out of Canadian taxpayers' dollars and clearly misunderstood "the gross inequities inherent in being an Aboriginal nursing student educated in an Aboriginal community" (p. 692).

The Aboriginal nursing graduates in the study detected racism, both visible and non-visible, demonstrated by individuals, groups and processes within schools, hospitals and clinical placements. For example, some clinical educators assigned Aboriginal students to Aboriginal patients in the hospital. The intent was to make patient and student more comfortable; however, their culture and language were not always compatible and the students' breadth of learning was limited by the selection of presentations. In the Martin and Kipling (2006) study, most students remained silent about incidents of racism, as it was perceived "dangerous" to confront.

The absence of Aboriginal culture and history imbedded in most nursing curricula ensures that Aboriginal students remain invisible in the programme. According to Stephens, Porter, Nettleton and Willis, 2006 the lack of information on Aboriginal health status, history and culture, while a major topic for the Federal and Provincial governments was rarely explored in class. Aboriginal health, if addressed at all within curricula, was described only in negative terms. For example, the use of epidemiological statistics to draw attention to inequities in Aboriginal health status can perpetuate the view that Aboriginal communities are "sick, disorganised and dependent" (Browne, Smye & Varcoe, 2005, p. 31).

The effects of colonialism and neo-colonialism were also absent from the classroom dialogue. Hampton and Roy, (2002); Malatest, (2004); and the Association of Canadian Community Colleges, (2005), note similar findings.

At most post secondary institutions, semester programmes with structured classroom instruction and clinical or fieldwork are carried out within a traditional Western setting which ensures that the beliefs and values of the dominant culture are perpetuated. In nursing, clinical practice placements are chosen primarily for convenience of location and experiences take place in facilities where the medical model dominates. Only recently in B.C. have there been attempts made to include traditional Aboriginal health and healing experiences. Little variance from the status quo is evident despite the fact that the education of Aboriginal people is a priority and recognition of their differences is to be demonstrated within the curriculum.

In the recent Ministry of Advanced Education and Labour Market Development document titled, *Aboriginal Post Secondary Education Strategy and Action Plan* (2006), the government identified factors such as low rate of student transition from high school to post secondary education, limited Aboriginal programming, lack of involvement in decision making, limited Aboriginal role models, discrimination, and geography as the major barriers to Aboriginal student success. They have recommended actions such as enhanced indigenization of the academy, provision of Elders in residence programmes, and increased access, participation and supports to improve completion rates for Aboriginal learners. While these recommendations appear genuine, how can they succeed

in an atmosphere, described by Vickers (2002), Martin and Kipling (2006), not yet in tune with the realities of being an Aboriginal student in a post secondary institution?

Educational Attrition

Some of the ideas cited in this section parallel the experience of this writer with the loss of Aboriginal nursing students from a baccalaureate programme. Regardless of cause, all students exiting the nursing programme before completion from the university where I teach are required to meet with the programme coordinator. This gives the School of Nursing an opportunity to collect data on attrition, to find out more about the reasons for students' leaving, and to give feedback to the programme review committee. It has been my experience over twenty years of teaching, that Aboriginal students leave the nursing programme at my institution not primarily because of poor academic standing, but largely because of many of the social, geographic, economic, and cultural factors previously outlined.

Reported attrition rates from schools of nursing in Canada for Aboriginal students were found to be 50% higher than for the non-Aboriginal group in baccalaureate programmes that tracked this measure (Day, Paul, Boman, McBride & Idriss, 2005). Data specific to Aboriginal nursing student attrition was limited and did not address the reasons why. Gardner (2005) identified Aboriginal students in general as having a difficult time becoming socialised into the university setting and as reporting difficulty developing a bond with faculty and classmates. Discrimination and a lack of social justice within the programme

were also noted to have a negative impact on the retention of these students (Martin & Kipling, 2006).

How then did others succeed in an atmosphere of thinly veiled colonialism, oppression, invisibility, ignorance and difference compounded by the intergenerational impact of the Residential School? What were the experiences of those Aboriginal students, now graduates, which contributed to their success in a post secondary school of nursing programme? These are the questions explored in the research component of this study.

The Study

The purpose of this study is to identify what elements of the student experience supported success for five recent Aboriginal nurse graduates in order to uncover additional ways to improve the campus climate, provide nurse educators with a better understanding of the Aboriginal student experience, and influence curriculum reform. The process of telling the story of their personal experiences in a baccalaureate nursing programme provided foundational information for this research. The study centred on a semi-structured interview process that addressed three main questions:

- a. What are the experiences of Aboriginal Nursing students in post secondary nursing programmes?
- b. What are the experiences of Aboriginal nursing students relative to success in nursing programmes?
- c. Within their experiences, what elements promoted success?

Within these questions, specific topics were explored. For example, how did the effects of colonialism influence the educational experience? Was the learning environment culturally safe and sensitive? Did the curriculum provide relevant and respectful learning experiences? Were student supports available and appropriate? What community and family support was available and experienced by the students during their time in the school of nursing and how did this influence the educational experience? (Appendix 1)

A phenomenological study method was used to explore the elements of success as experienced by the participants. Struthers and Peden-McAlpine (2005) found that phenomenology is “compatible with studying Indigenous peoples, because it captures oral history in a holistic and culturally acceptable way” (p.1264). It also fits with the Aboriginal life world that involves sharing, inclusion and extension within a collective of experiential learning, in contrast to the dominant culture that prefers individual recognition, competition and competency. This method, first employed by Husserl (1931), supports “open ended research questions and typically uses in depth narrative interviews to collect data to help in illuminating the complex world and lived experience from the point of view of those who live it” (Struthers & Peden-McAlpine 2005, p. 1265). Cresswell (1998) describes phenomenology as a method that determines “what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it” (p.53). From the individual descriptions, general or universal meanings are derived, in other words, the essences of the structures of the experiences “are uncovered” (Cresswell, 1998,

p.53). This empirical phenomenological approach involves a return to experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the “essences” of the experience (Moustakas 1991, p.13). These “essences” are then captured, assembled and re-affirmed by each of the participants for consistency and clarity. In *Ideas*, Husserl (1931) describes the “essence” of any phenomena to mean, “that which is common or universal, the condition or quality without which a thing would not be what it is” (p. 43). A more detailed description of this phenomenological research method is reported in Chapter Three and findings are noted in Chapter Four.

Literature Review

A traditional literature review chapter has not been used in this dissertation. The author chose to intersperse the relevant supporting documentation throughout the document as the topics arose. However, an initial examination of the literature was carried out to provide a starting point for the study. Historical context and a nursing focus were gained through examination of the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and the Education Resources Information Centre (ERIC) databases. As well, Statistics Canada, the Canadian Institute for Health Information (CIHI), National Aboriginal health Organisation (NAHO), Provincial and Federal government documents and several texts were utilised. A search of the First Nations periodical index revealed few useful documents specific to Aboriginal nursing (8). Key search terms used for the literature search included, Aboriginal education (152);

Aboriginal nursing education (15); Aboriginal health (186); Aboriginal student post secondary success (152); colonialism (212). A search of Google Scholar using “Aboriginal Nursing Education” revealed 866 documents, the majority of which were related to the nursing shortage globally. Available literature was not necessarily specific to the limited field of Aboriginal nursing; however, the articles and chapters chosen for inclusion permit one to go back and forth “between ideas of the past to the solutions of the present” (McConaghy, 1997, p.79) with the intent of providing a lens for reconstructing the educational experience.

Limitations

The introduction to this dissertation articulates that Aboriginal nurses remain a small part of the current nursing workforce in Canada. In B.C., many schools of nursing graduate only one or two Aboriginal students each year, making the pool of available study participants small. Nor can the participants be seen as representative of Aboriginal nursing students as Aboriginal people are not homogenous; their language, culture, health and healing practices differ throughout the country and within provinces. The findings illuminate attitudes, lack of historical understanding and a limited educational methodology experienced by the five participants. These findings are particular to the study participants therefore cannot generalize to a larger population. It must also be recognized that the experiences of the participants may be coloured by the particular institutions they attended as some attended large urban-based schools while others attended much smaller and rural influenced campuses. As well,

place of residence and living off or on a reserve may have influenced the university experience.

Significance of the Study

Much of the literature explored clearly identifies some of the historical and institutional barriers to Aboriginal student success in post secondary institutions. Malatest (2004) and the Association of Community Colleges (2005) both report the legacy of the residential schools, poor academic preparation, and social discrimination as major barriers for Aboriginal students. Similar ideas of exclusion and obstacles have been discussed in the field of Aboriginal nursing in particular, again with a focus on barriers. For example, Mattson (2007) discusses the requirements of mastery of anatomy and physiology, and math calculations as barriers to nursing student success. Martin and Kipling (2006) describe lack of support services, rigid institutional policies, and inadequate funding as major barriers to Aboriginal nursing students. Tackling some of these barriers such as geographical location of the institution, non-Aboriginal teachers, and the lack of traditional pedagogical methods requires a major institutional and policy reform to create meaningful change. Although a small increase in the numbers of Canadian Aboriginal nursing graduates has occurred over the last decade, recommendations from previous research appear to have had little impact (CASN, 2007). Interestingly, the education of Aboriginal nurses in Canada has many parallels in other colonised countries with Indigenous populations such as New Zealand and Australia (Wilson, 2003).

Through listening to the stories of recent Aboriginal nursing school graduates and applying a phenomenological reduction and analysis method, the essences of the educational experiences and the elements of success are identified, clarified and explored. The elements of success identified in this study, in conjunction with the findings of the body of literature examined, suggest possible directions for programme delivery, faculty education and administrative reform in nursing education, which may be helpful in fostering a more supportive climate for educating Aboriginal nurses.

Organisation of the Dissertation

This introductory chapter is followed by Chapter Two, which provides a review of Aboriginal post secondary education and Aboriginal nursing education in particular. The importance of historical, social and political forces on post secondary education is also included. Chapter Three describes in detail the philosophical framework and methodology used to guide this study and is explicit in the steps of the phenomenological reduction applied to data analysis. The voices of the participants are heard in Chapter Four, each describing the lived experience of their baccalaureate nursing education programme. Chapter Five reports the essences of the experience for these Aboriginal graduates and gives the author space to draw conclusions and offer suggestions.

CHAPTER 2

Success: Bound by History and Politics

This dissertation focuses on the educational experience of Aboriginal nursing students in an undergraduate nursing programme. Specifically, it focuses on identifying those elements in their educational experience that have contributed to their success. While the completion of a four year baccalaureate nursing programme culminating in a Bachelor of Science in Nursing degree (BSN) and the successful completion of the national qualifying exam were the indicators of success which initially underpinned the research, it is important to recognize that success may have various meanings depending on the individual, the context (especially the cultural context) and the stage of the individual's life. The possible tensions between success as defined by the western institutional indicators and success as viewed by the Aboriginal participants in the study is one of the themes investigated in this research.

What is Success for Aboriginal People?

Watt-Cloutier (2000) speaks of traditional Aboriginal success in terms of providing children with an education to prepare them for life as an Aboriginal person. This was usually accomplished through the passing down of stories by leaders and elders and preparing children with the life skills necessary for survival. Through this process, children developed character and learned to handle the "opportunities of life in their own time and place" (Watt-Cloutier, 2000, p.114). Living and learning was the same thing. Education was largely an

informal process that provided young people with specific skills, attitudes, knowledge and values required to function in everyday life (Kirkness, 1995, p.2). After the Constitution Act of 1867 governing Indian status, education within an institution was one of the tools that promoted assimilation and attempted to civilize the “Indian” (Kelm, 1998, p.58). Success within this system equated with forsaking your own language, speaking English, adhering to traditions not your own and being compared to students of the dominant culture. Watt-Cloutier argues that the shift from learning and living with the land to education by the institution invited a sense of security and dependence that Aboriginal people believed could help them survive in the new world order (p.115).

Enfranchisement, first legislated in 1876, was the vehicle for assimilation, and was originally a voluntary relinquishment of Indian status. Aboriginal people attaining higher education were encouraged to relinquish their Aboriginal status and join the dominant culture. For some Aboriginal people, enfranchisement was a step towards success and those that moved from the reservation and assimilated into the dominant culture were indeed, perceived as successful. Enfranchisement involved the loss of status as Indians and the acquisition of the full rights, including political rights such as voting, of British-Canadian citizens. The theory was, that as Indians became educated, they would want to shed their Indian identity and blend into mainstream Euro-Canadian society. Applied initially to adult males, the Act had a direct impact on women as well. A man could apply for enfranchisement, and, after satisfying examiners that he was literate, moral, and debt-free, would qualify for a probationary period after which

he would become enfranchised. Enfranchisement meant a loss of Indian status for the wife and children of such a man, but entitled the enfranchised man to a share of reserve land in freehold (Government of Canada, 1991). From the beginning, Indian communities resisted enfranchisement, which they correctly viewed as attempting to erode them. Men could frustrate the policy of voluntary enfranchisement by not applying for it (Gradual Civilisation Act, 1857). The price they paid for “success” was acculturation, including loss of family and community.

Watt-Cloutier acknowledges that while success in the European system gave some confidence to Aboriginal people that they could learn, and did prepare them for some of the contemporary battles now occurring within the education system, “it forced family separation, removed the culture, language and life components from the learning, and unbalanced the traditional living approach” (p.115). Balance of life is of utmost importance to Aboriginal people. Watt-Cloutier clarifies that language alone was not a significant factor in improving success for Aboriginal students as providing standard instruction in a native language did not significantly improve the outcome. She argues that the problem for Aboriginal people in learning in European institutional contexts is deeper than language and encompasses much more than simple classroom delivery. The research completed by Kirkness & Barnhardt (1991) nine years before further demonstrates that the purpose for attending university for Aboriginal people is not “social integration into the culture” (p.3) of the university, but to prepare them to meet their own aspirations such as self-government or to influence the policies that affect them.

In this same chapter, Watt-Cloutier gives a historical account of Aboriginal education since colonisation and examines the deficiencies within a European system that replaced traditional wisdom and autonomy with dependence and control. Interestingly, the report of the Royal Commission on Aboriginal Peoples (1996) describes these deficiencies as a gap “between the culture of the home and the school” (p.438). However, Marie Battiste (1995) goes further stating that “Eurocentric educational practices ignoring or rejecting the world views, languages and values of Aboriginal parents” has contributed to this gap and that education needs to be constructed around “Native” world views (p.120). Battiste, however, disagrees with Watt-Cloutier on the notion of language being less important than other elements for success. For her, Aboriginal languages are a central source of survival for the people and a source of political and cultural integrity. Watt-Cloutier’s interpretation suggests that for education to be successful for Aboriginal students it needs to re-develop from a “single factory like agency” with a fixed curriculum, (p.126). Upon reflection, my own university school of nursing curriculum sprang to mind. I realized that that the nursing curriculum within my own institution resembles a factory production line. The curriculum is set and one semester with prescribed courses must precede another in an orderly fashion. This makes it difficult for students who have had to withdraw or have failed a course to catch up without waiting another year. Further, many of the courses have co-requisites and pre-requisites, which make it impossible to take them out of sequence. Courses delivered in a standard semester of thirteen weeks offer no opportunity for additional completion time.

A simple pass, in most post secondary nursing programmes taken as 60%, is simply a numerical standard. Numerical standards are foreign to many traditional forms of Aboriginal education. Educational indicators currently in use by institutions “do not reflect the goals and values identified by Aboriginal peoples. Indicators of Aboriginal learning must be broadened to measure more than simply years of schooling and performance on standardized assessments” (Canadian Council on Learning , 2007, p.8). Success for Aboriginal people requires the recognition, and more importantly, the restoration of a vision of lifelong learning (Canadian Council on Learning, 2009). Lifelong learning “begins at birth, continues through old age, and involves the intergenerational transfer of knowledge” (CCL, 2009, p.10). Success in learning for Aboriginal people recognises “sources and domains of knowledge such as Elders, family, language traditions and ceremonies; a lifelong learning journey including a wide range of formal and informal learning opportunities throughout life; community well being including the social, physical, economic spiritual, political and health conditions that influence the learning process” (CCL, 2009, p.14).

One only has to look to the nursing context to see an example of the tension between the Aboriginal indicators of success and the Western model. All graduates from schools of nursing in Canada must successfully complete the Canadian Nursing Association licensing examination in order to obtain licensure in their home province. This comprehensive paper and pencil test defines success through a numerical standard that is at odds with a culture that values learning based on “languages that reflect the unique world views of Indigenous

peoples,” spiritual development that affirms “the interconnectedness of all beings,” and experiential learning that occurs through community actions such as “sharing circles, ceremonies and story telling” (CCL, 2007, p.6).

Measures such as community engagement in curriculum design, involvement of traditional healers in learning experiences, and alternate admission processes have been suggested as some of the key ingredients to improving Aboriginal student success (Aboriginal Health Provider Education Summit 2006). However, Watt-Cloutier (2000) cautions that watering down programmes and lowering academic standards in the name of “respect for different learning styles” (p.113) is a form of cultural racism and should not be tolerated. Opinions on lowering academic standards and alternate admission processes differ. Recommendations from the Aboriginal Health Provider Education Summit, (2006) encourage the use of alternate programme admission standards such as individual merit, designated seats, and credit for life learning. As well, consideration of non-credit programmes has been suggested as a possible alternative criterion. Others suggest that work experience and community leadership should be part of the admission criteria (Blanchet-Cohen, & Richardson, 2000). The University of British Columbia (UBC) has instituted a university wide 67% average admission policy for all Aboriginal applicants since 1997, (Blanchet-Cohen & Richardson, 2000) regardless of the discipline being entered.

Success in a Canadian nursing programme is determined by minimal standards developed by the provincial and national nursing associations and

hinges upon many factors, both internal and external to the university and the school. My own university and school of nursing programme has established entry criteria based on statistics and history that have shown that students entering the programme with a minimum entry of 60% will struggle throughout the eight semesters. Students who have done poorly in high school sciences attaining only the minimum requirement also tend to do poorly in nursing. While students may do better in the clinical experiential skills and the human relationship aspects of nursing, this component is graded as pass or fail, contributing nothing to the grade point average. In contrast, experiential learning is commonly accepted and emphasized in Aboriginal culture. Indigenous pedagogy values a person's ability to learn independently by listening, observing and participating with a minimum of intervention or instruction (Battiste, 2002).

Formerly based on an apprentice type model of learning, nursing education has moved to a stronger theoretical base and places less emphasis on knowing by doing and more on knowing how. Nursing and formal nursing education is a product of a Eurocentric model developed through history, which has displaced traditional health care delivery methods in many colonized countries. Few nursing programmes incorporate Aboriginal health principles in their curriculum. A field dependent experiential approach is not encouraged and at best, the add on, or "beads and feathers approach" described by Pence, Kuehne, Mulligan, Greenwood-Church and Opekokew (2001) is attempted by most institutions. For example, the addition of a First Nations Studies required course to nursing curriculum may satisfy the universities' notion of Aboriginal

content without altering the attitudes and relationships between Aboriginal and non- Aboriginal students. Marie Battiste condemns this “add and stir approach” as she believes it does not assist Aboriginal people to overcome their historical oppression in any significant way (1995, p.16).

A recent addition to most Canadian nursing curricula and associated with increased success for Aboriginal students is the notion of cultural safety. Hart-Wasekeesikaw (2009) states that from a constructivist perspective, cultural safety “is predicted on understanding power differentials in health service delivery and redressing those inequities through educational processes” (p.2). This will enable providers to improve health care access, expose political and historical contexts, and challenge unequal power relations (p. 2). The idea that providing a safe, culturally relevant curriculum and providing a culturally relevant environment in which education can take place will improve a student’s success has both supporters and detractors. Conceived by Irihapeti Ramsden, a Maori nurse, the notion of cultural safety was meant to shed light upon the “structural inequities, limited life opportunities, and unequal access to health care” experienced by Maori people (Ramsden, 1990, p.98). It also addresses the “power relationships between service provider [primarily descendents of European settlers] and the people who use the service” (Anderson, Perry, Blue, Browne, Henderson, Khan, Reimer-Kirkham, Lynam, Semeniuk & Smye, 2003, p.197). Stout (2007) argues that culture cannot be pinned down to one definition as it is a constantly evolving process that requires the acknowledgement that Aboriginal people possess “a sense of pragmatism, grounded in personal and

political self determination” (p. 2) and can manage their own health care while others strive to get it right. She suggests that a critical awareness of Indigenous health and healing needs to be captured in nursing curricula in order for cultural safety to be useful. This writer believes that Canadian nursing schools have yet to achieve this potential; however, efforts are underway in schools of nursing such as Kwantlen University and Northwest Community College to indigenize the nursing curriculum. As well, the document authored by Hart-Wasekeesikaw and published jointly by the Canadian Nurses Association, The Canadian Association Schools of Nursing and the Aboriginal Nurses Association of Canada entitled: “Cultural Competence and Cultural Safety in Nursing Education” (2009), provides guidelines for educators in enhancing the nursing curriculum and providing a culturally safe learning environment.

This brief discussion of success provides valuable insight as this writer examines Aboriginal student success in a nursing programme. Current nursing programme infrastructure, delivery modes and indicators of success reflect few, if any of the views expressed by these authors. The nature of the nursing profession demands a high standard for entry, education and registration. Education programmes in nursing tend to be structured, delivered at an institution, usually a university, and must comply with standards set by a Provincial governing body and the policies of the College of Registered Nurses of British Columbia (CRNBC). Little attention is given to the cultural relevance of programmes for an Aboriginal minority group.

Several meanings of success for Aboriginal people have been explored on previous pages and differences in how success is perceived between Aboriginal and non-Aboriginal groups have been reported. However, Mendelson (2006) examined 2001 census data and found that geography also has a role to play in success. He identified a clear pattern of Aboriginal educational achievement that is “highest in the cities, second in towns, third in rural areas and poorest on reserves” (p.15). This appears to be also true in British Columbia (B.C.) where Aboriginal people residing in the southern interior part of the province have a higher post secondary participation rate compared to those living in the north or on the coast (B.C. First Nations Regional Health Survey, 2000). If participation rate were equated with success, then it would appear that Aboriginal people living in the southern part of the province are more successful in their educational endeavours. On reflection, I recall that all of those Aboriginal students participating in the exit interview process lived on reserve or in a rural area.

At our regional campus, most of the Aboriginal students come from life on a reservation. Reservation life is without many of the opportunities encountered in towns, cities and the educational institutions residing there. Originally created to protect the Aboriginal people from the aggressiveness of the European settlers, “reservations perpetuate a separation of cultures and life worlds that continue to clash within the educational setting” (Battiste, 2005, p.6). Learning for Aboriginal people, as discussed previously, involves listening to the stories of Elders and observing the demonstration of skills needed for survival and healthy living. This mode of learning is rarely acknowledged or given recognition for

credit or prior learning by post secondary institutions. The research completed by Kirkness and Barnhardt in 1991 demonstrates that the purpose for attending university for Aboriginal people is not “social integration into the culture” (p. 3) of the university, but to prepare them to meet their own aspirations such as self-government or to influence the policies that affect them. In order to succeed, students are simply expected to assume the trappings of a new reality (Kirkness & Barnhardt, 1991).

If Mendelson (2006) is correct, geography may have serious implications for Aboriginal nursing student success and may influence recruitment and retention strategies.

Bound by History

The complex history surrounding the lives of Aboriginal people in Canada poses many difficulties in isolating and exploring the particular educational experiences of Aboriginal nursing students, now graduates, from the historical, social, cultural, political and economic policy decisions that have helped shape and continue to shape their lives. Hackett (2005) cites the benefits of including a historical perspective in public research and posits that we may learn about the impact of health changes on Aboriginal groups and perhaps better understand present day health concerns. Storch, Rodney and Starzomski (2004) contend that “acknowledging history opens the door to an ethical discourse that must take place if increasing the numbers of Aboriginal nurses in the health care system is to be a realistic and genuine goal”. Exploring the past may complement contemporary enquiries by “addressing the roots of some of the most pernicious

and persistent health problems in Canada today” (p.17). Smith, Varcoe and Evans (2005) suggest that turning around the “intergenerational impact of Residential Schools” (p. 47) requires us to acknowledge and examine the “downward spiral of addiction, violence, and poverty” within Aboriginal communities created by colonialism.

An overview of the effects of assimilation during colonialism and the residential school experience may shed some light on why health careers are not the top career choice for Aboriginal students. It may also provide some explanation for the high attrition rates of Aboriginal students from nursing programmes.

Colonialism

Colonialism in this study is understood as “the imposition of authority by an imperial power and the nullification of the rights and political structures of the prior occupants of the territory” (Ponting, 2005). I have chosen statements that express the implications of colonialism and the residential school experience at a local level to support my study, which is also limited to the local context involving Aboriginal nurses educated within British Columbia, attending a public university.

Colonialism continues to influence Aboriginal communities to the present day. Colonialism, the policies, laws, and systems associated with controlling people or geographic areas, is characterized by both cultural and population loss (Kelm, 1998). The Indian Act of 1876 which introduced the concept of the residential school and the mandatory attendance of Aboriginal people at a school designated by the government, created experiences for Aboriginal people that

only recently have been revealed and described as barbaric, cruel and humiliating. Residential Schools were established to expedite the assimilation of Aboriginal people, but they were ultimately unsuccessful. Loss of identity, confidence and self worth, the ability to think and speak for themselves, and connections with kin destroyed their body, mind and spirit and shattered lives (Assembly of First Nations, 1994). As summarized by Kelm (1998), residential schools were "predicated on the basic notion that the First Nations were, by nature, unclean and diseased [and] Residential Schooling was advocated as a means to 'save' Aboriginal children from the insalubrious influences of home life on reserve" (p.57). Many Aboriginal people still see assimilation as a prominent feature of post secondary education, leading to a continued distrust and hostility towards education in the present day (Malatest, 2004). In 1991, Kirkness and Barnhardt wrote that the focus of the university was on preserving its own established deep-rooted "policies, practices and programmes ...intended to meet the needs of the society in which it is imbedded" (p. 2). When particular groups of students, for example Aboriginal students, do not conform to institutional norms and standards, the typical response is to consider them aberrant, low achievers, placing the onus for accommodation on the students. The pressure remains on the Aboriginal student to adapt to and become integrated "into the institution's social fabric" (p. 2).

Residential School

Within the local context, the effects of the residential school experience are still fresh in the minds of many Aboriginal people. The residential school in

Williams Lake at St. Joseph's Mission opened in 1890 and closed in 1981 leaving many Aboriginal people reeling from the experience. Messages of cultural inferiority and a loss of self-esteem and pride have had consequences on the lives of the survivors (Furniss, 1995). Sheila Dick attended the local Residential School and comments:

“I was a number, my number was 114, I wasn't a human being, I was a number. My clothes had my number, my locker had my number, and my shoes had my number. And, if they wanted you to come, they'd say, one fourteen” (Peoples Experience with Colonisation, 2006, module three).

Sheila, a contributor to the “Peoples Experience of Colonisation” project at the University of Victoria (2006) draws a comparison between this experience and that occurring within the health care system. A personal health number can remind Aboriginal people of their residential school experiences, causing them to relive their trauma. She continues, “understanding how history may influence experience, but not assuming that it has, will help you develop a relationship with your patients” (University of Victoria 2006, module three). The current health care system tends to demand that all people, regardless of their multiple differences, conform to one system, one set of rules. In the past, Indian hospitals were established to treat Aboriginal peoples with certain diseases, such as tuberculosis. Their purpose was twofold: first to fulfil the "white man's burden" to care for those less "civilized" and thus appear humanitarian, and second to further assimilate Aboriginal peoples into the general population (Kelm, 1998, p. 110). However, the "fear of interracial pathological contagion" (Kelm, 1998,

p.106) likely provided the greatest motivation for the development of separate services. Here we see a dichotomy of health service provision for the benefit of the Aboriginal community, which absolves the government of their fiduciary responsibility, while at the same time perpetuating colonialism and racism. Some would add indigenocide (Annett, 2007). Dick provides evidence that the contemporary hospital experience reinforces much of the Residential School experience for Aboriginal people. The visiting hours, limited numbers of visitors, the poorly explained procedures, the assumption that only one way of healing is appropriate, racism, and a lack of cultural relevance serve to revive memories. The dominant white culture prevails and the goals of colonisation remain the same.

The education system offers many parallels to the scenario described above. Student numbers are the main source of identification, conformity is expected, and rules and regulations around admission processes, application dates and class attendance recreate for some Aboriginal people the residential school experience. The post secondary system reinforces an unbalanced power relationship through the teacher student relationship and discrimination has been experienced to a degree that many Aboriginal people cannot tolerate; “all this creates a significant disincentive for higher learning” (Malatest, 2004, p.11; Kirkness and Barnhardt, 1991, p.6).

Roger John, another contributor to the University of Victoria project, adds: “People have histories and, within those histories, there may be experiences that are embedded with fears” (University of Victoria, 2006, module 3). He suggests

that nurses, [educators] think about their power as a health professional [teacher] and how they may be involved in creating a process for re-traumatization of Aboriginal peoples. The four modules contained in the “Peoples Experience with Colonisation” (2006) provide many examples of the colonial and residential school experience. The stories told by the contributors and handed from mother to daughter and father to son provide evidence and give meaning to an experience that has become a multigenerational plague for Aboriginal people. The issues of colonisation and the residential school experience must be discussed and explored in any study involving Aboriginal people so that research findings will be clearly understood, interpreted and analysed in an authentic and non-judgmental manner. In addition, a true understanding of colonialism may prevent limited and oppressive thinking and approaches while developing ethical research tools for conducting research with Aboriginal people.

Post Secondary System

Unfortunately, colonialism is not confined to Aboriginal history and the experience of the Residential School. Vickers (2002) also discusses oppressive behaviours still experienced by Aboriginal people in the post secondary system. She regards these experiences for the most part as unintentional, in that the individual is not aware or not conscious of the “socially and culturally learned assumptions” (p. 9) that motivates racist behaviour. She describes as tokenism positions such as First Nations liaison and Aboriginal Academic Advisor that lack authority, budget or power to make any real curriculum or policy change. As well, she identifies a double bind for Aboriginal students: the power relations of

professor over student already mentioned and the dominance of white culture over their own Aboriginal origins. The reluctance of universities to reconstruct their institutions to be more welcoming of Aboriginal students has been documented as well by Kirkness and Barnhardt (1991) who more than a decade before identified that Aboriginal students needed to “check their own cultural predispositions at the university’s gate” (p. 2) in order to be successful. From this perspective, one could speculate that choosing a career in nursing might be difficult for some prospective Aboriginal students.

Dick’s identification of a relationship between hospital experience and residential school is a powerful one and thus many Aboriginal people would prefer to avoid the former (University of Victoria, 2006, module 3). Other literature speaks to the multigenerational effects of colonialism and the Residential School experience (Anderson, Perry, Blue, Browne, Henderson, Khan, Kirkham Lynam, Semeniuk & Smye, 2003; Varcoe and Browne, 2006). If one adds to this the idea that colonialism remains within the post secondary system (Vickers, 2002), one wonders how deeply these ideas affect the recruitment and retention of Aboriginal students in a nursing programme.

Traditional Healing

The traditional process of healing for Aboriginal people takes place in a more natural environment using natural medicines and a holistic approach provided by traditional healers. “Individual health and healing is integral to a balanced family and community life. In this context, healing is a group process involving all those who are impacted by an individual’s dis-ease, whether of the

mind, body, heart or spirit” (Chansonneuve, 2005, p.65). Kelm (1998) concurs stating that the “maintenance of health was everybody’s business” (p.85). In contemporary Aboriginal understandings, the body inhabited a place where the human and the non-human (spirit) overlapped and healing knowledge may be passed on by older relatives, but “the power to use this knowledge was obtained only through the individual effort to initiate contact with the non-human world” (Kelm, 1998, p.88). The most serious forms of illness were equated to the loss of the soul and in Sto: lo belief for example, “illness was caused by the soul fleeing the body” (Kelm, 1998, p.92). Sweat lodges were and still are a common source of healing for First Nations groups in British Columbia and for Carrier Elders who use them as preventive medicine. Aboriginal societies viewed medicine on a number of metaphysical levels simultaneously and alternately. This “duality of function and understanding was embedded in Aboriginal world views that did not segregate healing into distinct categories” (Kelm, 1998, p.99). Aboriginal healing practices have little resemblance to the kinds of health and healing learned and recognised within a western health education programme. If Aboriginal nurses are to make a difference in the health status of Aboriginal people, the unavoidable tension between Aboriginal and non-Aboriginal healing practices must be recognised within nursing curriculum and practice settings. This complex issue is beyond the scope of this dissertation and will not be addressed at this time.

Limited by Politics

Several authors (Aboriginal Nurses Association of Canada, 2007; Assembly of First Nations, 2001; Health Canada, 2007; Romanow, 2002) have identified increasing and retaining the number of Aboriginal health care providers, including nurses, as a crucial step in shifting the health status of Aboriginal people closer to that of other Canadians, while at the same time highlighting the importance of post secondary education. While Aboriginal political groups continue to focus attention on the need for Aboriginal health care providers, this small piece is inextricable from the larger policy issues of self-government and self-determination challenging Aboriginal people across Canada today.

The Assembly of First Nations (AFN) has given a failing grade to the Government of Canada in the document "Royal Commission on Aboriginal People at 10 years: A Report Card" (RCAP, 2001). This document compares the status of Aboriginal people at the time of publication to the status at the time of a similar report completed ten years before. It is clear from this document that for Aboriginal people little has changed in terms of political, economic or health improvements. For example, the AFN gives a C minus to the RCAP commitment to train 10,000 Aboriginal professionals over a ten year period in health and social services. While an Aboriginal Health Human Resources Initiative was set up, the 2006-2007 budget years gave only 4% of these health-training dollars to transferred Aboriginal communities. Transferred Aboriginal communities receive health care funding directly from the Federal Government and are responsible for the delivery of their own health care services, including the hiring of professional

staff, under the umbrella of First Nations and Inuit Health (FNIH). FNIH retained 25% of training dollars for their internal training of mainly non-Aboriginal health care providers. As well, the recognition of “health of a people” as a core area for the exercise of self-government by Aboriginal nations also received an F, as the health transfer process provides only administrative flexibility. This means that some bands reaching negotiated self-government agreements are excluded from applying for and receiving other targeted health funds and must continue to conform to FNIH health care direction and policy (RCAP, 2001). This contradicts the notion that transferred Aboriginal communities can direct their own health services.

Romanow (2002) suggested giving Aboriginal people a direct voice in how their health services were delivered and recommended that health programmes be adapted to reflect the cultural, social, economic and political circumstances unique to Aboriginal groups. Imbedded in this was the importance of educating Aboriginal health care providers. Many authors have echoed similar ideas citing the need for emphasis on adapting the delivery of health care services to the specific needs of Aboriginal communities and transferring the responsibility for health care to them. As a result, one would expect to see more Aboriginal health care workers delivering the care in their home communities (McMillan, Offord, & Dingle, 1996; National Task Force on Recruitment and Retention Strategies, 2002; Stephens, Porter, Nettleton & Willis, 2006). This is yet not the case in 2010.

Recently, the Government of B.C., the B.C. First Nations Leadership Council and the Federal Government signed the celebrated Tripartite First Nations Health Plan (2007). All parties have agreed that there is a need to “undertake a much needed fundamental change for the betterment of health service delivery for First Nations in British Columbia” (Tripartite First Nations Health Plan, 2007, p. 3). This plan, to be implemented over the next 10 years, will support Aboriginal communities in assuming “greater leadership” and responsibility in achieving better health care results. Once again, there is reference to “increasing the number of trained health care professionals” (Tripartite First Nations Health Plan, 2007, p.3) as a necessary element in achieving this goal. “Increase the completion rates of Aboriginal students in post secondary health careers programmes, enhance bridging and laddering pathways to health careers and conduct academic health research to improve Aboriginal health provider education and professional practice” (Tripartite First Nations Health Plan, 2007, p.4).

Similar recommendations arose from the Aboriginal Health Provider Education Summit held in November 2006. To support these actions, they suggest resources, human and financial, flexibility in post secondary programming, student support, and inclusion of an Aboriginal world view in curriculum as required elements for success. The summit, organized by the Aboriginal Health Provider Education Committee (AHPEC), a sub committee of the B.C. Academic Health Council (BCAHC), had a mandate to engage a wide range of stakeholders in discussion and practical planning on the topic of

educating Aboriginal health care providers. While this summit made many exciting recommendations, it was up to the individual participants from universities, bands and health care institutions to seek funding, improve governance structures, and develop collaborative projects and research. A brief partisan statement by the attending Health Minister suggested that the group “support achievement of B.C’s Proposed Aboriginal Post Secondary Education Strategy” (Aboriginal Health Provider Education Summit, 2006, p.9) with particular attention to health provider education programmes. It appears as if governments at all levels are concerned with the “Indian health” problem, but fail to provide a cohesive and concrete plan or concrete support for moving this idea forward.

As these documents show, discussion about the education and preparation of Aboriginal health care providers is not new and many levels of government have agreed that the concept is good. A lack of political will and commitment to carry this through in any concrete way may contribute to the small number of Aboriginal nurses. Acknowledging the potential biases of the AFN report card and assuming the collective wisdom and recommendations of other bodies is more than rhetoric, little forward movement is evident in the education of Aboriginal health care providers from the political sphere. A study completed by Gregory (2007) for the Canadian Association Schools of Nursing provides further evidence that little has changed. Table 2.1 shows the number of Aboriginal nursing students entering schools of nursing across the nation.

Table 2.1. Rank Order: Number of Aboriginal students by
Province/Territory (CASN, 2007)

| Province | Number of Nursing Students |
|---------------------------|----------------------------|
| Saskatchewan | 211 |
| Manitoba | 202 |
| British Columbia | 97 |
| Ontario | 54 |
| Alberta | 49 |
| New Brunswick | 47 |
| Newfoundland and Labrador | 34 |
| Nunavut | 27 |
| Nova Scotia | 11 |
| Quebec | 5 |
| NWT | Not available |

Mindful that Aboriginal nursing students self declare their status and thus the table presented here can only be an estimate, the number of Aboriginal students in Canadian schools of nursing has increased by 493 since the first Against All Odds report in 2002. The same study indicated that curriculum initiatives regarding Aboriginal health, people and students have also been added to some of the programmes. For example, one third of nursing schools in BC offer undergraduate courses focused on First Nations health. Some schools offer practicum placement in First Nations communities and several schools have

incorporated cultural safety and post colonial perspectives into their curricula. I will not debate the definition of what is culturally safe or post colonial here.

The number of Aboriginal faculty in nursing schools has not changed in the same five-year period. The participants in this study cited Aboriginal role models and mentors as contributing to their success. As seen in Figure 1, Aboriginal nursing faculty remain poorly represented in 2007.

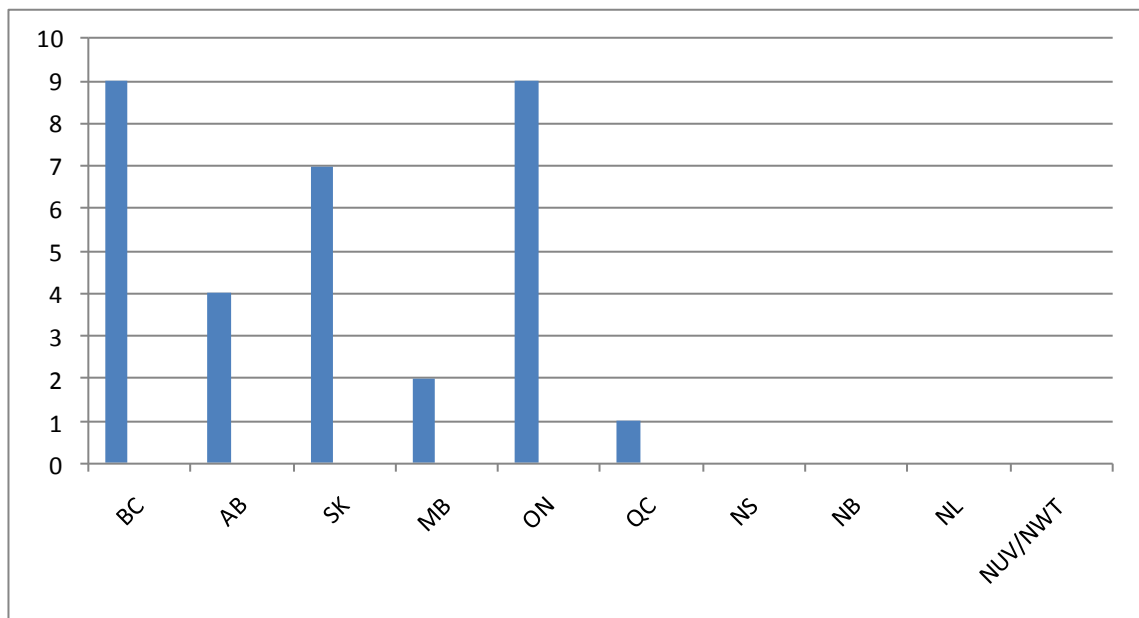


Figure 1. Aboriginal Faculty in Schools of Nursing (CASN, 2007)

The efforts to date have had a limited impact on the number of Aboriginal nurses in Canada. Manitoba and Saskatchewan continue to lead the country in the recruitment and retention of Aboriginal students in nursing programmes, through such initiatives as the Health Careers Access programme with a current enrolment of 70 students (Nunoda, 2007). By comparison, Thompson Rivers University (TRU) in BC has a prehealth programme in conjunction with the Kamloops Indian Band (KIB) and Simon Fraser University (SFU). This yields on the average six Aboriginal students per year prepared to

enter the undergraduate nursing programme. On average four out of six graduates. Several Vancouver Island and a few lower mainland colleges have similar prehealth programmes in the form of preparation for health careers or transition to nursing programmes, all with limited success.

While the politics of the big picture drive much of the decision making related to education for Aboriginal people, the internal or local level politics also contribute. By this, I mean at the band governance level. One of the most pressing issues for Aboriginal students is a sustained level of funding for post secondary education.

Funding

The Post Secondary Student Support Program (PSSSP) is an important policy initiative of the federal government that is available to Status First Nations and Inuit people (as defined by the Indian Act, 1876) enrolled in post secondary education programmes. Band councils using their developed eligibility criteria distribute funding for the PSSSP. For example, some bands fund more students at a portion of the total cost of their education, whereas other band councils give a grant covering all of a student's expenses. The impact of these grants upon Aboriginal people entering post secondary institutions has been examined and Sinclair (2006) noted several gaps. Sinclair claims that the PSSSP grants given to the regional bands were intended to improve access and success for qualified Aboriginal students entering the post secondary environment. In the current fiscal reality of increased cost of living and school tuition, the sponsoring bands are required to "rationalise by funding fewer students in total, or more students

partially”, both of which create a barrier for Aboriginal people (p.6). Sinclair also notes that funding levels for the PSSSP grants have remained unchanged since 1997. This affects students who must live away from home and require child care and transportation in order to attend their studies. Furthermore, anecdotal reports claim that funding decisions within some bands are based on flexible criteria and kinship ties. Many Aboriginal nursing students in a four-year baccalaureate programme depend on secure sustainable funding provided by their bands. At the time of writing, funding from PSSSP will support a two year diploma or a four year degree programme, but not trades or technology of less than one year. This has implications for any nursing laddering process recommended as an educational strategy. Aboriginal students choosing to enrol first in a licensed practical nurse programme, currently offered in B.C. over 52 weeks, then ladder into a baccalaureate programme, are at a distinct disadvantage given this application of the PSSSP grant. The distribution of the PSSSP grant was more recently critiqued in a study completed by the First Nations Education Steering Committee (FNESC, 2009). This detailed document maintains that “funding for post secondary students remains inadequate and a wait list of students eligible to enter post secondary institutes continues to grow” (p.12). This creates a further disincentive to post secondary education. In early 2010, this funding source was under revision.

I see two distinct recurring themes emerging from the small collection of literature included so far. First, the topic of training or educating Aboriginal health care providers seems to be linked to discussions related to the improvement of

Aboriginal health status. Second, the idea of education for Aboriginal health care providers has been recommended, suggested, and put forward for decades yet we continue to face the same challenge: lack of education, funding, and opportunity for Aboriginal people.

These articles indicate that Aboriginal students remain at the mercy of funding bodies and political decision makers, and have little control over their own career plans. Martin and Kipling (2006) report that barriers like those outlined above negatively affect the ability of the Aboriginal nursing student to study. Students who are worried about “childcare, safety, and transportation and who lack social support endure enormous amounts of additional stress, contributing to their lack of retention in nursing programmes” (p. 692).

The Case for Aboriginal Health Care Workers

The poor health status of Aboriginal Canadians, who are characterized as having exceedingly high mortality and morbidity rates, is well established and has been labelled a national disgrace (Auditor Generals Report, 2004; Statistics Canada, 2001). Increasing the number of Aboriginal health care providers in Canada is a key strategy in improving the health of Aboriginal people. Romanow (2002, 2004); the Canadian Institute for Health Information (CIHI, 2004); the Aboriginal Nurses Association of Canada (ANAC, 2002, 2003); Kulig, Stewart, Morgan, Andrews, MacLeod and Pitblado (2006) and others, present the idea that Aboriginal health care should be delivered by Aboriginal providers. Aboriginal health care workers bring a unique understanding of Aboriginal culture, language, and lifestyle as well as of the complex health and social issues

of many Aboriginal groups. Aboriginal health care providers may also have access to Indigenous knowledge imbedded in culture that is unique to the location and the society (Stephens, Porter, Nettleton & Willis, 2006). Although Aboriginal communities are not homogenous and so differ in language and cultural practices, there appears to be a tacit agreement by the above mentioned authors at least, that the delivery of health care by Aboriginal workers will result in an improvement in Aboriginal health status. I have found little literature to date that has studied the improvement of health status for Aboriginal people based on this factor alone. What is known is that “cultural continuity,” a term used by Chandler and Lalonde (2008) (cited in Kirmayer, L.J. & Valaskakis) in studies of Aboriginal teen suicide, seems to influence the health status of the community.

Cultural continuity includes factors such as Aboriginal self-government, settled land claims, control over education, child welfare, and self-direction in all aspects of health. In this respect, Aboriginal people have made clear the need to have health services “decided by them that are appropriate, relevant and delivered by Aboriginal people” (Macaulay, 2009, p.334). Noting a dearth of Aboriginal nurse researchers, Gregory (2005) takes this idea a step further suggesting that Aboriginal nurse researchers are “integral to improving the health and well being of Aboriginal people and communities” (Gregory, 2005, p.14) through the development of community research partnerships.

The gaps in health status between Aboriginal and non-Aboriginal Canadians is documented elsewhere in this study. Alcoholism, high rates of teen suicide, diabetes, and HIV aids are major challenges faced by health care

providers working in Aboriginal communities. It is not sufficient to prepare a graduate with the knowledge required to assess and manage disease.

Aboriginal health issues require the nurse to understand the complex social structures at the root of many of these issues. Aboriginal health care providers who have maintained a close connection to their heritage may bring this combination to the community; they may also be the key to the recruitment and retention of future Aboriginal students in the nursing programme.

Aboriginal Nurse Graduates

Kulig et al. (2006) conducted an in depth analysis of relevant policy documents, nursing education reports, and nursing association reports in order to gain a better understanding of nursing practice in rural and remote Canada. Within this data, they took an opportunity to explore the unique qualities that Aboriginal nurses bring to their communities. From the data analysed, the authors concluded that Aboriginal graduates are more likely to return to their home communities and be more successful in staying and working within their own cultural context (Health Canada, 2002). Aboriginal nurses who participated in the study gave strong indicators of community attachment in their responses. For example “going home to work” was the response of 69.6% participants when asked, “What was your reason for accepting your present position.” Comments like “pride to work for your own people and speak the same language...easier for the Elders who are more appreciative” of someone who can speak the language, described the rewards that remote nursing gave them (p.18).

Kulig's study noted that experiential learning was seen as important in meeting work expectations of Aboriginal nurses in the field. The nurses saw experiential learning as a better way to prepare them for the realities of working in rural, often isolated communities. Several indicated that more experienced nurses taught them on the job. For others, being brought up in the remote environment, their own health care experiences and common sense prepared them better than formal schooling. This theme has implications for nursing pedagogy, curriculum and delivery, and needs further research. While the need for Aboriginal health care providers has been argued, Kulig et al. (2006) found evidence that there are many barriers to this achievement. Some Aboriginal nurses in their study expressed frustration with the health care transfer process from the Federal government to band jurisdiction. Health care funding did not always match the level of health care required in a community and the authors suggest that bands do not always have the "capacity to manage a professional health delivery system" (2006, p. 20). Anecdotal evidence from local health care providers working in Aboriginal communities attests to this problem. Some band-hired nurses are not paid on a regular basis, have limited funds from which to develop community identified health programmes and have little or no access to clinical supports and continuing education (personal communication, D. Jensen, 2009). Reports of bullying and threats to remove health care providers from the community have also been reported. These experiences make it difficult for Aboriginal health care providers to meet the ethical and practice standards of their profession while remaining a community member.

Although the literature supports the need for Aboriginal health care providers, the challenges noted above may influence the number of Aboriginal nurses returning to their home communities and may act as a deterrent to Aboriginal students interested in a nursing career.

Conclusion

It is understood that students do not enter the post secondary education system without the influence of a life story that shapes their thinking and influences their learning (Malatest, 2004). Their stories may differ in many ways; however, the overarching effect of living in a common social context that is familiar to them as non-Aboriginal people do makes the transition from high school or work force less traumatic. Universities situated in this same social context expect that students coming to take their programmes will be able to adjust to the policies, practices and standards that they have established (Barnhardt & Kirkness, 1991). For the majority of students raised within the dominant culture, this is not a problem. For minority groups external to the dominant culture, it raises many issues related to values, beliefs, learning and success.

For many Aboriginal students in particular, conforming to conventional institutional norms is a challenge given their history of colonialism, assimilation, and life on reservations. The result is that a small number of Aboriginal people graduate from university with a degree and the attrition rate is high. Universities often refer to the reasons for this as “low achievement,” “poor retention,” or “weak

persistence,” (Kirkness & Barnhardt, 1991, p.6) but most have done little to understand it. Scollon (1981) refers to this unresponsiveness as an “institutional incapacity to learn” claiming that the university is incapable of perceiving the issue from the point of view of the population affected. Most solutions developed by institutions to address the lack of Aboriginal student success are based on the presumption that something is lacking within the student. Programmes like bridging and upgrading are intended to integrate students into the university system but are founded on a victim blaming mentality. Work by Barnhardt & Kirkness (1991) and others (Canadian Council on Learning, 2007; Malatest, 2004) implies that success in university for Aboriginal students will be enhanced if attention is paid to the past, respect for culture is observed, and other perspectives and experiences are embraced and woven through the university experience. Having said this, traditional notions of success for Aboriginal people are mismatched with the numerical grading systems currently used by educational institutions to determine success.

Throughout this chapter, the work of Verna Kirkness and Ray Barnhardt (1991) points to some of the challenges faced by Aboriginal students entering the post secondary world. The attitudes, policies and rituals of the institution serve to preserve the status quo, namely: “a socially and academically integrated graduate” (p.4). This is at cross purposes with the Aboriginal perspective that sees completion of a university degree as a means to equality, social and economic mobility, and to overcoming neo-colonialism and dependency. Aboriginal people are seeking an education to address “their communal need for

capacity building to advance themselves as a distinct and self determining society” (Kirkness & Barnhardt, 1991, p. 5). Rather than framing poor Aboriginal success in institutional terms such as poor retention and attrition, Kirkness and Barnhardt suggest that “respect,” “relevance,” “reciprocity” and “responsibility,” commonly known as the four Rs, are more humanistic and culturally sensitive terms that reflect the deeper purpose for Aboriginal people to attain a degree.

The link between Aboriginal health status and Aboriginal health care providers has been established in earlier pages. If universities are not viewed as a site of success in the preparation of Aboriginal health care providers, then the goal of increasing the numbers of Aboriginal health care providers set out by the Federal, Provincial and Aboriginal politicians will not be met and the numbers of Aboriginal nursing students and graduates will remain low relative to the dominant culture. Funding policies that have remained unchanged for a decade contribute to unnecessary hardship for many Aboriginal students. Further tension is created within the schools of nursing that have an ethical and moral responsibility to provide all nursing students with preparation that best supports them in the context of their own community and work life, while at the same time satisfying national and provincial nursing standards.

The ideas discussed in this chapter will not overshadow the stories of the participants yet to be told; but rather, it will construct a base from which to gain a better understanding of the experience of being an Aboriginal nursing student attending a post secondary institution while living in a post-colonial world. I use

post-colonial, not in the sense of after-assimilation, and not to imply it is a thing of the past, but as a means of acknowledging the historical and political consequences of colonisation in order to be more responsive to “new situations of disadvantage and more able to correctly analyse and redress the specifics of local oppression” (McConaghy, 1997, p.78). Smith (1999) contends that post colonial is, from an Indigenous perspective, to suggest that colonialism is a finished business (p.96). The continued struggles of Aboriginal people to achieve self-governance, land claims and social policies embedded in the Indian Act (1876) seem to refute the idea that colonialism has vanished (Browne, Smye & Varcoe, 2005, p.20).

.CHAPTER 3 METHODOLOGY

A phenomenological study describes the meaning of the “lived experiences” for several individuals about a concept or the phenomenon (Cresswell, 1998, p.51). Phenomenology hunts for the “essential invariant structures or essences,” the central underlying meaning of the experience and emphasizes the “intentionality of consciousness” where experiences contain both image and meaning (Cresswell, 1998, p.52). The researcher relies on his or her intuition, imagination, and universal structures to obtain a picture of the experience. Stewart and Mickunas (1990) depict phenomenology as a “return to the traditional tasks of philosophy” in a search for wisdom; a philosophy without presuppositions which assumes a natural “attitude”; a consciousness always directed to an object, the reality of the object inextricably related to one’s consciousness; a refusal of the subject-object dichotomy-- the reality of an object is only perceived within the meaning of the experience for the individual (cited in Cresswell, 1998). Using Cresswell (1998) as a guide, I approached this study through an ontological lens. I relied on the voices and interpretations of the informants through extensive quotes, presented themes that reflected words used by the informants, and advanced evidence of different perspectives on each theme to develop the essences of this experience (Cresswell, 1998).

Phenomenology: The Lived Experience

Phenomenology has a long rich tradition in qualitative research and offers a number of possibilities within the interpretive paradigm (Trotman, 2006). The

collection of data from persons who have experienced a phenomenon, and provision of a composite description of the essence of that experience are the hallmarks of phenomenology (Creswell, Hanson, Plano, & Clark, 2007). Qualitative inquiry strives to achieve an understanding of how people co-construct their life-world as meaningful. Understanding this lived experience marks phenomenology as a philosophy as well as a method for research. Usually a small number of subjects are studied through “extensive and long” engagement to develop patterns and relationships of meaning (Moustakas, 1994).

Phenomenology relies heavily on the early writings of Edmund Husserl (1859-1938) and has evolved through others like Heidegger, Merleau-Ponty, and Sartre. Tiring of the empirical traditions, Husserl (1931) saw value in exploring “experience as perceived by human consciousness” (p.116) and claimed that this experience should be an object of scientific study. According to Husserl, it becomes “evident that every experience in the stream which our reflexion can lay hold on has its own essence open to intuition” (p.116). This subjective information should “be important to scientists seeking to understand human motivation because human actions are influenced by what people perceive to be real.” Husserl (1931) claims that “phenomenology is bound by its essential nature to make the claim of being the first philosophy and to provide the means for all the rational criticism that needs to be performed; that it therefore demands the completest freedom from all assumptions and absolute reflexive insight” (p. 188). He posits that phenomenology is a “descriptive theory” of the essence of

pure transcendental experiences and like any other descriptive discipline, it has its own justification (p.209). The character of a given object must be described rather than explained, the description aiming at an intuitive grasp of the essences embodied in the experience. Transcendental Phenomenology as described by Husserl (1931) is a scientific study of the appearance of things, of phenomena just as we see them and as they appear to us in consciousness. The challenge is to “explicate the phenomenon in terms of its constituents and possible meanings...arriving at an understanding of the essences of the experience” (Moustakas, 1994, p.49). In the Husserlian tradition, the transformation of individual or empirical experience into essential insights occurs through the process of ideation, effectively a synthesis between what exists in conscious awareness and what exists in the world (Moustakas, 1994, p. 27).

Husserl was concerned with the discovery of essences and meanings in knowledge and asserted that “essence provides on the one side a knowledge of the essential nature of the Real,” on the other, in respect of the domain left over, “knowledge of the essential nature of the non-real (irreal)” (Husserl, 1931, p. 45). He makes the distinction here between facts (real) and essences (non-real) and claims that all transcendental experiences are non-realities to be examined through intuition and self reflection. Husserl’s notion of “epoche” is intended to place the researcher in a frame of neutrality where they exist without bias, or preconceived ideas, a process others working in this genre, such as Heidegger (1962), claim is impossible.

Qualitative research takes place in a natural setting, often with the researcher going out to the participant's site, using multiple methods to collect data, and involving the participants actively in the research process. Qualitative research is "emergent" rather than "tightly figured" and is fundamentally interpretive (Cresswell, 2003, p.181). It is, an enquiry process based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex holistic picture, analyzes words, reports detailed views of informants, and conducts the study in the natural setting (Creswell, 1998, p.15). Entering the phenomenological tradition often involves the researcher in a profound reappraisal of their "own intrapersonal capacities and understanding of personal consciousness" (Trotman, 2006, p.247).

Phenomenology attempts to disclose the essential meaning of human endeavours through describing these objects "just as one experiences them" (Bishop & Scudder, 1991, p. 5). Alternatively, as Heidegger (1977) describes, it places these experiences "in brightness....the totality of what lies before us in the light of day" (p.74). While Heidegger builds on some of Husserl's ideas, his approach differs in that he focuses upon the relationship of the individual to his lifeworld, and what the individual's narratives imply about what she or he experiences every day (Lopez & Willis, 2004, p.728). This hermeneutic approach uncovers what humans experience rather than what they consciously know. He also opposes the notion of bracketing or "epoche" fundamental to the transcendental or descriptive approach formed by Husserl, suggesting that it is

because of previous knowledge and background that a researcher would “consider the topic worthy in the first place” (p. 729).

The phenomenological method of inquiry has continued to gain popularity in the social and health sciences and can be seen in the work of Van Manen (1997) and Moustakas (1994). Phenomenology is somewhat at odds with the positivist, empirical structure that often dominates nursing science. However, nursing is an art and a science that concerns itself with human responses to actual and potential health problems. Specialized knowledge for the practice of nursing must reflect the lived, contextual realities of a patients’ experience of illness.

Both Van Manen and Moustakas have developed a unique approach to the use of phenomenology in their research. Van Manen (1997) uses the hermeneutic approach in which he views and interprets the “texts” of life through the lived experience of the participants. A central tenet of Heidegger, this method explores the influences in the lifeworld of participants that “contributed to the commonalities within their experiences” (Lopez & Willis, 2004, p.729). Spiegelberg (1976) defines hermeneutics as a “process and method for bringing out and making manifest what is normally hidden in human experience and in human relations” (p. 728). Moustakas (1994), on the other hand describes a transcendental, psychological or descriptive phenomenology in the Husserl tradition, also known as eidetic, focusing on the common experiences and the “epoche” whereby the researcher takes a fresh perspective on the phenomenon under examination (Cresswell et al., 2007). The epoche is a conscious process

that must take place to ensure an authentic phenomenological method and needs to be continually monitored throughout all phases of the research. Biases, prejudgments and preconceptions are neutralized so they do not influence the object of the study (Lopez & Willis, 2004). First described by Husserl in 1920, bracketing (epoche) is not uncontentious. While recognised as an integral part of the research method by Moustakas, (1994), it is generally understood that pure bracketing of the researcher's own experiences and personal knowledge is impossible. However, Husserl's (1931) intent was not to eliminate everything that has gone before but to eliminate the biases of everyday knowledge as a basis for truth and reality.

The phenomenological approach described by Moustakas was chosen because it provided "logical, systematic and coherent design elements that lead to an essential description of the experience" (Moerer-Urdahl & Cresswell, 2004, p. 21). This six step method is described in detail later in this chapter.

Research with Aboriginal People

The experience of Aboriginal students in a nursing education programme is a socially constructed phenomenon by virtue of the interaction required by the educational process and the historical context and culture from which they have come. Struthers and Peden-McAlpine (2005) argue that culture plays a role in "the phenomenology research process as it is impossible for humans to think aculturally" (p. 1264). The Indigenous world view is traditionally holistic, "where culture is steeped in context, where people can journey to the spirit world,

experience multiple realities and may have underlying meanings that may not be clear to an outsider”(Struthers & Peden-McAlpine, 2005, p.1266).

Smith (1999) states that the term “research” is “inextricably linked to European imperialism and colonialism” (p.1) and is imposed from the vantage point of privilege. The documented oppression of Aboriginal people after contact with the Europeans makes this writer wary of imposing yet another deep rooted European philosophy and research lens with which to examine their lived experience. Although the participants self selected and chose the time and setting for the interview, the guiding questions developed by the researcher, for the interview process may imply a power over relationship, limit the free flow of conscious thought and naïve description desired for this method, and may influence the direction the participant intended to take the discussion.

Is phenomenology an appropriate method to apply in the examination of cultures different from one’s own and for Aboriginal people’s research in particular? Struthers and Peden-McAlpine (2005) believe that phenomenology is “compatible with studying Indigenous peoples because it captures oral history in a holistic and culturally acceptable way” (p.1264). This method also fits with the Aboriginal life world that involves sharing, inclusion, and extension within a collective of experiential learning, in contrast to the dominant culture that prefers individual recognition, competition and competency (Kirkness & Barnhardt, 1991). Smith (1999) agrees that a phenomenological descriptive approach is appropriate for research with Aboriginal people, because the “purpose of qualitative research is to reveal the identities and stories of the people and the

meaning of these stories” (p.128) to them. She claims that this method will in fact decolonize, “bring the power of people over their lives back to Aboriginal populations” and permit “self reports considered within historical and contemporary contexts” (p.128). As well, this method permits the participant to be in control of what information is relayed and how it is expressed. Another feature of phenomenology is that the interview process is relevant to the “oral traditions and personal interactions” common in Aboriginal communities. In addition, enabling people to tell their stories “will give testament to their history and their struggles” (Smith, 2005, p.89). Loppie (2007) concurs with this and adds that the “engagement of intuition in the analysis process” found in a phenomenological study, arose from Aboriginal “grandmothers’ accentuation of holistic learning” involving all the senses, not only those related to cognition (p. 278). According to Crowshoe (2005), the “lived experience” is central to “First Nations knowledge” (p. 6) and is one way of sharing and making sense of information.

Similarly, Kirkham et al. (2002) examined culture within the health care setting, pointing out that culture within the research arena, especially postcolonial culture is not “neutral, unitary or transparent” (p. 223) nor is it something passed down in a linear fashion through clearly delineated cultural groups . They caution that research by one group of another is inscribed by colonial constructions of non-western “other” in some form and needs to be carefully guided to avoid the very inequities they are meant to address (p. 225). In choosing a research approach, and specifically a sampling method, the lessons from the Kirkham et

al., (2002) article reminded the writer that although all participants in the study will be of Aboriginal ancestry, it does not necessarily mean that their culture will be the same, or their histories similar. People who are grouped together through a Western lens may have less in common than presumed.

The intent of phenomenology is to discover emerging themes from the narrative that will give better understanding to the every day “skills, practices and experiences” being examined (Struthers & Peden-McAlpine, 2005, p.1266). In particular, a descriptive approach was taken in order to uncover the universal essences or eidetic structures contributing to the unique experience described by the five Aboriginal nurse participants (Lopez & Willis, 2004).

Indigenous Research Principles

I am not an Aboriginal researcher nor do I claim to be using Indigenous methods in my research. Nonetheless, I have endeavoured to be cognizant and respectful of Indigenous research principles in the design of the research, data gathering and interpretation (Loppie, 2007). Indigenous methods generally emphasize three main themes: first, the ways in which “interrelated constituents flow together to facilitate the goals of the research” second, the “relationship between the research partners” and third, “the potential service of the research process and products” (Loppie, 2007, p. 277). On a similar note, Browne, Smye and Varcoe (2005), contend that issues of partnership and “voice,” a commitment to “praxis oriented enquiry, an understanding how continuities from the past shape the present, and acknowledgement of the colonial past are required to

develop a suitable research environment for both participants and researcher” (p.17).

Research with Indigenous people carried out by Aboriginal and non-Aboriginal researchers should be aimed at significant social change (Browne et al., 2005). Research in Aboriginal communities has often been fraught with poor outcomes. Aboriginal people have been involuntary research subjects for many years and only recently have begun to voice their objections and demand greater consideration in the process. Research is seen by some groups as a “tool of colonisation and not as tool for potential self-determination and development” (Smith, 1999, p.87). A research project should lead to outcomes that “are beneficial to the participating Aboriginal community and/or individual community members” (Canadian Institutes of Health Research, 2007, p.23). In addition, materials taken from or contributed by Aboriginal people in pursuit of research still belong to the participants. Lack of Aboriginal inclusion in research pertaining to their culture is of global significance and is described in works by Eide and Allen (2005) in their research with Hawi’ian and Micronesian women, and by Kirkham, Smye, Tang, Anderson, Blue, Browne, Coles, Dyck, Henderson, Lynam, Perry, Semeniuk & Shapera (2002) in their work with diverse ethno-cultural communities in the lower mainland. Kirkham et al., (2002) addressed the importance of including culture in examining help seeking experiences within diverse ethnic groups.

Much Aboriginal knowledge is embedded in an oral tradition and one concern is that spoken words are at times turned into written knowledge. This

can be problematic because translation of Indigenous language into English loses much of the inherent meaning. As well, the intent of the spoken word is often interpreted incorrectly (Canadian Health Research Institute, 2005; Institute of Aboriginal People's Health, 2005)

Giger and Davidhizar (2004) add that, "interactions in all cultures are taken for granted by culture members but are often unfathomable to outsiders" (p.4). This relates directly to the problem of "extinction," or social movements which attempt to take away the identity of the people. Maori scholar, Linda Tuhiwai Smith (1999) provides guideposts for researchers who choose the path of Aboriginal modernity and suggest that qualitative research plays a central role in the discursive practices of Aboriginal researchers and their non-Aboriginal counterparts who approach the task of research with respect. She continues: "methodology is important because it frames the questions being asked, determines the set of instruments and methods to be employed and shapes the analyses". Smith claims that "indigenous methodologies are often a mix of existing methodological approaches and indigenous practices" (p. 143).

Phenomenology involves the researcher on a personal level, creates a "space for dialogue across difference" (Smith 2005, p.103) and provides a method to make sense of the "complex and shifting experiences and realities" (p. 103) created by globalisation. Qualitative research is important in an era "when the diversity of human experience in social groups and communities, with languages and epistemologies, is undergoing profound cultural and political shifts" (p.103). Relationships within phenomenological research are an important

and often overlooked aspect. Relationships serve to develop trust, are inclusive of the participants and wider community, and help create a more respectful and receptive research context. Reciprocity or giving back is one of the four Rs discussed by Kirkness and Barnhardt (1991) and can occur at multiple levels of the research. The knowledge obtained from the participants is a gift to the researcher and at the same time, the opportunity to tell their story gives a voice to the participants (Lavallee, 2009, p.35). Smith (1999), in discussing research relationships, adds that often the process of research is more important than the outcome.

The Aboriginal nurse participants in this study were the holders of knowledge in this case and have chosen to share this information with a non-Aboriginal researcher. Through the application of a phenomenological reduction method and a respectful, trusting relationship, it is hoped that the knowledge and suggestions gained from the study will contribute to the educational experience for Aboriginal nurse learners in the future.

Relationships and Trust

“Trust is central to the success of any relationship, including those between participants and researchers” (Eide & Allen, 2005, p.48). Trust is gained through the development of a long term relationship and interaction over time. Trust implies an understanding and acceptance of another including their values, culture and beliefs though they may be different from yours. Trust building in Aboriginal communities is more complicated and difficult because of the oppression created by colonialism; this is emphasized when the researcher is

a member of the oppressing group (Corbie-Smith, Thomas & St. George, 2002, p. 2458). Building trust is also more difficult when poor research practices and misappropriation of knowledge have occurred in the past. Castellano (2004) expresses that “many Aboriginal peoples fear that refusing consent to research may result in loss of funding for essential needs” (p.105).

In this study, participants were given reassurance that the research process would allow free expression and description without consequence and that their participation was voluntary and confidential. Participants understood that their information would be used only for research purposes, would be anonymous, and the findings would not be dispersed or published without their permission. Each participant had the opportunity to validate the findings after the initial data collection phase and will receive a copy of the completed document. At different times throughout the research, I sought the wisdom of an Aboriginal colleague in order to clarify my understanding of some Aboriginal culture and practices. While she did not participate in the data collection, analysis, or writing at any level, she provided a general cultural context, limited within her own experience as a status Secwepemc woman, to particular comments in the transcripts that I was attempting to understand. She clarified for example, that in some communities, certain cultural ceremonies were open only to men and women accepted that this was knowledge they could not have or a ceremony in which they could not participate. From time to time, I spoke with a respected Aboriginal educator, researcher and Elder from the Secwepemc nation who also offered cultural explanations. Located in the Tsq’escenemc region of the nation,

this Elder has published in the Journal of Aboriginal Health, has written educational articles specific to Aboriginal health for the Canadian Mental Health Association, and was a contributor to the “Peoples Experience with Colonisation” project at the University of Victoria.

Researcher's Role

It was established in Chapter One that the Aboriginal population is one of the fastest growing in the nation and will be a future source of worker supply. This rich resource of potential health care providers remains virtually untouched by educational institutions, in particular those providing health education programmes. Recruitment efforts at the local and provincial level have increased the number of Aboriginal nursing students to a small degree (Table 2.1.) but further exploration is required to determine why so few are entering the profession. For those Aboriginal nursing students who succeed, what are the elements, internal, and external to the education programme, which were most helpful in their success?

Research with and about Aboriginal people has to be reciprocal in nature. All participants make an investment in terms of understanding and control. The researcher is not a lone investor in the process but forms mutual intent and purpose with those involved in the research. As Sprague and Hayes (2000) put so succinctly, “in mutual relationships, each strives to recognise the other’s unique and changing needs and abilities, and takes the other’s perspectives into account” (p. 684). Thus, the researcher must pay attention to the nature of the

relationship with the participants in the study and strive to accurately describe the experiences of the phenomenon under study.

Bishop (2005) describes a Kaupapa Maori approach to Indigenous research that reflects “the philosophy and practice of being and acting Maori”. The history and philosophy behind this approach cannot be adequately explored in this dissertation; however, it offers some valuable direction for this researcher. This approach recognises that Maori culture and cultural differences must be acknowledged if a research project is to be successful. It addresses issues of power and captures a sense of self-determination along with a “resistance to the hegemony of the dominant discourse” (Bishop, 2005, p.114). It sets the stage to ensure that [Maori] “language, culture, knowledge and values” are accepted in their own right.

This study has been approached in a similar way, honouring Aboriginal people who tend to be more collectivistic than individualistic in their approach, with the intent that the voices, language, culture and experience of the participants were correctly interpreted through similar ties of reciprocity. Through a process of careful questioning and listening to the stories of the participants, I endeavoured to capture the meaning and emotion of their words so that others could learn from those experiences and reflect upon their own nursing, educational, and institutional practices.

Being Known

The participants in this study are now my peers and colleagues as registered nurses. In the professional role, we are like kin with shared language,

codes of conduct, and expected professional behaviour. Here is where our connection begins. This common bond provided a building block from which to explore their educational experience and gave me the privilege of being known to the participants in some fundamental way. Eide and Allen (2005), Tanner (1993) and Radwin (1996) all point out that being known is an important feature for the nurse-client relationship. Similarly, participants and qualitative researchers must come to know one another to develop a trusting relationship that fosters sharing of what might be sensitive information. The researcher in this case must also explicitly identify and bracket her biases, values and personal interests in the research topic before beginning the research journey.

Ethics Approval

Ethics approval was obtained from the Office of Research Ethics at Simon Fraser University (SFU) and individual consent forms were obtained from the participants as required. While not required for this small individual study, including the larger Aboriginal community pays attention to Indigenous research practices, raises the awareness of the topic to be explored, provides rich sources of information, perhaps a site for the research to take place, and sends a message that Aboriginal nurses are an important piece of the health care puzzle and are worthy of research (Arnault-Pelletier et al, 2006). The CIHR (2007) Guidelines for Health Research Involving Aboriginal people, section 1.6, provides one description of community as being a “group of people having a religion, ethnicity, profession or other characteristics in common, even where these people do not live in the same geographical location” (p.14). I interpret this to

mean that the participants in this study were a community of professional nurses who were of Aboriginal heritage. Research within this professional community does not require permission from the provincial body or the larger Aboriginal community of residence, only from the individual participants.

The CIHR guidelines (2007) developed by the Aboriginal Ethics Working Group serves as the guiding template for this study. Aboriginal Elders informed the principles in the document and First Nations, Inuit and Métis nations across the country recommend their use whenever a research project includes Aboriginal research participants (p.13). Article five of the CIHR document addresses the concerns of Confidentiality and Privacy of individual participants and their community regarding “anonymity, privacy and confidentiality” (p. 21). Participants in this study were assured that the researcher would use the data collected and analysed only for this study and that all information would be coded in a manner that would not identify them as participants. Out of respect for, and with permission of the Aboriginal participants, this researcher sought guidance from an Aboriginal Elder, previously introduced, about the interview method and intended use of the data. In response to my enquiry about the interview process, she shared her research experience and offered several options for me to consider.

Comments earlier in this chapter briefly addressed the reluctance of Aboriginal people to engage in research because of previous poor experiences. Castellano et al. (2004), note “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” (p. 103). Leroy Little Bear (2000) used the phrase “jagged worldviews colliding” (cited in Castellano, 2004, p. 77) to describe the encounter of Aboriginal philosophies and positivist scientific thought and adds that while externally sponsored research can document customs and observe phenomena, non-Aboriginal researchers miss the deeper significance of those customs presented by an Aboriginal world view.

Castellano maintains that ethics committees tend to focus on the procedure for obtaining informed consent as opposed to the ethical character of the research itself (2004). She uses the symbol of the tree to represent the relationship between “individual behaviour, customs and community protocols” and the ethics, values and world views held by Aboriginal people (p.100). She adds that the skills for “decoding complex messages from the social and natural environment are embedded in traditional languages” and practices (p.101). The point to be made here is that ethics for Aboriginal people is not something written on paper dictated by the government but is in fact a formal long established process within Aboriginal tradition and law. Strict rules apply to methods of gaining and sharing knowledge and learning within Aboriginal communities and all seekers of knowledge are required to follow them (Valerie Setah, personal communication, April, 2007). Knowledge handed down from the Elders is taught to selected community members within particular frames of time predetermined by tradition. All traditional knowledge comes with clear boundaries and limitations for use. For example, Aboriginal healers in the Cariboo Chilcotin

region will tell members how to mix a poultice of herbs, but not where to find the herbs (Valerie Setah, personal communication, April 2007).

Participant Selection

Aboriginal nursing graduates who had completed a four year baccalaureate programme at a recognised university and who successfully completed the Canadian Registered Nurse Exam (CRNE) were invited to participate in the research. Participants in the study were sought through placement of an advertisement in both the Nursing BC magazine and on the website of the Aboriginal Nursing Association of Canada. The researcher also asked several nursing colleagues in other schools of nursing to identify potential participants. Participant criteria included Aboriginal heritage, no more than five years since graduation, and completion of a baccalaureate nursing programme in the province of B.C. Initially, eight interested nurses contacted this researcher by email, followed by a telephone conversation outlining the purpose of the study, the research questions, and process of data collection, the responsibilities, risks and benefits, as well as assurances of how confidentiality would be addressed. Five participants were selected based on date of graduation, university attended, home community, convenience for interviews, and suitable dates and venue for interviews were negotiated.

Participant Profile

All participants were female, ranging in age from 25 to 53 years. Three different schools of nursing are represented in the group and graduation dates ranged from one to five years. All participants had different home communities (three

urban, two rural); three resided on reserve during the educational experience while two did not. Three participants had families with school age children and all left their home community to attend university during the school year. All participants were status Aboriginal people as defined by the Indian Act of 1876.

Data Collection

Interviews

The interviews took place over the summer of 2008. Each nurse chose the place for the interview and set the time frame when she was available. Consent forms had been sent to each participant ahead of the interview process; two were returned by regular mail and three were given to the researcher at the time of the interview. Interview times varied between two and three hours, the shortest being two hours and ten minutes and the longest being two hours and fifty minutes. Confidentiality was assured and an explanation given as to how the material would be stored, coded, analysed, and used in the final writing. The purpose of the study was reviewed with each participant for clarity and an opportunity given for questions.

Participants were interviewed either in person $n=(3)$ or by teleconference $n=(2)$. Personal contact was the most desired interview method, however, geographical distance, work schedule, and cost of travel necessitated the use of teleconference versus a face-to-face approach for two participants. This researcher considered that those participating by telephone might be disadvantaged, being unable to see the interviewer and the interviewer would miss some of the facial and non-verbal expression accompanying the dialogue,

however, neither telephone participant seemed to think this was an issue. Both seemed comfortable with the use of this technology and seemed to speak freely during the interview. Permission was sought from all participants to audiotape the interview and all agreed to this method. All participants paid respects to the Aboriginal nation and community on whose land the interview took place. Since the participant chose the venue for the interview, this researcher assumed that it was a place of comfort and safety.

Process

Loosely structured interviews using broad open-ended questions were recorded on digital audio tape and typed verbatim to form a data source. Questions focused on the educational experience and centred on the elements of success for participants as Aboriginal students in a baccalaureate nursing programme. All interviews began with the same introductory question: "Tell me about your educational experience as an Aboriginal student in an undergraduate nursing programme," and participants were encouraged to describe the feelings, mood, and emotions that went along with that experience. Van Manen (1990) notes that it is impossible to offer ready made questions, but the researcher can "mobilize participants to reflect on their experience in order to determine deeper meanings of these experiences aiming for as much interpretive insight as possible" (p.97). Chase 2005, (as cited in Denzin & Lincoln 2005) also suggests that the "very idea of a particular story is that it cannot be known, predicated, or prepared for in advance" (p.662). Questions shifted from the general to the more specific, asking participants what elements within the experience contributed to

their success. This researcher chose to use questions that seemed appropriate for the time and place and to accommodate the speaker and so did not follow a structured question format. Instead, this researcher listened to all the intricacies of each story, letting the participant set the direction and tone of the conversation and taking cues from which to form core questions. For example, core questions included:

1. What was the experience of a four year baccalaureate nursing programme like for you as an Aboriginal nursing student?
2. What part(s) of the educational experience did you perceive as contributing to success?
3. How can your educational experience inform the school of nursing?

Additional questions used at various times in the conversation included: How did the effects of colonialism influence the educational experience? Was the learning environment culturally safe and sensitive? Did the curriculum provide relevant and respectful learning experiences? Were appropriate student supports available? What community/family support was available and experienced by you during the time in the school of nursing and how did this affect the educational experience?

In beginning this study with Aboriginal nursing graduates, I was aware that the principles of Indigenous research as described by Smith (2005) such as respect, informed consent, and mutual understanding may not be “understood as meaning the same thing to all people under all circumstances” (p. 101). Ethical codes based on western moral philosophy and the ethical principles that guide

most research remain suggestive of an overpowering colonial attitude where the researcher is perceived as expert.

In contrast, Aboriginal research encompasses knowledge handed down for generations and understood as “coming from the ancestors” (Lavallee, 2009, p. 220). As well, the relational nature of indigenous epistemology “acknowledges the interconnectedness of the physical, mental, emotional and spiritual aspects” of Aboriginal people (Lavallee, 2009, p.23). Articulating these thoughts at the beginning of this section of the study reminded this writer that Aboriginal people may have an alternative way of knowing, “providing access to an alternative epistemology, an alternative vision of society and alternative ethics for human conduct” (Smith, 2005, p.100). Smith supports, the idea that “qualitative research is the tool that seems most able to wage the battle of representation, to weave and unravel competing storylines, to situate, place and contextualize, to create spaces for decolonisation, to provide frameworks for hearing silence and listening to the voices of the silenced” (p. 103). Reminded that the educational experience of Aboriginal nursing students was not mine to tell or interpret, my focus was on the quality of the relationship I formed with the participants and the acceptance of “their voices, views and dilemmas through ties of reciprocity” (Narayan, 1993). Lavallee reminds us that within the principles of indigenous research, the relationship of a researcher with participants is of paramount importance (Lavallee, 2009).

Data Analysis

Framework

The choice of the Four R framework by Kirkness and Barnhardt (1991) was a late addition to this dissertation. It was not the intent of the writer to impose this framework upon the “essences” of the experience, but to let the “essences” speak for themselves. However, the words “respect, relevance, reciprocity and responsibility” were found frequently in the literature related to Aboriginal health, healing, research and nursing education, (Kirkness & Barnhardt, 1991; Lavalley, 2009; Varcoe & Browne, 2006) and were used by the Aboriginal participants throughout the interview process. While the original notion of the Four Rs is almost twenty years old, it is a consistent theme in recent nursing publications such as the joint Canadian Nursing Association; Aboriginal Nursing Association of Canada, and the Canadian Association Schools of Nursing document titled: Cultural Competence and Cultural Safety in First Nations, Inuit and Métis Nursing Education (2009). This publication, written by Fjola Hart-Wasekeesikaw, has adopted the Four Rs as guiding principles intended to enhance nursing curricula as “they originate from the perspective of First Nations, Inuit and Métis communities” (p. 2).

Although the data will inevitably speak for themselves, the use of the four Rs gave the researcher a starting point from which to sort the initial ideas expressed by the participants. Barnhardt and Kirkness (1991) suggest that respect, or lack of it, may contribute to the “impersonal, intimidating and often hostile environment in which little of what they bring in the way of cultural

knowledge, traditions and core values is recognised much less respected in the university setting “ (p.5). The legitimating of indigenous knowledge and skills or as Goody (1982) puts it, “a re-evaluation of forms of knowledge that are not derived from books” (p.162) by universities would demonstrate respect for an Aboriginal life world and contribute to curriculum that has greater relevance for Aboriginal students. Relevance to culture and community is critical for the success of Aboriginal health training and research. Institutional respect for indigenous knowledge and the ability to assist students to build on their “customary forms of consciousness” (Kirkness & Barnhardt, 1991, p. 7) are likely to foster greater success in university.

Reciprocity is accomplished through a two-way process of learning and research exchange. Both community and university benefit from effective training and research relationships. Reciprocity is required between researcher and participant. Kirkness and Barnhardt (1991) also claim that if faculty make an effort to understand and build upon the cultural background of students and if students can gain a better understanding of the institutional culture, a better learning experience can occur. As previously stated in this study, attending university for Aboriginal people involves more than getting an education. It is a responsibility that can change the shape of their lives and the communities in which they live through the notion of empowerment. That is, empowerment that gives them control of their own affairs and is fostered through active and rigorous engagement and participation (Kirkness & Barnhardt, 1991). They must be able

to navigate across borders that are historically and socially constructed with rules and limitations that impede their progress to self-determination.

Using each of these attributes borrowed from Kirkness and Barnhardt (1991) as a major heading, I elaborated on the pertinent themes that were uncovered in the analysis process. This framework, originally developed for Aboriginal health and education research, was a fitting way of highlighting the stories of the participants in this study, as they are Aboriginal health care workers, specifically registered nurses, who have been successful in their educational endeavour and are now providing care within Aboriginal communities.

As described earlier, “part of phenomenological research is to borrow other peoples experiences and their reflections on their experience in order to better be able to come to an understanding of the deeper meaning or significance of an aspect of human experience” (Van Manen, 1990, p. 62). Examining other people’s experience allows us to become more experienced ourselves. Phenomenological research requires that the information gained from sources be sorted or reduced in a manner that leaves the essential meaning of the experience, while reducing the actual amount of information into manageable pieces.

Phenomenological research and data analysis in particular, have developed in many forms since the original Husserlian descriptive and Heideggarian interpretive models of phenomenology emerged. Colaizzi (1978), Stevick (1971), Polkinghorne (1989), Giorgi (1994), Van Mannen (1990) and Van

Kamm (1959 & 1966) have contributed heavily over the last three decades to the field of phenomenological research while more recently Moustakas (1994), de Marais (2004) and Ashworth (2007) continue to refine and develop this approach. Moustakas (1994) provides an organised and systematic form for investigating human experience through the application of a transcendental phenomenological approach that is committed to a description of an experience, not an explanation (Moustakas, 1994, p. 58).

Analysis

In choosing a method for analysis, van Mannen (1990), Colaizzi (1978) and Giorgi (1994) all caution that research applying phenomenology requires a solid grounding in the underpinnings of phenomenology. A philosophy as well as a methodology, phenomenology seeks to derive knowledge from experience as perceived in the conscience and not from empirical, factual or mathematical processes.

Revealing the essences of the nursing education experience for the five Aboriginal participants was accomplished following the phenomenological research model outlined by Moustakas (1994). This seven step process, detailed here, provided this writer with a framework that modernised the difficult concepts such as intentionality, noema and noesis first described by Husserl (1931) (cited in Moustakas, 1994, p. 69) in his explanation of perception. The textural (noematic) experience as told and “perceived as such,” and the structural (noetic) or self evident of how the stories are understood, dimensions of phenomena, and the derivation of meanings are essential functions of intentionality. Noesis,

according to Husserl (1931), constitutes the mind and spirit and awakens us to the meaning or sense of whatever is in “perception, memory, judgement, thinking or feeling” (p. 249), the meaning of which needs to be drawn out from consciousness. Noema refers to the physical side, that which is experienced. Intentionality is constructed of noema and noesis and refers to consciousness, the internal experience of being conscious of something and of directing consciousness towards something (Moustakas 1994, p. 68).

Each transcript was read many times in an attempt to uncover the structural and textural meanings of the experience for that participant. Combining these reduced experiences in a final composite produced the essences of the educational experience for these participants at this point in time. Phenomenological essences emerged at the nexus of the noema and the noesis in a harmonious and integrated understanding of the experience (Conklin, 2007, p. 281).

Moustakas' (1994) method provided a systematic procedure that is described by Moerer-Urdahl and Cresswell as “rigorous yet accessible to qualitative researchers” (Moerer-Urdahl & Cresswell, 2004, p. 21). Referenced in much of the phenomenology literature by established qualitative researchers such as Cresswell (2003), Ashworth (2007), and Crotty (2004), Moustakas' method of data analysis in particular, is a modification of an interpretation by Van Kamm. His method sets out clear steps for managing and analysing data to assist the researcher in generating a “composite textural-structural description of

the meanings and essences of the experiences” (Moustakas1994, p. 121). These steps included:

1. Listing and preliminary grouping (Horizontalization)
2. Reduction and elimination: To determine invariant constituents
3. Clustering and thematizing the invariant constituents
4. Final identification of the invariant constituents and themes by application
5. Construction of an individual textural description of the experience
6. Construction of an individual structural description of the experience
7. Construction of an individual textural-structural description of the experience

Finally, from the individual textural-structural descriptions, a composite description of the meanings and essences of the experience, “representing the group as a whole” (p.121) was written. As well, I applied NVIVO (2008), a software package developed by QSR industries of Australia. This software, designed specifically for qualitative research, provided support for and coding of the initial analysis of data and development of themes accomplished by reading, highlighting and coding done manually by this writer. Using the data provided by the transcripts, the following paragraphs describe in more detail the steps taken to complete the phenomenological reduction of the experience as described by Moustakas.

Listing and Preliminary Grouping

Preliminary listening to and reading of transcripts took place three times so that the reader could become familiar with the texts. Each participant was assigned a fictitious identifier to protect her privacy. I chose to use the names Anna, Beth, Cora, Deb, and Ellen representing the order in which the interviews took place. After the third reading, similar ideas were highlighted as a starting point for the analysis. In addition, a qualitative data support programme was used to develop data nodes and code data that appeared in all transcripts. Using the common words and themes revealed during the reading of the transcripts, the NVivo (2008) programme by QRS International, permitted a thorough search of the data, identifying the number of times a theme occurred and in what context. The software also highlighted the data where the reference occurred so that context and meaning were verified for each one. Through this process, a series of expressions relevant to each experience was developed. Moustakas (1994) refers to this as “horizontalization”.

Horizontalization, according to Moustakas (1994) is centred around the “*epoche*” stemming from Husserl’s “possibility of being seen and known in its essential nature and meaning” (p. 95), requiring the researcher to bracket his/her own feelings and presuppositions in order to have a conscious free and unbiased examination of the experience being examined. No value is placed on any of the recurring themes or expressions; they are identified only as being essentially relevant to the experience.

Reduction and Elimination

Step two of the analytical process described by Moustakas (1994) sets out a test for further clarifying legitimate horizons of expression. The test requires the horizon of expression to meet two criteria:

- a. Does it include a moment of the experience necessary for fully understanding that experience?
- b. Is it possible to abstract and label it?

Overlapping and repetitive statements were reviewed and removed at this time from the list of expressions. The horizons that remained were considered “invariant constituents” of the experience and were essential to fully understanding said experience. Moustakas describes these “invariant constituents” as the unique qualities of the experience that stand out in the text. Relevant expressions gleaned from the transcripts were categorized as an initial step using Kirkness and Barnhardt’s (1991) framework. While this step is not part of Moustakas’ model, it permitted this researcher greater clarity and an opportunity to see some of the commonalities within the transcripts before further analysis of the experience (Table 3-1). It also framed the horizons of relevance in a way that connected the idea of success with the experiences emerging. Horizons are commonly understood to be unlimited and Moustakas (1994) suggests we “never exhaust completely our experience of things no matter how many times we consider them or view them” (p. 95). This never ending process tempted this researcher in the initial stages to look at multiple possibilities

repeatedly. Framing the possibilities within the four R's of Kirkness and Barnhardt (1991) provided a point from which to move forward.

Table 3-1. Horizons of Relevance

| RESPECT | RELEVANCE | RECIPROCITY | RESPONSIBILITY |
|--|---|---|---|
| <ul style="list-style-type: none"> • Racism • Respect • Brown skin • Open minded • Assumptions • Ignorance and isolation • Teacher mentors • Self • Culture and tradition | <ul style="list-style-type: none"> • Only Aboriginal in the bunch • Fitting in • Choosing your battles • Away from home • Support systems • Different life worlds • Residential School • Importance of family • Curricula • Previous experience | <ul style="list-style-type: none"> • Sharing of ideas • Bridge between communities • Afraid to speak out • Exchange of cultural information • University as centre for learning • Relationships with participants in this study | <ul style="list-style-type: none"> • Colonisation • Lack of education and/or awareness • Role modelling • Preparation to deal with "others" • To their community for a better life • Fitting in |

At this stage, email was used to communicate the horizons of relevance identified by the writer to the participants to verify their importance to the experience and to verify the researchers' meaning of each. For clarity and truth, it is important that these common constituents be correct and as the participants meant them to be.

Opposition to including participants in a verification process is expressed by Giorgi (2006) who contends that allowing the participants to review or add to a report serves no useful purpose. He claims, "the purpose of the research is not to clarify the experience the individuals have for their own sake, but for the sake of the discipline" (p.358). He argues, "whether or not the individual participant agrees with the findings is beside the point. This is knowledge for the discipline, not for the individual" (Giorgi, 2006, p. 358). While sharing the horizons of relevance with the participants may not be true to the phenomenological method, a collaborative approach to this research was promised to the participants, out of respect; I felt it necessary to include this step. Adding this step fits with Indigenous research principles by including the participants in the process, but does not alter the analysis of the data in any way. The purpose was to validate that these experiences were common to all participants and provide an opportunity for the participants to add other relevant possibilities as well.

Using the horizon of relevance "importance of family", the following samples demonstrate how these horizons of relevance were lifted from the transcripts. To further demonstrate the importance of these horizons to the expression of the experience, the NVIVO (2008) software indicates what

percentage of the transcript conveyed the concept and the number of times the concept was included in the transcript.

Mainly I would say I relied on my family. They were an awesome source of support and I needed them for the whole 4-years. It was also stressful dealing with family situations and that sometimes got to be so hard that I thought I needed to put Nursing School on hold, I would do that for my family,(QSR relevance 1.9%, 16 occurrences within this transcript)

So if you have kids and they are sick you stay home to look after them and miss a whole day and then you are behind with class. No support system, you make friends with class and they were good but it is hard when it is not your family. (QSR relevance 1.7%, 10 occurrences)

I find that I have to totally distance myself [from family] because if I don't I will go down, and by that I mean it'll consume me and my health will become a risk or there will be or I will not be as healthy as I like to be. (QSR relevance 1.5%, 8 occurrences)

I had only lived on reserve all my life. First of all, move off reserve, second move so far away to the city. So I was alone, and I was really forced to look at myself and change my habits and review what worked and what didn't work for me. Or if I was feeling like, you know, I needed some self-reflection or advice or teachings or encouragement. (QSR relevance 1.9%, 16 occurrences)

They were talking about my family. Things were talked about like they were so far in the past but it was not really not that long ago. I am first generation out of Residential School first ever to go to university. So that was quite a feat in itself. I went to university in an urban area so I had no family and no real social supports except for my classmates and I was a single mum too, which had another set of challenges. (QSR relevance 1.7%, 10 occurrences)

From this brief sampling, the reader can see that the importance of family occurred in every transcript to varying degrees. There is further discussion of this in the next chapter.

Clustering and Thematizing of the Invariant Constituents

After identification of the relevant horizons and invariant constituents, Moustakas (1994) suggests a further reduction of relevant data into themes. While it is usual to develop themes by using the language expressed by the participants, for example, family or racism, and clustering the invariant constituents, I chose to continue with the four Rs in the Kirkness and Barnhardt model (1991) as it provided four broad themes that encompassed many of the relevant expressions identified in Table 3-1. The use of this Indigenous lens added another dimension that tied the research more closely to an Indigenous model while remaining true to the phenomenological reduction method. Smith (2005) supports the use of a mixed method in Indigenous research, as the

colonial, linear models of the past do not necessarily reflect the unique holistic experience of Aboriginal people.

Further coding provided a detailed description of the people and the events that took place during the post secondary experience and formed major subheadings in the findings section of the study. Using a table format, step four, the final identification of themes and supporting evidence were further reduced and are constructed in Table 3-2. This step requires the researcher to check the invariant constituents and themes with the complete record of each participant. According to Moustakas (1994) “look and describe, look and describe again” is the process required for a deeper understanding of the participants’ experience. Each time I review a portion of the transcript reflecting the invariant constituents, other possibilities come to mind and I realize that my study will never be exhaustive.

Three questions must be answered during this step.

1. Are they (invariant constituents) expressed explicitly in the complete transcription?
2. Are they compatible if not explicitly expressed?
3. If they are not explicit or compatible, they are not relevant to the co-researchers experience and should be eliminated (Moustakas, 1994. P. 121).

Table 3-2. Themes and Evidence

| THEME | EVIDENCE |
|---------|--|
| Respect | <p><i>You know they have got everything else, they've got research and all those other things in the nursing curriculum but they don't have one that is specific to this area [Aboriginal people]</i></p> <p><i>Because it is lack of understanding, education, respect and honour for the culture</i></p> <p><i>At the same time we have to be careful not to do unto others that's been done to us. Sort of a reverse racism going on</i></p> <p><i>I did experience some racial comments while at the hospital. You know I don't think they did it overtly, like it wasn't out there screaming at you, just you know sort of undertones I think that you know, brown skin should stay with brown skin</i></p> <p><i>I honour their opinion and I encourage them to speak up and have their voice heard</i></p> <p><i>There was one time in second year that was a breaking point and I thought I was going to quit, we went over different statistics and cultures, stats that said I am not going to succeed because I am Aboriginal</i></p> |

| THEME | EVIDENCE |
|------------------|--|
| | <p><i>Because I felt like I didn't want to be a non-native nurse, I didn't want to change my identity and I was so afraid of that</i></p> <p><i>Remember who I was, where I came from and what my identity was, remind myself that I would not lose my culture, my teachings and spirituality that I held so dear</i></p> <p><i>Don't lose your identity as an Aboriginal person</i></p> <p><i>Teachers need to ask permission and students need to be empowered with, to be OK with who they are and what their background is</i></p> <p><i>"there is a listener and a speaker"</i></p> <p><i>In the western classroom the students were questioning a lot and I thought they were being disrespectful</i></p> <p><i>This culture within the institution is very important being able to welcome other cultures</i></p> |
| <p>Relevance</p> | <p><i>Because when you think of a common language you automatically think of English</i></p> <p><i>I mentioned to one of the profs that it would be great to have the students that come over here to</i></p> |

| THEME | EVIDENCE |
|-------|--|
| | <p><i>be familiar with the culture</i></p> <p><i>I would have preferred hearing about Traditional Healing and culture instead, they were there for about one hour</i></p> <p><i>I never really thought any of those statistics affected me but when I saw it in black and white in the textbook</i></p> <p><i>Internalized it, kept it to myself, but obviously it still bothers me</i></p> <p><i>And I had to in my mind, be like a rat on the wheel and not let it squeak too loud</i></p> <p><i>I made friends with a multi cultural circle of friends, there was an east Indian, girl and boy, a Chinese girl, and a Caucasian Catholic girl, it became a really good group to discuss things and share cultural information</i></p> <p><i>and so with them I felt safer to discuss Aboriginal stuff and they were willing to learn</i></p> <p><i>Living on campus was tough, I felt so isolated and it rained so much</i></p> <p><i>One Aboriginal student was adopted, she knew nothing about her culture and she was called</i></p> |

| THEME | EVIDENCE |
|--------------------|---|
| | <p><i>upon many times in different classes it sent her into a tailspin</i></p> <p><i>The other point is that in my culture the teacher and learner dynamic is completely opposite than the western teaching/learning model</i></p> <p><i>All I want to do is to be able to fit in</i></p> |
| <p>Reciprocity</p> | <p><i>I've found that some nurses that I have worked with both in the acute and non acute areas are not too forth coming with their knowledge, not open minded about the population they are serving</i></p> <p><i>And I think that going along with [fitting in] is becoming less and less. they are not willing to compromise values that are um, close to them</i></p> <p><i>I think the value you get out of spending time with other people and learning from them as much as they do from you is so rewarding</i></p> <p><i>It could be that First Nations people are not making their culture known in the public eye or they are not sharing what they know about traditional health care</i></p> <p><i>You need your support whatever that is</i></p> <p><i>Maybe I could create an awareness within the</i></p> |

| THEME | EVIDENCE |
|-----------------------|---|
| | <p><i>emergency room which is only one small piece</i></p> <p><i>My previous employer at the ophthalmology clinic in Vancouver told me that you could be the bridge between two communities</i></p> <p><i>Oh definitely and picking my battles was one way of protecting myself” because you know you could not go out swinging</i></p> <p><i>Let the teacher know that you are not qualified to give the Aboriginal perspective, but you can give your perspective as an Aboriginal person</i></p> <p><i>Many teachers did not know about different Aboriginal experiences</i></p> |
| <p>Responsibility</p> | <p><i>So I think that educating the nursing student on culture would be really good you know, so they could learn about Residential Schools, all of the scooping up of the children just to get a feel for the loss and mourning and the grief that goes on for generations</i></p> <p><i>The education of faculty into the “Indian” way of being and into the life world</i></p> <p><i>You can get very much weighted down by family</i></p> <p><i>Family who perhaps not knowingly being a part of</i></p> |

| THEME | EVIDENCE |
|-------|---|
| | <p><i>that, but, it is almost like a pride thing</i></p> <p><i>I think it really comes down to balance and I know that is hard, extremely hard</i></p> <p><i>They almost approach you out of pride that they want to give you, acknowledge your profession and how far you have come...you can't slap that away</i></p> <p><i>And I don't think it is a sort of purposeful sabotage on the part of the family</i></p> <p><i>They feel they can just pop in unannounced at any time and have their situation dealt with</i></p> <p><i>It's taken me a while to feel as though I make a difference....a lot to do with inner growth within myself</i></p> <p><i>But for me it's not only about me it's about my family, they really didn't get why I would I would do that when it is stressful enough</i></p> <p><i>That's why we do what we do in our family a lot of things are First nations bound</i></p> <p><i>Oh yeah it was my responsibility to tell them all about it</i></p> |

Textural Description by Participant

Step five in this phenomenological reduction is the development of the textural description for each participant. The textural description describes what actually took place for the participant, telling what happened from the participant's point of view. The writer creates a report which describes the "textures" of this experience and conveys the true meaning of the experience. Thoughts, feelings and clear images of the experience should evoke awareness in the reader. Moustakas (1994) posits however, that "texture and structure" are in a continual relationship and that "from an extensive description of the textures of what appears and is given, one is able to describe *how* the phenomenon is experienced" (Moustakas 1994, p. 78). This researcher chose to write separate textural and structural reports in keeping with Moustakas' original seven step method and again used the four Rs as an organizational framework.

Structural Description by Participant

The structural description makes up step six of Moustakas' method. This step provides an account of the "underlying dynamics of the experience" (Moustakas, 1994, p.135). By this, he means to describe this experience but from a differing perspective, shifting from what happened to describe how the event took place. The themes and qualities that account for the "how" of the experience are explored by the researcher using "imaginative variation, reflection and analysis" (p.135) and using the data provided by the transcript. Imaginative variation permits the researcher to look at the experience as described by the participant and seek possible meanings through the utilization of the imagination,

“varying the frames of reference, employing polarities and reversals and approaching the phenomenon from divergent perspectives” (Moustakas 1994, p. 97).

The aim of structural description is to uncover the underlying and precipitating factors that account for what is being experienced. In other words, “how did the experience of the phenomenon come to be what it is?” (Moustakas, 1994, p. 98).

Textural-Structural Composite

Following this detailed exploration and reduction of data through textural and structural analysis, the seventh step involves a construction of the meanings and essences of the experience, incorporating the invariant constituents, and themes. This Textural-Structural description completed for each participant and written in depth, involves synthesizing the experience validated by the participants and imparting the essence of this experience through “imaginative variation” and “intuitive integration” (Moustakas, 1994, p. 100). As previously stated, imaginative variation permits the researcher to understand the multiple possibilities that connect the essences and meaning of the experience while intuitive integration brings together those essences of the experience into a critical reflection. This final analysis will form the basis for a composite or thick description of the meanings and present a “unified statement of the essences of the experience of the phenomenon as a whole” (Moustakas, 1994, p. 100).

Validation of Findings

The data collection stage involved a two tiered process: the initial interview process, followed by email confirmation by the participants that the initial invariant constituents had meaning for them and were being understood correctly. Participants were able to correct any inaccuracies or misinterpretation and had an opportunity to clarify or add more information to the data set. As well, the researcher used a “rich thick descriptive” technique as suggested by Creswell (2003, p.196) to enable readers to share and “feel” the experience. Thick description, according to Creswell, represents a detailed narrative with “context, emotion and webs of social feelings” (1998, p.184). Finally, the participants reviewed the essences uncovered during the data analysis process for relevance and accuracy.

Moustakas (1994) notes that the essences of any experiences are never exhausted but are collected within a particular time and place that has relevance for the researcher (p.100). It is likely that with the continued layering of “look and describe, look and describe” again, additional essences can be found. Husserl (1931) remarks that “every physical property draws us on into infinities of experience; and that every multiplicity...still leaves the way open to closer and novel thing -determinations; and so on, in infinitum” (p. 54). This writer recognises that the study will only represent truth in the particular time and place in which it occurred.

Strengths and Drawbacks of the Phenomenological Approach

Phenomenology as described by Moustakas (1994) provides a systematic approach to analyzing data about the lived experience. It is useful when the researcher has identified a phenomenon to understand and individuals who can provide a description of what they have experienced (Moerer-Urdahl & Creswell, 2004). This research method is not without challenge. A connecting thread is required to make sense of the significant statements and tie them to the meaning units and essence descriptions. Little in the method ensures that this happens. Moustakas (1994) acknowledges that the essence of any experience is never exhausted, suggesting that there is always more to look at and so the final version may never be complete. The process of epoche is also difficult to achieve. It is a difficult task to compartmentalize one's own experiences and be completely free of bias and opinion in order to be in the conscious focused state required. Moustakas is also criticized by those embracing hermeneutic phenomenology who suggest he ignores the historical, cultural and social context in which individuals experience the phenomenon. One could argue that the expression of the experience by the participants cannot be separated from who they are within the historical, cultural, and social context of their lives. Therefore, their experience must be influenced by and inclusive of this reality.

Conclusion

In the quest to discover and create new social knowledge, numerous methods are used to gather, manage and analyse data to develop a literary expression of a human experience (Conklin, 2007). As a qualitative approach,

phenomenology aims to get “to things themselves” (p. 276) through creating written descriptions of personal experience as the source of all claims to knowledge. The objective of this Husserlian based approach is describing the experience rather than generalization from cause and effect. The qualitative researcher seeks to understand the ways in which the participants in the study make meaning of their experience and aspires “to access the personal, individual, the variations within themes” (Conklin, 2007, p. 276). Phenomenology is inherently a way to produce knowledge that is particular and offers insight into the individual and idiosyncratic. Insight into those particular experiences of five Aboriginal nursing students in a four year university nursing programme may add to the existing body of knowledge aimed at change within the educational experience, curriculum and support for faculty development. According to Wasekeesikaw (2009), students are more likely to respond positively to the learning encounter when they feel safe, respected and are able to voice their perspectives. Similarly, an educator is more likely to experience job satisfaction “when attendance is better, when the quality of scholarship is good and the classroom permits equal engagement between different ways of knowing” (p. 3). The benefits of this type of experience for students, educator and institution are obvious.

The phenomenological reduction, described by Conklin (2007), reiterates that of Moustakas (1994) and includes the process of bracketing, exploration of unlimited horizons through continual looking and describing, textural and structural description incorporating the statements from the participants, and

writing of the composite description to capture the core (essence) of the most often cited events and ideas that have contributed to the participants' experience (Conklin, 2007). Validation with the participants at various stages in the study ensures their voices are heard correctly and offers an opportunity for correction. In any arena concerned with an improvement in health, quality of life, knowledge or achievement of deeper relationships and understanding with the other, the phenomenological method demonstrates both vigour and validity and has "true potential to leverage the tools, knowledge and skills and abilities the professional brings to his/her craft" (Conklin, 2007. p. 275).

CHAPTER 4

Research Findings

Steps one through four in Moustakas' (1994) method have been completed and can be found in the previous chapter. This chapter continues with steps five through seven from which the essences of the experience are constructed.

Anna

Textural Description

Respect

This participant had lived in an Aboriginal community all her life and began her educational experience by relocating to attend university. As a young Urban Aboriginal woman, 21 years old at the time, she experienced for the first time being alone and not connected to her Aboriginal community. She states, "I was alone and I was really forced to look at myself and change my habits and review what worked and what did not work for me."

The experience of attending a four year baccalaureate nursing programme proved to be educationally and personally challenging for this Aboriginal nurse. "Learning about myself as a person before I could redefine myself as an Aboriginal nurse" seemed to be a beginning step. However, she was clearly not willing to change whom she was in order to 'fit in' with the class majority. This "fitting in" applied not only to the university as a whole, understanding the internal processes of courses, credits and classes, but also self-identifying as an

Aboriginal person. She recalls, “I felt really misunderstood and sometimes encountered ignorance about Aboriginal people in general....there were three others in my class but I did not know about them until much later, they did not self-identify as Aboriginal.” The ignorance in most cases was not intentional and gave her an opportunity to teach about Aboriginal culture to those that wanted to know. Oddly, her classmates were interested to know, however, few faculty permitted or encouraged an in depth discussion of Aboriginal culture. Describing her experience at a university school of nursing gave this nurse an opportunity to express her feelings and reflect on what had occurred during that time. Interestingly it was her first opportunity to “analyse” what had happened for her. She describes an incident with a faculty member who, when approached about entry standards, clearly was opposed to an alternate admission process for Aboriginal students. When trying to explain a possible rationale for these exceptions, Anna, as a first year student, felt that this was a battle she was not going to win. She expressed a fear of “having to become someone else in order to complete this goal” and to accept western ideals as the only truth in order to succeed.

Reciprocity

Anna describes the numerous supports available for Aboriginal students on campus but admits she was reluctant to make use of them. She did not wish to be perceived as needing additional help or seen as a failure. When she did experience a problem, she turned to a particular faculty member who seemed to have a strong awareness and comfort with Aboriginal culture and connected with

the students. This relationship endured throughout the educational experience and has continued after graduation. She also leaned on her family and her partner, now her husband, who consistently provided emotional as well as financial assistance. Separation from family was the most difficult part of the experience for this nurse. Missing out on community celebrations and sharing time with her extended family drove her to skip classes several times in order to nourish this part of her life. She expressed a fear of losing her culture and connection with her community Elders by becoming less Indian.

Financial supports for this nurse were in place throughout the programme and supplied by her band. As well, she was fortunate enough to have parents who were well educated at the university level and who held paying positions within the community. It was an expectation that this nurse would return to her home community and provide health care services for this population. In addition, she was expected to role model for her band what it was to be a successful professional to the youth of the community. She describes a strong relationship with four members of her class; all from visible minorities. Within this group, she expressed feeling safe and comfortable exchanging cultural beliefs and values, learning with and from them. The acceptance provided by this group became a safe place to discuss Catholicism and residential school, alcohol use and abuse as well as other topics associated with the Aboriginal population.

This participant pointed out that reintegration into the community is required upon your return from higher learning. You have an obligation not only as a nurse but also as a community member and that becomes a very fine

balance. She expressed feeling as though she was living in two worlds, but when “I talked about it to one of my Elders, I said that I lived in two different worlds and he said no you don’t, you live in one world and you choose who you are and how you carry yourself and you will teach people to understand that’s who you are and they will respect you for that.”

Relevance

The nursing curriculum at this university did not single out Aboriginal health for exploration nor did it recognise colonisation as having an impact upon Aboriginal health. In discussing this issue, Anna comments, “It is a colonial perspective that it is not important and the health disparities are not important to them.” She found it unbelievable that at a centre of learning such as this B.C. university, students and teachers alike had not heard of residential schools, “not knowing that Aboriginal people had their land taken away, not knowing they had their children taken away, not knowing that you know, it was not too long ago that we had no rights.” She continues, “You know kind of like a deer in the headlights kind of look.” She describes a paradox of poor judgement on the part of faculty by singling out Aboriginal examples of poor outcomes and national statistics that reflect the Aboriginal population as being less capable than the white majority. Yet, provide a class on cultural competence and cultural safety as something to emulate from a Maori model of cultural sensitivity recently introduced in Canada by the Canadian Nursing Association. Ethics classes created many tears for this nurse. Ethics was taught only from a Western perspective and “I felt that my personal beliefs and my cultural and spiritual

beliefs were being debated very openly...it was a very unsafe atmosphere for me and I became very upset...opinions were being shared that were really harmful to my spirit and my soul.” This experience caused Anna to consider “quitting” the nursing programme. This participant notes that the paucity of Aboriginal materials and lectures specific to Aboriginal health may have been because the university was situated in a large centre populated by non- Aboriginal people and only a small number of hospital patients may be Aboriginal. She comments that in a multicultural society such as Canada, singling out one particular group for special mention may create a reverse type of racism. No Aboriginal teachers taught in her nursing courses; however, in an interprofessional elective course for human service personnel, many Aboriginal guest speakers and Elders offered prayers and smudge. Anna feels this course on Historical and Contemporary issues in Aboriginal health should be mandatory for a nursing curriculum. “It has to be historical.....because you cannot understand the contemporary issues if you do not know the historical issues.”

Responsibility

The purpose in attending university is different for each participant and for Anna it was a means for overcoming dependency and neo-colonialism as well as a means to provide leadership for her community. She expressed urgency in the telling of her experience in getting the message out about Aboriginal issues, which continue to be a struggle. When this researcher once more compared this experience to the findings of Kirkness and Barnhardt (1991), it was evident that little in the university experience had changed for Aboriginal people. Anna

indicated that her motivation for taking and successfully completing the programme was to:

Think of survivors in our community. Even when I'm having a bad day at work here, and I think you know what, why am I doing this? And I think of all the Elders that we work with and the stories they've shared with me about surviving residential school and I'm doing it for them. I'm doing it for the children that are removed from their homes and are stuck in this crazy Child and Family Services System. I'm doing it for kids that are stuck still in families where there is abuse, big drug and alcohol abuse. I'm doing it for the kids that have died from drugs and alcohol. For the kids that are trying to do what I'm doing and that's what keeps me going and in school that's what kept me going.

Elements of Success

Much of the conversation with this participant centred on identifying the barriers to success and the challenges faced by Aboriginal students in particular. Nevertheless, tied up within the conversation were also the "good parts" of the experience. The critical question at the heart of this study is to determine the elements of success as experienced by an Aboriginal student in a four year nursing programme. When asked if she could identify elements of success that she might share with other potential nursing students, her thoughts were as follows. The headings were taken from the text the report writer added labels and inserts.

Family support was crucial to staying at school and being successful

My parents and my, even my extended family were great role models because both of my parents are graduates of [a provincial university]. My Dad right now is working on his PhD in Education and Administration in Community Development. My mum just completed her Masters in Imagination Education and she works for the school district here and my Dad works for a [health authority]. Having my husband there every day, and he's such an excellent listener. You know and he would just listen to me rant and rave and be mad or be happy you know, and he'd think about it and he'd come up with a really critical question to reflect on me.

Financial support was crucial to staying in school and being successful

I was funded with a living allowance, my tuition, a book allowance to go to school. The living allowance was not enough especially for the cost of living in [the city], and so, because I didn't qualify for student loans, I solicited some financial help from my parents and my parents couldn't help me out much. They gave me gas money so that I could come home and visit family and go to cultural gatherings. But they co-signed for me to get a car; I ended up having to get a student line of credit.

Having support from faculty

If I ever had a problem, her background and specialty is in Mental Health and Family Community and she was excellent; she was, sort of, I think my role model in terms of how to approach nursing and the psychosocial sort of end of things. Even how she chose to support us as students; and so, she was

one of my teachers during one semester and since then I've stayed connected with her.

I think I would like it if there was someone who firmly identified as an Aboriginal Student Support Person [in nursing] and had the time to devote to Aboriginal students and they would make appointments and meet with students. Because I just get the sense, it was something that PT just kind of took on.

Having support within the class group

So there was only in my first year class only three of us and I didn't really know about them at first. So we were already a visible minority in the class both of them were off reserve I was the only on reserve. I was the only one that was more willing to self-identify and speak out about my personal experience as an Aboriginal person. I also worked as an employee at the First Nations Library and so my co-workers and supervisor there, of course, were tons of support.

So I made friends, with what I thought were the nerdiest smartest friends and we became, like, the multi-cultural circle of friends. There was an East Indian girl, a Chinese girl, an East Indian guy and a Caucasian Catholic girl.

I found that out of that group of people because I identified them as smart, it was because they were all really outspoken and participated in class discussion and offered their opinion and perspectives.

And so it became a really good group to discuss things and share cultural information and even just intelligence, knowledge perspective, critically

analyze things together. And so for them, even within that small group, even one-on-one I felt safer to discuss Aboriginal stuff and they were more willing to learn.

There were supports, as in terms of at [this university] there is the Aboriginal Longhouse. I mean I wasn't keen on going there all the time because it was on the other side of campus to where I lived. And, I was closer to my school and um, just um, living off reserve not feeling really too connected to the Aboriginal community. I probably wasn't willing to make that effort you know when I said, now in retrospect, hindsight is 20/20. It probably would have been really good for me to make that effort to go to the Longhouse because that's where the Aboriginal community was.

Having Aboriginal role models

[Although not Aboriginal] I still see her as a teacher and a mentor and role model for me and um, another one of the teachers that taught the Cultural Safety and Cultural Competency course. That I felt, you know, was so important just for the class, but it also reassured me that it was something sort of on the horizon. So I had a lot of respect for her and work that she did.

[Commenting on the lack of Aboriginal teachers in nursing] And so in that class there was lots of Aboriginal Guest Speakers. Talked about the work they do and some of the projects going on in the community. Elders that had come in and shared personal stories did prayers and smudges. You know, it was like a cultural taste for some people who had never encountered anything like that.

Personal reflection

I would say a lot of personal growth. Um, learning about myself as a person before I could redefine myself as an Aboriginal nurse

So, a lot of personal reflection in order to make a goal for success to complete the programme.

So not only learning about myself, but also trying to consolidate my identity as an Aboriginal young woman and, how, what that meant in the environment that I existed, that I was in.

That was another cultural thing not to lose was because I was bent on coming home and learning from Elders, and continuing to learn on my journey as a young Aboriginal person. But not to, but to succeed in the western school atmosphere, to question, participate and be seen as a successful western student. Yet take that hat off when I came back into my Aboriginal community. But some young people, I've learned that there are a lot of young people like myself that want to go out swinging. But that doesn't work, you know, get ready to identify your strengths and weaknesses and get ready to grow. And to be a realist with yourself with what you can and can't do and don't be afraid to ask for help.

Acculturation: do not change your identity to fit in

Like I didn't want to change my identity and I was so afraid of that.

Yeah, and so when I talked about it to one of my Elders I said that I lived in two different worlds and he said no you don't., you live in one world. And you

choose who you are and how you carry yourself and you will teach people to understand that's who you are and they will respect you for that.

Structural Description

Anna comments that she has lived on reserve all of her life and her first foray into the broader society took place when she entered a university many kilometres from her home. This relocation created feelings of loneliness and isolation for this nurse and as an Aboriginal student in a class of mainly non-Aboriginal students she viewed herself as a minority. She expresses sadness at the loss of community and family connection and the inability to participate in community celebrations and events. Driven at times to miss class in order to participate in social activities at home, the geographical and emotional distancing from home clearly had an impact upon her experience. She describes in strong terms, the ignorance she experienced during her educational experience. She describes ignorance of historical events such as colonisation and residential school that surround her family and community in a multigenerational wave and yet were unseen or unknown by both classmates and teachers. "Shocked" that teachers would describe Aboriginal as a one size fits all notion, and be totally unaware of the differences in culture, language and beliefs, she was also surprised that few cared to find out. Her response to this was to increase awareness and speak up for the Aboriginal perspective at every opportunity. This action creates a dichotomy for her in not wanting to be singled out and seen as different from other students, but determined to have recognition for her unique Aboriginal status. Not wishing to be perceived a failure, she chose not to

use “special” supports available to Aboriginal students, instead finding a small group of other minorities with whom to study and socialize. This proved to be a very positive experience where she stated she felt safe and comfortable sharing her culture and beliefs.

Anna recognised from community response to her chosen profession that she could be a role model for youth in her community. She takes great pride in this role but at times feels trapped in her role as both community member and service provider. She has experienced clashes between traditional healing and western medicine and strives to have a balance of both.

Attending university was a foregone conclusion for this participant as she was encouraged and supported by a university educated family and community and received educational funding from her band. This is not a common scenario within Aboriginal communities especially those in the more rural areas. Funding issues for Aboriginal students are addressed elsewhere in this dissertation. Anna’s motivation came from a passion for improving circumstances for others and is revealed in this quote,

For those people who may have experienced foster care or an adopted experience, never feel ashamed of that experience because it is still Aboriginal and take the time to learn who your family is and who your culture is.

She recalls the mentorship she did receive from some faculty members and other Aboriginal nurses that reinforced her resolve to be successful within the programme. In spite of the challenges she encountered within the educational

system, she admits that learning to be a nurse for the most part was a very positive experience and one that permitted her to accomplish her goal.

Textural-Structural Description

In order to be successful in a four year nursing programme the challenges for this participant were not insignificant. The “ignorance” within an institute of higher learning about Aboriginal culture and history was appalling and lack of willingness to change that awareness equally so. The following quote demonstrates this:

I was just so frustrated at that moment realizing how much work needed to be done and awareness even within the faculty. And, at that point, I think I put faculty on a pedestal because they have so much more access to research and I thought that schools were teaching “cutting edge” information. New nursing theories and all this stuff and to encounter the faculty member that was very ignorant about Aboriginal issues again made me very upset thinking why am I at this school, why am I even getting into this profession?

The paucity of Aboriginal teachers within the programme contributed greatly to this lack of awareness as well as the metropolitan location of the school serving a large multicultural population.

Anna refused to redefine herself to “fit in” with the non-Aboriginal majority and fought to maintain close ties with her culture, family and community. Bridging the gap between the Aboriginal and non-Aboriginal world in the emotional as well as educational realm was a constant struggle. For example,

coming to understand that the western idea of learning was different from her previous experience and teachings, she elaborates:

I found in the western classroom, students were questioning a lot. And I found that I thought they were being disrespectful. But the teacher would be like, good for you for challenging that. And I was like I thought that was disrespectful. But they encourage you to challenge and they encourage you to debate. And I just thought if I ever talked like that to one of my teachers or my mentors at home, I'd be told to shut my mouth because I was being disrespectful.

While not consciously intending to be a role model for others, this role emerged upon her return to her home community where she is passionate about making a difference for her community. Seeking out consistent supports that worked for her was at first a trial and error process, but eventually sustained faculty and class supports contributed to her success during the educational experience.

Perhaps the most significant learning that occurred for this participant was one of self-exploration. This involved reflection upon her actions and responses as well as the actions and responses of others in order to have greater understanding of the educational experience. She points out,

I mean, that was an ongoing process throughout. So not only learning about myself, but also trying to consolidate my identity as an Aboriginal young woman and, how, what that meant in the environment that I existed, that I was in, that I felt didn't support that Aboriginal identity as well as it could have.

This completes the analysis of the transcript for Anna employing the modified van Kamm method of analysis of phenomenological data as described by Moustakas (1994, p. 120). I will now proceed to analyse the remaining four transcripts in a similar fashion.

Beth

Textural Description

Respect

Beth was the oldest (53) and most experienced of the group. She had previously completed a programme of study as a psychiatric nurse in another province before completing her BSN at a university in B.C., graduating in 2003. Beth is from the Ojibwa nation. At the beginning of the interview, Beth paid tribute to the Shuswap nation on whose traditional territory she resided as a guest. This symbol of respect is in keeping with her pride as an Aboriginal person and her Aboriginal cultural teachings. Throughout the interview, she placed emphasis on collaboration and working with other people, classmates as well as teachers within the nursing programme. As a mature student with previous educational experience she was permitted to negotiate the courses required to complete her BSN and in a field where she already had gained some expertise. She appreciated the confidence that the teachers had in her ability to be self-directed and the flexibility of the university. It was, however, not without a struggle,

When I came to register for the program, I spoke specifically with someone that had a mental health background and said that I wanted to

do Aboriginal Health throughout as a course of study. Their initial response was that; well we don't know if the curriculum can fit that and my response was well, I'll make it fit.

The curriculum and teaching methods did not connect with her personal values, beliefs and her "lived experience of being an Aboriginal woman having been raised in a non-aboriginal setting." Her connection to the land and traditions of her family and father's teachings remained strong and were not to be compromised. She reflects that,

It's really difficult to articulate in a written paper in an "American Psychological Association" format in terms of the learning requirements for universities like this; because Aboriginal cultures are traditionally more spoken. And much of my learning has come from my father, came from living on the land, I can't put that in writing, but I carry that with me as part of who I am..... if you want to look at that in terms of way of knowing and that's a rich lived experience.

Respect for her previous experience and maturity was acknowledged in some classrooms when the instructor would ask for her Aboriginal perspective on a particular subject. Having a well-established education and career, she was viewed respectfully by classmates and did not encounter any untoward episodes from that group.

She did encounter an episode of racism with a faculty member during her last year at university and found it a difficult experience to manage.

It needs to be brought forward and there's not one point in time through that whole situation I was involved with where it was spoken to me about the ethics. There was this great big white elephant sitting in the middle of the room and even to the point of what was called resolution, nobody called it racism and nobody called it prejudice until I did.

During the resolution process, there was an expectation that as a mature student she should be able to handle this experience without rancour "through all of that incredibly emotional negativity through all that, you know that I was feeling, I was supposed to find a teachable moment."

I didn't do enough to resolve the problem. Yet I was the one who was receiving who was you know, literally heckled. At that point as devastated as I was out there all by myself, as devastated as I was I was supposed to find a teachable moment. Well, excuse me! You cannot find teachable moments in those kinds of you know when people are feeling like that.

Several faculty members, who, while not taking sides, provided process and information on how best to manage the experience, supported Beth through this experience. She comments,

That's where the faculty knowing the individual student really made a difference. So even though racism can be a barrier, to some degree, that's where the individual faculty members coming in really made a difference and knowing who they were and who to talk to.

Unlike Anna, the notion of respect does not appear often in the transcript of Beth. Aside from the racism experience, she felt respected by most classmates and

teachers for whom she was as an individual. When asked how a school of nursing might promote respect for Aboriginal students, she quoted the words of a Shuswap Elder, “don’t celebrate us just once a year.....let us walk with you all the time every day” (Mary Thomas, Shuswap Elder).

Relevance

Beth points out the difference in educational experience from her own basic teachings from her father and the land through experience and the use of stories, versus the use of textbook and a teacher seen as expert. She sees this sharp contrast of ways of knowing as an obstacle to the success of many Aboriginal students. She also points out that the Western curriculum prepares nurses for the Western viewpoint and makes the transition back to the home community more difficult.

For students that want to go back to the bands where they want to practice, the foreign education....like we have in nursing, is very foreign to the communities they want to go back to.....and so they come back with a whole different set of language.

Interestingly, this reintegration process is not a theme usually taught within nursing curricula yet was also described by Anna. Beth suggests that this disconnect could be better addressed through greater use of clinical placement in Aboriginal communities and through encouraging students to “recognise their own cultural value and what they bring” to the curriculum. With respect to curriculum changes:

I was invited to be part of that and I thought that was extremely important in my continuing to stay with the program by being invited by the faculty to not only be looked at as one more nursing student. You know a nurse is a nurse but I have something unique to contribute to the program even though the curriculum still stayed as tight as it was.

She sees a parallel in what nurses do for their patients as part of the nursing process and what could be done to better support Aboriginal students. “We give individual care to our patients” but there is a lack of individual care for the student within a nursing curriculum.

Passionate about her work with Mental Health and Addictions, Beth was able to negotiate her required courses to include those most helpful and relevant to her while at the same time meeting the requirements for graduation. She attributes this process to her maturity and ability to bring a “unique, a different body of knowledge to my studies. I was very much an independent learner; I felt that faculty in some of the courses I took embraced that.” Her previous experience in a post secondary setting also assisted her to navigate the colonial influenced system of the university and to verbalize her learning needs.

Reciprocity

When I did my final research, it was a self-directed study. And, that was one of the electives that I wanted to do and it was on Aboriginal women’s health and the barriers in the health care system and what their experiences were. So I was able to do the field work and I was able to do the literature and the annotated bibliography, and then when it came down to the final

paper my illness was in a relapse, and I was having a real difficult time concentrating to get it down on paper. And so the Associate Professor offered for me to do an oral presentation. And so we did it in a one-on-one, I said I will be doing this in a traditional Aboriginal format. Opened with a prayer oh and I did a smudge and said a prayer and then told my story. And it was the story of the two women that I had talked about and there was also some of my own experience in that as well. That was extremely powerful and in that process, I was speaking and I did verbatim of the women that had told me their stories. And it moved us almost, well I mean, for me it was really emotional, some of it. For the professor it was as well. You don't capture that emotional experience just from a paper and she said it was just such an enlightening experience for her. In a sense, I was teaching the teacher, but I was welcomed to do that.

This quote captures the idea of reciprocity between teacher and student as a two way process where teacher and learner may fluctuate in and out of both roles based on a comfortable relationship. The traditional model of the university as a producer of knowledge is challenged here and makes it possible for an exchange of culture to take place. Beth also emphasizes the relationships with particular faculty who became "mentors" where she sat "one on one" to sort out her educational plan. In turn, she describes herself as a mentor for her classmates when she shared her Aboriginal perspective, a giving back to her class.

You need to know you are living in the heart of one of the largest nations in this province, namely the Shuswap Nation. You are guests here and

these are the people you're going to be dealing with and they're not going to be me who is sitting here with 3rd or 4th year of nursing. They're going to be Elders who have a language barrier; they're going to be young children perhaps who have never been out of their home community.

Raised off reserve with a non-Aboriginal population, Beth seems to shift easily between both worlds and in and out of a variety of populations. However, while not elaborating on colonialism or the multigenerational impact of Residential School, she comments that the impact of this experience on Aboriginal students needs to be better understood by faculty and non-Aboriginal students if greater success is the goal. She comments,

That was the other component that is really important is for the people or the faculty or whoever the educators are that there are generations of students of young people and you know older learning people that have been affected by the Indian Residential School experience and not wanting to replicate that. So it might be not wanting to reject the whole institution itself, it comes from the learning.... I don't want to embrace all of this, I don't want to have to relive or have the same experience that my parents, my grandparents, my great, great, grandparents have and some people even their children.

Responsibility

Kirkness and Barnhardt (1991) suggest that attending university for Aboriginal students is not a "neutral enterprise" (p. 9). It means gaining access to "power, authority and an opportunity to exercise control over the affairs of

everyday life,” (p.10) a state of affairs taken for granted by most non-Aboriginals. As part of the Aboriginal Advisory committee, this nurse speaks of her responsibility to inform the university that tracking Aboriginal students by a number is not a culturally sensitive way to manage. She recalls,

When you're born you're given a treaty number, you also have a health care number, you also have a number that you get when you have to have some information from First Nations & Inuit Health Branch. That number goes on a band list, a band list related to your family and your lineage, and you know so it goes on and on. I counted about nine numbers, nine places, where I was working in an Aboriginal Community.

Not afraid to speak out, she took every opportunity to educate non-Aboriginal people about her culture and the differences from the western life world. She uses the example in pharmacology of the cat tail root she calls “wiggis.” “I mean I chewed it as a child for toothaches and it also helps calm the stomach and because we were starving, we lived in very very abject poverty to the best, and we didn't have a lot of food. So, Mum would give us this stuff and it would calm our stomach so we wouldn't be so hungry.”

An Aboriginal nurse recruitment video Beth took part in gave her an opportunity to role model her activities as an Aboriginal nurse and to present to her family and friends how she was contributing to her community. “It would really validate First Nations students in terms of them being participants in it.” It encouraged her to tell her stories of growing up on the land, “you know, the traditional teachings that my father handed down, and what my granny told me.”

Elements of Success

Throughout the interview, Beth provided the writer with a wide range of responses and directions for further exploration. As a seasoned nurse before completing her BSN, her perspective on success was likely informed by her previous experience at a post secondary institution, and was different from the other participants who were experiencing the post secondary experience for the first time. When asked to consider what for her, were the elements of success that contributed to her completion of this degree, her response was as follows:

Mentorship and/or Advisor

She was always there for me on the phone, if I walked through the door she just dropped everything and said, "What do I need to do?" I would call and say I would really like to register for "X" course and she would register me. So that was really, like so the advisor role is very very important, but the accessibility to not only by phone but by emails but the one-on-one were extremely important for me.

Also, I had a mentor through one of the other nursing faculty, through providing literature and again the one-on-one and being able to sit in a group with Aboriginal Nurses through the Aboriginal Nursing program. I felt validated as an Aboriginal woman with a wealth of experience because I'm a mature student too.

Assertiveness

I'm very verbal very assertive and so my hand was up a lot. Sometimes I'd have to say I'm not monopolizing the conversation but nobody else was

talking about it. You know when you're in a class perhaps of 40 other people nobody was saying anything perhaps about the larger picture.

My being able to make-a-stand and being able to really stay with it.

Because there's chaos out there in health care there's sometimes chaos in personal lives, there was in mine.

Can you not take this structure [university] and individualize it or individuate it to your student. And perhaps my training in mental health has really helped me along; because you take the whole system of medical care and mental health, you have to individualize it to your patient. It's all about the nursing process right? Ok so that's what you need to do.

Ok, what was my individual plan of care, it was my individual plan of care it was my individual plan for my education and how do you see that reflected because I am an Aboriginal woman and I bring a lot of like um, non-documented information and experience with me and how does an individual professor handle that?

Collaborative Relationships

Let's not make them figure heads let's invite them to that table, the "nursing table", as well as other faculty members. You know, open the faculty to philosophy. Philosophy has a huge impact, and psychology and social work and being able to have better collaborative relationships within the institutions themselves, between the faculties on a regular basis.

Because you're going to have Aboriginal students go through all of those.

It's all about collaborative relationships when you talk about building those

within the institution itself and recognizing that. Really, I guess really, coming to know the um, the culture, that's within the community because every community every Aboriginal community has a different sense of their own culture, and who they are. And how they, kind of how they kind of fit into the whole (the larger) community.

That this culture within the institution is very important, there's no doubt about that, um, but being able to welcome other cultures into it as well. And not just because we're Aboriginal but recognizing that, the Nursing Program has its talks about having to know our own values and needing to know how that reflects on our client, but how does that reflect on the student as well and the life of that student throughout.

Acknowledgement as an Aboriginal Person, of Aboriginal People

For me the acknowledgement was important. With only one or two people, I didn't have to have everybody saying that or anything like that, I just needed there was somebody that I could connect with that understand exactly where I came from and what I needed to do to carry through the program.

And the land claims and the Indian Residential Schools, I think, I mean right across the country I believe that is something that is coming along. That was the other component that is really important is for the people or the faculty or whoever the educators are that there are generations of students of young people and you know older learning people that have been affected by the Indian Residential School experience.

Yes, and um, that student goes back to a family that has been impacted by inter-generational traumas by um, maybe some not so many, but they go back to that and they go back to the impact of the Indian Residential School with the “numbers” and with the have to’s. And it may not come across like that or I don’t think that’s the intent of the institution particularly.

Structural Description

The previous post secondary educational experience of Beth contributed to how she navigated and managed the challenges of her baccalaureate programme. The usual maze of university requirements experienced by first time students was not an issue for this nurse. It was important to her to be identified as a nurse with extensive experience, as well as an Aboriginal woman and many of her actions and words were dedicated to making this clear. She also acknowledges, but does not dwell upon the colonial experience of her kinfolk, but has an awareness of how it might influence younger Aboriginal nurses.

She emphasizes the importance of mentors and describes how these people smoothed the path for her in a variety of ways while she in turn, mentored some of the younger students in her class. “But I think students themselves can be the best mentors to their peers and to their colleagues as they go along. And so they learn that mentorship is really important and they see the value in it and particularly when they see somebody else that they’ve been talking to or mentoring pass.”

The connection with family and the land provided her with a spiritual grounding that permitted her to function equally well in either life world, Aboriginal

or Western. Her maturity and other life experiences offer her wisdom to draw on within relationships and she demonstrates a sense of strength and fortitude in her descriptions. Clear and focused in her education plan, she uses the analogy of a basic nursing philosophy, the individual patient care plan, to highlight some gaps in the current institutional approach. An individualized student education plan is important for all nursing students but particularly for Aboriginal students. The need for recognition that they come with a different perspective and background that needs to be nurtured, not altered within the academic setting. Her focus was clear from the beginning. Her entry into the programme was prefaced with: this is what I want to be able to do, and

I'll make it fit and well, you know if this is ground breaking then fantastic!

But that's exactly what I wanted to do. And so, one of the most important issues for me in doing the program, sticking with it, and believe me there were a million times in my mind that I dropped out for various reasons.

Biggest barrier being, kind of the institution itself did not reflect.

A consistency about her approach to this experience and a determination to make it work in spite of some of the frustrations [racism] encountered in her last year have served her well. Even in that situation she was unwilling to compromise and used the university's own process to create awareness.

Textural-Structural Description

This mature Aboriginal woman spoke of her baccalaureate nursing education experience within the context of being a student with a well-established career path in Mental Health and Addictions. While she did not indicate her reasoning

for furthering her education, she saw it as a stepping stone to making a larger difference in this population, many of whom are Aboriginal. Her critique of the university system focuses on the lack of recognition for Aboriginal students, their culture and what they can bring to the programme,

So you really want to be a part of this and asking them individually, what can you bring, what part of your culture do you want as part of this curriculum or that would help you as part of this curriculum. And that would make it on a day-to-day basis and I'm thinking here and now. And I'm thinking the lived-experience, here and now it would make a difference.

The idea of individual educational planning, or individual approach occurs fourteen times within her transcript, indicating that being seen as an individual is an important feature for her. She places emphasis on accessing courses that fit with and are important to her practise through self-directed study rather than following the prescribed curriculum. Her circumstances were unique to this programme, at this point in time, and she challenged the status quo to achieve recognition for her previous accomplishments and tailor her educational experience to meet her personal goals. Her experience was unique by virtue of her age and experience in the field; however, she said that she would "make it fit" and reminiscent of the old Sinatra song "I did it my way," she did.

Cora

Textural Description

Respect

The experience for this participant of being an Aboriginal student in a four year nursing programme that spanned two distinct institutions made it unique. Personal circumstances required that she relocate to another centre to complete her baccalaureate degree. Originally, from a small rural community, both programmes she attended were in larger urban centres. Raised off reserve in an Aboriginal/European family, her roots have strong ties to both cultures, but since graduation, her service to the Aboriginal community in the area of youth health has become her passion and focus.

She recalls that her nurse educational experience at both institutions was for the most part very good.

I was the only First Nations in the bunch...I thought the program was absolutely phenomenal, the experiences and some of the education at that institution, was just ... I'll carry it with me for a long time even to this day. The professors were fantastic.

Her first programme began at a university that had many registered Aboriginal students, which embraced and supported Aboriginal culture in a variety of ways. "I found myself to be very accepted by the rest of the bunch," she recalls of her classmates who became a close knit group. On the other hand, the institution where she completed her nursing education did not provide the same atmosphere or the closeness first experienced and seemed to be just "getting

into” understanding the culture of Aboriginal people. She speaks of the harshness experienced during one clinical rotation.

I had a bit of challenge with the local hospital during my rotation and stuff. I find that a lot of my colleagues in the acute care setting are not I guess open minded and you know, as compassionate as I would sort of like to think.

She adds,

I don't want to make excuses; I know they are pushed for time and very task oriented and but I just see some of the goings on sometimes and I just like, it makes me shudder and feel ashamed to be you know to be a nurse in the same or call myself a nurse in the same arena of professional body as some of the things I've seen happen.

She was “appalled” at some of the unprofessional behaviour observed during her clinical practice and while intentional or not she perceived this to be of racist origins. She speaks also of the reluctance of staff to report these incidences of poor practice and inappropriate behaviour.

I just seen someone who was treated inappropriately and um, I don't think its right and um, you know. So I think there is still a bit of hesitancy with regard to that and um, I don't think it's as bad as it used to be but I would still think that it's there. Yeah, I hope that we can make some headway.

Cora also cites the experience of being paired in the clinical setting with Aboriginal patients. The assumption was made that she would relate better than

the other students by the virtue of her brown skin, in spite of the fact that she had not lived on reserve and had limited knowledge of her culture.

The nurses kind of assume I would be the one to go in and see a First Nations patient perhaps. You know I don't think they did it sort of overtly, like it wasn't sort of you know like out there screaming at you. But it was just sort of undertones I think that you know, brown skin should stay with brown skin sort of thing.

As a student, she, like Anna, felt badly about turning a blind eye to what she saw, but felt she could not and should not speak up. "For someone so young you know, when you're coming out of an institution a learning institution you kind of leave with the mindset that well, I'm just going to sort of try to fit in. Because if I make waves you know, I don't really want to do that right now." In recalling this incident during the interview, she felt guilty at not having spoken up and noted how more recent Aboriginal nursing graduates seem to have less difficulty with maintaining their culture, values and speaking out for their community.

Growing up in a mixed parent family, her father is Caucasian and her mother is Aboriginal, but raised in a non-Aboriginal setting, she knew less of her Aboriginal culture than she wanted. To this end, she supplemented her nursing courses with electives with an Aboriginal focus.

I thought you know what I'm feeling strongly enough that I need to take this course and at the time, the Social Work department had a First Nations course that was being run by Ms. L. was the Prof and she was an Indian Band member. We had, I think he was the Chief at the time out at

a local band. He came in and he taught a little bit and I tell you it was amazing what I got a lot out of that course.

This parallel educational and cultural journey of learning set her on the path to seek out additional Aboriginal experiences and after graduation prompted her to work with her community.

Relevance

This participant clearly articulates that from her perspective, lack of Aboriginal content in her nursing curriculum contributed to the lack of understanding she experienced in the classroom and clinical setting. “Because it’s lack of understanding, education, respect, and honour for the culture and at the same time we’ve also have to be careful not to do unto others that’s been done unto us.” She comments that not talking about racism does nothing to make it go away,

You know, because I mean it’s there eh, and so we talk about that. But you know I think if we don’t talk about it and don’t try and touch it in some way or affect change in some way I think we are just making it or being a part of it and I don’t think that’s good.”

While taking an elective nutrition course she encountered a Eurocentric professor not at all interested in what an Aboriginal person might offer regarding the connection of food and land. This disturbed her and she comments:

I was just really challenged with that course because our food and our culture are so closely connected. You know in hindsight looking back too I think I was a part of that situation as well that provided a lack of

understanding. Because I'm trying to stumble my way through a culture that I was never brought up in and then to have someone that's not really fostering that sort of willingness to learn about the culture; I found it a little bit challenging.

She further comments on the lack of Aboriginal content, "So, yeah, I think if everybody, education of the masses. Because if more people understand the situation, the culture you've got a greater opportunity for that to harbour respect and kindness and respect and passion and all that towards the culture." She continues on the importance of understanding the culture for nursing students:

I think having nurses that are coming in to First Nations cultures, you know I had spoken to one of the profs and had mentioned you know it would be really nice if we could get the students that come over here to be familiar with the culture and so that they learn about the Residential Schools, they learn about all of that scooping up of the children and what happened to them and how many generations and you know the impact of that on the lives of so many people and the generations afterward. And just you know get a real feel for the loss and the mourning and the grief and everything that goes on. That these people are expected to overcome, overcome on a daily basis. So I think educating the nursing student on the culture would be really good given that we deal with that population around here.

When discussing success for Aboriginal students she recalls a reluctance on her part to ask for any academic assistance during her schooling but suffered through on her own instead, "it's a very proud thing you know, that you know, I

can manage I can do it and I think it all sort of comes back to you know when you have them (Aboriginal) for a patient or a client, they are very stoic people. And so I think that sort of ties in together quite nicely with the reluctance to step forward and say.”

Reciprocity

Cora’s mother married a white man and according to the Indian Act of 1867, the law of the land at that time, she lost her Indian status. As a family, they were not well off and Cora had not considered attending nursing school because of the cost and her motherly commitments to her young son. However, a change in federal law reinstated her mothers’ status and an opportunity for funding was available to her from her band.

“My mum lost her status, you know, her Indianess when she married my father. So that meant that when she was reinstated, we (children) were reinstated as well. And at that time, I was far past graduation, so when I was given the opportunity to have my education covered, I was just like my goodness this is fantastic I thought I`m going to school.”

She spoke excitedly about this unexpected opportunity and is grateful and proud of her accomplishments. She passes this pride and enthusiasm on to the youth in her community, encouraging young women to be strong when faced with adversity, racism and the like. Her passion here is palpable and she comments,

I often ask myself what did I do to get here....you know I think there was a time when I would have thought gees you know I`d never do that again. But now it’s getting to the point where it’s just like oh my goodness how

couldn't I have done it again. I think it's such a rewarding, rewarding profession and it's taken me awhile to feel as though I'm making a difference, which is what I set out to do, just when you are losing hope in the whole situation you know, you know, make the realization. And I think that's probably a lot to do with inner-growth as well in myself.

The lack of reciprocity in her educational experience surfaces once again as she describes a particular clinical experience where the staff are reluctant to share their knowledge and skills in a meaningful way. "I think the value you get out of spending time with the people and learning from them just as much they learn from you is so rewarding," but during her hospital experience,

I've found some of the nurses that I have worked with, both in the acute care and non-acute care setting to be not too forthcoming with their knowledge and some of them are very you know, have a great knowledge base. And now, having said that, I have found in the community setting, that there are nurses out there that are willing to take you in and show you and teach you everything they know. And for that, I will be eternally grateful.

Her experience has permitted her to educate others and to offer a deeper understanding of the local Aboriginal communities in order to improve health care delivery.

You know we have the Thompson, we've got Kamloops Indian Band, and Adams Lake and Little Shuswap and Chase and Skeetchestn and Whispering Pines and Bonaparte and you know all of these. You know

we're just absolutely surrounded by it and, you know how wonderful it would be to have that as part of the curriculum. So that when our people come into health care settings, whether that's acute or public health or whatever, the doctor's office even, that they have an appreciation of the culture and the people.

Responsibility

Giving back to her community was always her career goal. Her own experience of growing up Indian implies a difficult journey, "You know because I remember when I was little it wasn't good to be Indian sometimes you know and it was hard. You know, you wanted to be proud of it, but proud of it meant being hurt eh sometimes and that doesn't feel good." She uses this experience to prepare the young women of her community to be proud citizens and to manage diversity and racial innuendo in a non-personal and non-judgmental manner in order to be successful. She tells them "So when I talk to these girls today, I said, you know just be proud of who you are, and if people treat you differently that's OK, just don't bring it inside, because it's lack of understanding, education, respect, and honour for the culture."

The responsibility of being an Aboriginal nursing student living within her home community is not without challenge. It often sets up a tension between the western and traditional philosophies. Other participants in this study have described the connection and collectivism between Aboriginal people that goes beyond the immediate family, to include the extended family throughout the community, with the expectation to share resources, knowledge and time and

sometimes even children. Cora juggles being an important and necessary part of the community with the need for privacy and down time that is not common practice within her culture. After graduation, her Elders and others saw her as “their nurse” but she also felt the pressure of their needs and recognised the toll it takes on her own health. A lesson from her school experience helps her cope with this,

I think you know when I was going to school one of the big things that I learned there and really a valuable thing was that if you don't look after yourself there's no way you're going to be able to look after anyone else. You know it really played itself out on a couple of situations through my nursing, I think that it just caused me to take a step back and re-evaluate the situation and go forward accordingly.

This lesson now lets her set boundaries within the community.

The responsibility for giving back to the community plays out for her in different ways. She talks of the notion of time that is unfamiliar to western culture and the tension of family. Family that can be so supportive but also “I don't think that it's a sort of purposeful sabotage on the part of the family but I think that it's hard for new nursing students to wrap their head around and find their place and walk that walk” without additional family tension. The Aboriginal sense of time is also different from the western model. Cora felt if she did not honour an Elders' visit or be available when they called, it would seem disrespectful regardless of what you had personally planned for that day.

Yeah, and because time is such a different concept in the First Nations culture I think that really plays into it as well and I certainly do not mean what they refer to as “Indian Time”. But what I mean is, you know they feel that they can just pop in unannounced and you know have their situation dealt with you know so the nursing sort of aspect of it and health related issues. And it’s, you have to look at that and it’s all so interesting and not to be disrespectful.

Elements of Success

Throughout the transcript, this participant balances her speech with both positives and negatives related to the educational experience. When asked to highlight what she perceived were the elements that most contributed to her success in the nursing programme, she offered the following:

Collaborative Relationships

The professors were fantastic. Just absolutely fantastic.

I have found in the community setting, that there are nurses out there that are willing to take you in and show you and teach you everything they know. And for that, I will be eternally grateful.

And I think that’s a big difference than fitting in versus not fitting in and going along with. And I think that that going along with is becoming less and less eh. I think the value you get out of spending time with the people and learning from them just as much they learn from you is so, so rewarding.

Support

I was raised off-reserve and I thought oh gosh you know, I know what I know about my culture from the stories that I hear from my family and um, they're always for me to ask or inquire about what it's like you know. My peers as well and my family I could not have done it without my family. And of course, my band, [interior city] Indian Band definitely could not have done it. I would never have been able to do it. And also, Health Canada - could not have done it without them. Because I received a substantial bursary from them one year. I applied for a bursary and it was quite a few months, I think it was into December before I heard any word and maybe January before I even got it. So it was some pretty slim pickings you know at a time when you relied quite heavily on family.

Coming to understand her culture

But home for me is [interior city], I'm a member of an interior band, my mother is a full First Nations she is a W.... is her last name. She married my father in 1960 and he's a um, Scottish German fellow, of both ancestries I'm extremely proud. I'm trying to stumble my way through a culture that I was never brought up in and it is difficult sometimes.

My concern I guess is for the client that population that I currently work with and I've always hoped that I could make a difference in that population.

I think it's good to have that holistic approach you know, mind body and soul sort of thing. You know keep yourself well it bodes well with the culture here.

But, I wanted to learn it, I'm feeling strongly enough that I need to take this course (FN Culture)

So that when our people come in to um, health care settings, whether that's acute or public health or whatever, the doctor's office even, that they have an appreciation of the culture and the people. And yeah, um, I think that was really important.

Structural Description

Although others made assumptions from her brown skin that this nurse was Aboriginal, her Aboriginal heritage played a relatively small part in her educational experience. Raised off reserve with mixed European/Aboriginal parentage, she knew very little of her Aboriginal culture, language, or beliefs. It was in fact through the exposure to Aboriginal clients in her nursing programme that she developed the need to know more about this part of her life. She gives credit to her professors who provided her with mentorship and opportunities for success and to community nurses in particular who took her under their wing during an experience with Health Canada in an Aboriginal community. She declares that neither school of nursing she attended was "favourable or unfavourable over another" but had different foci for their programmes. This was perceived as a good thing as it had broadened her understanding of nursing.

Her brief experience with racism during the nursing programme was managed with wisdom from her mother who seemed to have developed a protective mechanism for herself in her response "I hear it so much it just rolls off my back now." Cora chose to follow a similar path by realizing that she was not

prepared as a nursing student to deal with it in detail at that time, she comments, “So I really can’t take that on and I choose not to take that on at the time. I just saw it as an opportunity to interact with someone of First Nations descent. I thought it was great.”

She notes not having time in the Aboriginal sense to spend with family, patients and most importantly her son during her studies. She now expresses guilt that this occurred and with maturity has developed a better understanding of living and working in a collective community. Her relationship with classmates and peers was described in a positive manner and she chose terms like “close knit” and “very accepted” to describe it. Isolation, experienced by others “was a non-issue for me” indicating that while in the minority, her relationship with peers was strong and positive.

The challenges faced by this participant during her educational experience appear less traumatic and far more positive than Anna or Beth. Expressions such as “it was all good” and “it was fine” contrast somewhat sharply to the others. Whether being “raised off reserve” or having blended parentage is relevant to this experience will require further exploration and research.

Textural-Structural description

The overall educational experience in a school of nursing for this co-researcher was a positive one. In describing the few negative experiences she encountered, she preferred to phrase them as “lack of understanding” and was very aware of not responding in a manner that could be construed as “reverse racism.” Her most positive and rewarding experiences were those that involved

working with Aboriginal patients and in Aboriginal communities while the acute care hospital experiences presented conflict and poor relationships with the staff. Due to being raised outside her culture, she touched briefly on the residential school experience but feels no impact from this herself. However, she believes it necessary for nursing students to understand this and other historical events in order to improve care for the Aboriginal population.

She credits her teachers, with one exception, as contributing to her success and the warm response of her classmates, which for this participant were from two different schools. As well, her family, specifically her parents and son, played a large role in her life during school and continue to do so. Cora seems satisfied with her nursing school experience and has now taken her nursing education and applied it within an Aboriginal community where she feels she is “beginning to make a difference.”

Deb

Textural Description

Deb is the youngest of the participants and the most recent graduate of a four year baccalaureate programme. Raised off reserve to mixed European and Aboriginal parents, she was estranged from her Aboriginal father and raised by her mother until a reconnection took place with her father during her first year of university. This nurse was the first in her family ever to attend university.

Respect

A recurring theme throughout this transcript is the notion of ignorance and lack of awareness of Aboriginal culture. Deb comments that early on in her

nursing education her classmates seemed oblivious to the fact she was Aboriginal or that there were three Aboriginal students in a class of sixty. “I felt that there needed to be more awareness and I don’t know if that is because people are ignorant of the First Nations culture or that they just don’t care or that they just don’t know.” While she thinks an Aboriginal education course should be mandatory for nursing students, she is also aware of the kind of tension this might set up. She comments, “I think there should be a First Nations Course, not as an elective but included in the program. But, maybe people wouldn’t appreciate that as much.” She took opportunities throughout her programme to inform her classmates of her culture by trying to involve them in some traditional healing methods. This too was disappointing as after much organization, only two classmates joined her for a traditional sweat in her home community.

I had arranged and offered a sweat to the entire class at the reserve. I was really very disappointed with the class, with my classmates, because we’re a class of about 60 and 2 people came with me. I had put it out to everybody in the class. I said, this is just so you can experience it

She made efforts throughout her educational experience to present Aboriginal health in an informative way via presentations and papers for various classes and selected clinical opportunities working with Aboriginal people in their community setting. She praises the faculty teaching in the programme for their open mindedness in allowing her to embrace her roots within her school work and the acceptance of credits for a Health and Wellness in Aboriginal Communities

course taken from another university. This she recalls was the highlight of her educational experience.

It might be wrong to say, (but the highlight) was the course I took through North Island College because I was so comfortable there. I think there were I think two non-Aboriginal students myself and an Aboriginal student from this community and then there were two faculty members and one is Aboriginal and from that community, so that was really neat for her to go back to her community.

The learning gained from this course had a great impact on this nurse and she was visibly moved when speaking of it,

We went into many different things; I went into not only healing but also what they've gone through as a people. I think one of the most powerful things that one of the community members said was, "I don't hate them for what they've done [colonialism] because they didn't know, they were being told what to do, and I don't hate them for it," and I thought oh my god, if he can have that sort of forgiveness.

Like the previous participants, Deb experienced racism during her educational experience. She describes a classmate referring to a drunken "Indian" and her reaction and response to that comment was:

I guess it wasn't directed at me personally, but I took it personally. Because I'm First Nations, how dare you make comments, racial comments about people in our community? It was so maddening because this was a person that I was going to be spending four years with and we

got along on most everything else, but when she would make these comments I did take them personally and there was never any apology. Maybe she doesn't understand alcoholism or things like that because you do see people downtown here drinking or passed out and to me it's, oh that person really shouldn't be there but to them it's like oh there's another drunk Indian. And I say well why do you have to say this "Indian", can't you say that person is drunk and really should get off the road?

Relevance

In recalling the relevance of her educational experience to her as an Aboriginal person, she notes the lack of Aboriginal content within the curriculum and paucity of Aboriginal teachers. While there were some guest speakers of Aboriginal heritage, they were limited to speaking around a particular topic within limited class time. In a class discussing statistics, she was surprised at her response to information regarding Aboriginal people. This was a pivotal point in her experience as she envisioned her chances of completion and success in the programme evaporating before her eyes. She describes it as follows:

There was one time in 2nd year that was a breaking point where I thought for sure I was quitting school. I can't remember what class it was, one that went over different statistics and I think we were discussing different cultures when I thought everything was against me. I said oh my God, I come from a First Nations family, I was raised by a single mum, have alcoholic family members, there's no-way I can do this. Stats are saying that I'm not going to succeed. I wallowed in that for a couple of days,

thinking oh my God, I can't do it, everything is saying I'm not going to succeed. Up until that point, I never really thought any of those statistics affected me but when I saw it in black and white in the textbook; I thought, oh.

Without the support and encouragement from her family, this Aboriginal student would have left school. She speaks of her family with reverence and the reconnection with her father during this time as "weird" but exciting at the same time. "Family, family and more family" is how she stresses the importance of this group to her success. She describes a three and one half hour commute she chose in her last year in order to be a support for her pregnant sister. "In fourth year my sister became pregnant, so I moved back to town so I could help her out. Because she was a single mum, again putting me on hold but not really on hold because I still continued with school." She also points to a lack of understanding from her classmates, who could not fathom why she would willingly take this on,

Nobody could believe what I was doing. None of my friends/ classmates could believe I would do that. It's a 3 or 3.5hr commute, but to me it wasn't even a question. As soon as I found out I said oh good, I'm moving back, I'll help you out. If you want help, of course and of course yes she wanted me.

Family for this participant included siblings, parents, grandparents, aunts, uncles and cousins as well as close neighbours and friends. The relationship with these individuals was at the centre of her world and appeared to drive many of her decisions. Completing school was a lesser priority.

Clinical rotations in Aboriginal communities gave her an opportunity to further her relationships with Aboriginal people and prompted her to explore her culture more in depth. The relevance of this clinical experience was tested during a rotation in the Emergency department where she knew some of the families and could make a connection with them and modify or redirect some of the necessary activities to make it less confusing and foreign. She states,

I can recall one patient that I was spending more time with than others thought I needed to but I just said: No, I know this client from the reserve and I know their history. So I spent extra time with them and I know the client really appreciated that and the client appreciated the fact that I knew their child's name and what was going on. I was also able to explain the rationale for what another nurse had said in haste, and I know it is legitimate what the nurse said, it was how she said it. And, when you can put a different spin on it and relate it to her home environment, it changes everything.

Faculty also played a significant role in her educational experience beyond that of student and teacher. They presented a neutral stage for a discussion of diversity and "all of faculty were definitely embracing of everybody, and we had people from quite a few different cultures, no one culture was ever really singled out or even focused on for that matter (which of course is the way I think it should be)". But, "I think that because of our population, it (Aboriginal Cultural course) should be mandatory here, but I don't know if that would go over well with people. I know a few people from our class would have been angry about that

but I think a course in that would be awesome.” Although services for Aboriginal students were available, she did not avail herself of them. Instead, this nurse was comfortable approaching certain faculty members: “I never sought them out [services] but I’m sure they were there. It’s terrible I know but I never really sought them out besides my instructors.”

Reciprocity

As indicated earlier in this textural description, Deb made an effort to share cultural ideas and beliefs with her classmates through arranging particular activities and by encouraging participation in an elective course. Few classmates joined in on these activities, which was very disappointing to her. She recalls, “I arranged it on a weekend when we didn’t have anything due. I really tried to make it so it would fit well with everybody. I honestly, don’t know why. But the two people that did go with me said, if you ever go again please call me, because I want to go.”

She speaks of the relationship with family not as an obligation or expectation but just as something she should do without question and refers to her classmates as “selfish” indicating, they lacked the understanding of the Aboriginal relationship,

They are just looking out for themselves and doing what they have to do to get through. But for me it's not only about me, it's about my family that would be the only difficult part that I had, was that they didn't really get why I would do that when it's stressful enough going to school. That did make it hard because you feel like you always have to explain yourself.

Addressing the issues of isolation and being away from home, she strongly supported the idea of an Aboriginal campus house on the university campus where Aboriginal students could meet and find support in each other. She describes her positive experience of a coastal long house:

This might sound strange but even having smells of home. When I was at Rivers Inlet for my course every day, we were in the long house for our classes, just the smell of the fire and the smell of the cedar were so calming, and relaxing it was such a welcome environment. I think if you could have something like that here. Smudging it brings a bit of home too when you are stressed out with academics. It would be really nice.

Responsibility

Her clinical experiences awakened a sense of responsibility for the people of her Aboriginal community through which she developed an advocacy role.

She remembers:

I was able to establish relationships with people in the community which has helped because now that I'm a nurse in Emergency, these same people are now coming in and I know their child's name, and how they're doing and somewhat their health status and kind of what they've been struggling with at home, so I can kind of hone in on that. The other Emergency nurses don't really see it that way. They see it as the issue the people are presenting now and I know what they are presenting now is almost the least of their concerns or their main problem. Even though it may be an issue at that time that is legitimate for coming to the ER. I

know that there's usually a much, much bigger picture that some nurses don't tap into.

She comments further, "Maybe they have apple juice in the baby's bottle because they are on a boil water advisory so they don't have water or maybe they are simply out of formula. You know there are so many other issues that people just aren't aware of." In her efforts to raise awareness of Aboriginal culture she wonders if the non-Aboriginal population are "ignorant" or just do not care or, whether Aboriginal people are unable or unwilling to articulate their thoughts and feelings about their culture. She expresses this interesting idea in this manner:

It could be that First Nations people aren't making their culture known in the public eye or they are not sharing what they do know about traditional health care, their treatments and their traditions but I think that is often because they don't like to put themselves in the limelight.

Other participants have expressed similar thoughts in "choosing your battles" (Anna), "not expressing your thoughts" (Cora), "I think it is not so much us preparation as it is to those that we work with preparation." (Cora).

Living off reserve, this nurse knew less about her culture than she desired, but those around her seemed to assume that she would be a role model and pioneer for her Aboriginal community. She did not particularly see herself in this way until she experienced a couple of similar thoughts. When leaving her employment to attend university her supervisor commented that, she was "going to be the bridge between the two communities." She thought that was a funny

thing coming from him, a non-Aboriginal person. However, an Elder of her community reinforced this idea and she did consider that “maybe I could do something. Maybe I can create more awareness.”

When asked to identify the elements of success for her in the undergraduate nursing programme she describes the following:

Importance of Family Support

Mainly I would say I relied on my family. They were an awesome source of support and I needed them for the whole four years. It was also stressful dealing with family situations and that sometimes got to be so hard that I thought I needed to put nursing school on hold, I would do that for my family, but that’s also kind of what made me realize that I can’t [put nursing school on hold] because I need to further myself and my career and even though they were the ones that made it kind of stressful they are also the ones that made me realize that I couldn’t put it on hold. And too, knowing that I was the first person on both sides of my family to go to university, and you know everyone was so proud, you don’t want to let anybody down

(Being upset by Aboriginal statistics) I talked to just my family. You’re doing it, you’re doing it you’re doing fine. You’ve made it this far. And then, finally when I came to that point, I was like no, this is wrong. Then they said, that’s what we were waiting to hear from you. Because I’m kind of stubborn, my Mum said I knew you’d get there. It only took me a couple of days but it was a long couple of days.

My Dad doesn't really verbalize anything and one time when I had picked him up from the north to drive him back home , he turned to me and he said, "You have made me feel like a man again." And I kind of thought that was a really weird thing to say and I said, "What? What do you mean?" He said; "I am so thankful that you are in my life again." And I just said; "yes, me too." He says; "what kind of man has a daughter she won't even talk to him?" I started crying, he cried, and it's been so awesome ever since.

Embracing Aboriginal Self

Maybe because I had an awesome experience at the one [course] I took, I would definitely recommend it to others. It was life changing and it was only a week long, we did some distance theory and we had readings to do each week and we submitted a reflection/paper after a couple of weeks and at the end there was a one week practicum where we went to the community and gathered traditional herbs and cooked traditional meals and just lived the lifestyle that they did in their community. It was awesome.

But growing up that way, I think that there are a lot of things that are First Nations bound but I've never really understood that that's what it was, it's just the way our family functioned. But now, learning more about First Nations culture I do see that's why we do what we do in our family. It's just the way it is.

Structural Description

This recent graduate of a four year baccalaureate nursing programme has come to know herself as an Aboriginal person partly through her expression of

self in a nursing programme. She experienced many personal changes in her life during this time and embraced her new found knowledge as an Aboriginal nurse and community member. She became more and more aware of her Aboriginal self as she gained experience in a programme that encouraged her exploration of her roots and supported her selection of clinical experiences and assignments. She found the lack of understanding for Aboriginal culture amongst her classmates disturbing and disappointing and attempted to gain their interest and provide information. As she reclaimed her Aboriginal self, she connected on a deeper level to the Aboriginal population in her care and contributed a greater understanding of the context of Aboriginal life in health and wellness.

Deb refers to family 24 times within the transcript, clearly indicating the impact they had on her life. As well, reconnecting with her father strengthened an already strong sense of family, without which she claims she would not have been successful.

Textural- Structural Description

The educational journey for this young woman was a period of unprecedented personal and professional growth. At many stages throughout her learning, she was able to combine these two aspects to provide a more holistic caring model for her patients. The importance of and many roles played by family is well defined, as is her need to be acknowledged as an Aboriginal person. Family offered a support as well as a barrier at times, but there was no mistaking that it always came first. The new relationship with her father was also a “stressor” but offered new opportunities for personal and cultural growth.

Relationships formed at the off campus Aboriginal Health and Healing course provided further insight into her own culture. Referring to the behaviour of Aboriginal students in class, she remembers:

We met each other in third year, so we didn't really know each other and it [the course] really gave you a whole new perspective on why they are the way they are way in class. We learned so much about each other and two different ways in dealing with it. She had very stressful things going on too. I would have cried but she did not. Therefore, you tend to think that everything must be going OK, she's fine. Well no, that's not the way it is. That's her culture and she internalizes everything.

Deb came to understand the two lifeworlds in which she lived and sometimes felt conflicted when faced with new experiences different from her own as the following quote explains,

One of the things that we learned while we were there was when somebody is telling their story and they are upset do not reach out and hug them and in my home that's what we do. They told us that for their culture, they then get too wrapped up in the emotion and they can't finish their story. And I thought oh that's amazing. But it was so hard not to reach out to people.

Critical of the curriculum for its lack of Aboriginal content, she also notes apathy within her classmates who lack understanding, and display ignorance or both. Undaunted, she continually attempted to raise awareness about Aboriginal culture and sought for herself educational experiences that strengthened this part

of her life. While not at first seeing herself as a bridge between communities, others recognised that this was a role she might play after graduation.

Ellen

Textural Description

Respect

Ellen grew up in what could be understood as a traditional Aboriginal family living on a reserve in a rural part of B.C. While not geographically isolated, this small community was more than 100 kilometres from the urban centre that housed the university from which she graduated. A single mother raising her child during her nursing education, this nurse chose to spread her course work over five years. By taking only four courses per semester, she decreased the academic pressure on herself and improved her chances for success. At the start of the interview, this nurse was pleased to have an opportunity to express her thoughts and feelings about her educational experience. However, this writer became concerned as tears muffled her opening remarks on the telephone. She states, "It was a very long road. I struggled with identity, faced discrimination, and did not feel part of the class, I did and I did not. Hard to explain." This moment quickly passed and she continued with the remainder of her story with a strong voice uninterrupted by tears.

The educational experience for this nurse, while similar to the other participants, seemed to be the most influenced by the history of colonisation and the Residential School experience. She recalls, "I am first generation out of Residential School, first ever to go to university. So that was quite a feat in itself.

I went to university in an urban area so I had no family and no real social supports except for my classmates and I was a single mum too, which had another set of challenges.” She speaks of the lack of understanding and ignorance about the Residential School experience and feels that within a profession working with a diverse population this historical piece needs explanation as it has significance all across the country. Her use of the term “genocide” speaks to the importance of this event for her.

They forget that children were taken from their homes and taken away for years and broken families did not know how to parent they did not know what families were. People do not know what went on there and as I refer to it, it was genocide.

Although not directly connected to her student experience, she now finds herself as a new graduate dealing with the continued aftermath of the most recent government apology.

The tragedy of those government decisions and the money that came for ripping people off has only served to kill more people. Maybe not directly, but indirectly. It has dredged up all of the past and created more pain and perpetuated more addictions and abuse of Elders. People get the money and want to forget and not for the support or counselling intended for.

They drank it, drugged it, paid us to forget. Drank themselves to forget. I was very fortunate that I did not live that life. You see it in the community and part of becoming a nurse and wanting to help the community is the exposure to this.

Her point was clear, without understanding the history of Aboriginal people in Canada, how can any student nurse be prepared to manage this fallout?

She recalls that her “brown skin” and dark hair, while not directly labelling her as Aboriginal (she was sometimes mistaken for Filipino) led to wrong assumptions and to some poorly constructed educational experiences. In assigning her to a “drunken Indian” requiring surgery she comments, “Yes, it is not like I slip under the radar. I have had experience in clinical where there are Aboriginal patients on the floor and there have been comments and assumptions that have been made. I wish I had said something but I was only in second year.” Comfortable to speak up and explain her Aboriginal point of view in class, she was less comfortable sharing her private life and her struggles with others. This reluctance to speak up is expressed in several places in her transcript as she elaborates about not wanting to be singled out.

For some instructors, maybe they did not know they were doing it but I felt singled out. I felt that they really did not understand about that. I think that for my own self I am a very private person about my life so I never wanted to be singled out or given special treatment so I just, I am a single mum and no support here so when things popped up I did not make excuses because I did not want to be treated specially.

She further comments, “But in my class I thought there was some griping about that you know, that the Aboriginal students needed more help than the others ... I don't want to be labelled so I never asked for help it was hard enough being an Aboriginal student in the class without singling yourself out that way.”

Relevance

Ellen describes how one of the biggest challenges to her success was the absence of family support. Although her classmates were very supportive and occasionally helped out with childcare, she missed the sense of family in the Aboriginal way and often felt alone. She fondly recalls:

I think about that too and Aboriginal communities all come from different places so when we move away there is no community or aunties or grandmas or uncles to help there is no body here to help. So if you have kids and they are sick you stay home to look after them and miss a whole day and then you are behind with class. You cannot always depend on other people. Out there [reserve] children, everybody is part of a child's life so everybody gives advice. It is hard to be alone.

In discussing the curriculum within the nursing programme, she comments on the lack of Aboriginal teachers and clinical experiences that include Aboriginal communities. Only in the last few semesters did she begin to link some of theoretical knowledge with the reality of practice. She criticizes the standardized university teaching system for this delayed understanding.

Sometimes I found that in the classroom too everything was so theory, talk at you for two hours that is not how I learn. In my community, you learn by watching and listening by example and it is not hard for me to link the theory and apply the knowledge. In my fourth year I could link more things as I was out in the community and able to see put together what they were

talking about. How they were practicing in the community, it was hard to sit there for hours and not get it.

She describes school as being a bit of a “catch 22.” While not wanting to be singled out or labelled as an Aboriginal student, she wanted to see and experience her studies from an Aboriginal perspective and to have it be inclusive of Aboriginal content. She focused her papers on Aboriginal health and healing when ever possible and did negotiate a number of clinical experiences with Aboriginal nurses working within Aboriginal communities. This experience really boosted her confidence and allowed her to apply her nursing knowledge in the Aboriginal setting and make more sense of it. She describes the mentoring she received from the Aboriginal community nurses as a turning point in the educational process.

I think that is what the school needs is Aboriginal nurses that the students can link up with whether or not they are First Nations. Suitable mentors, mentorship is so important. I would not have gone so far if I had not accessed these mentors. It is so important, on the reserve you know we learn from mentors and Elders and community it is really hard to grow strong if you don't have those mentors to go to.

Ellen recommends that universities cultivate relationships with Aboriginal people in the region so that opportunities for clinical practice can be negotiated and curriculum made more relevant. This is not isolated to the nursing programme but is an overall strategy to encourage Aboriginal students. She states,

Many people know there is a mistrust of the education system and the health care system, the university needs to build that relationship before communities will be willing to wanting to come to school and then building so that students can go to the reserves and not waiting for the community to come to the university.

She acknowledges an attempt by the school of nursing to understand and include Cultural Safety as a guiding principle within the curriculum, but felt that the idea was too abstract to fit reality and was not implemented in any meaningful way. She comments, "Culture Safety is taught as some kind of abstract thought not judging or at least trying to understand other cultures but they don't really, did not really apply that in any way."

Reciprocity

Ellen expresses the view that when you first enter nursing school and self identify as Aboriginal, there should be somewhere that you can easily get in touch with Aboriginal Nursing groups.

Yes I am interested in Native and Inuit Nurses Association (NINA) or Aboriginal Nursing Association of Canada (ANAC). Even the B.C. nurses union has an Aboriginal leadership circle. My mentor at upper Nicola had membership in NINA, that's how I was exposed to it. It was so good to listen to her stories and what it (school) was like for her. She had gone out of Residential School and trained in Victoria and for the first time with non-native students. She talked about her struggle and how they would not let her go on the train home to visit because she was native.

This passage from the transcript speaks to this participant's eagerness to give back to her community through membership in Aboriginal nursing organizations and by sharing stories with an Aboriginal mentor. She also emphasizes that she did not hear about these groups as part of her university education; only the mainstream organizations were included in classes, such as the College of Registered Nurses of B.C. (CRNBC). Most of the time, she was comfortable in speaking in class and always spoke up to improve understanding from an Aboriginal perspective. Some teachers were more open to this than others were. She recalls:

Some of my classmates did get a better understanding of how it was on the reserve. I am very passionate about my projects and experience on the reserve. It is a catch 22 sometimes. The word circle keeps coming to my mind. A circle to teach in where everyone is able to share. Not all teachers are like that.

She notes the differences in cultures in understanding the notion of silence: she comments that it is "also important that instructors learn to listen not just ask for the sake of asking, but really listen and pay attention to the answer. Interested in what the person has to say. You know we are taught active listening. Try to listen; silences are comfortable to Aboriginal people."

Responsibility

She praises her on reserve student experience, which permitted her to reflect on her own goals. She comments:

To go into the community you need to meet people where they are at. Have that time and let them make the choices, to be non-judgmental. It was a different experience for me to work on a reserve. Really solidified where I come from and what I was about. It made me think about where I wanted to practice. Gain some experience and continue my education so I can go back.

She recounts a drummer at her graduation ceremony: “More and more being a visible First Nations nurse gives people hope. When we graduated we had drummers, he spoke his own language and was upholding his traditions. We need people in those positions.” Having Aboriginal mentors and sharing stories with them encouraged this nurse to stay with the programme and complete her degree. Realizing that her struggles were not so different from those who had gone before helped her feel less isolated. She voiced the need to increase the visibility of Aboriginal people in health professions by seeking them out and using them as role models within the university setting. “I have big dreams for Aboriginal people and there are people who kind of have paved the way. We need to find those people so we can learn from them and continue on.” In the same vein she laments the lack of education about Aboriginal health in the nursing programme, suggesting that what little they had was statistically driven with little context or explanation. Ellen stresses the importance of knowing about Aboriginal history and the impact that remains until the present day as she illustrates in the following passage.

We did not really learn a lot about Aboriginal health in our programme, stuff we did learn came from statistics and I really felt there was a lot of ignorance about First Nation's people's past and about where we came from. So much ignorance that no one understood where we came from. They were talking about my family. Things were talked about like they were so far in the past but it was not really not that long ago.

This lack of understanding seems to be pivotal point from which many of the other issues for this participant emerge. When asked specifically to recall what elements of her nursing programme contributed to her success she offered:

Aboriginal Mentors

To be able to work together and out in the community. That really helped my confidence. Then in my practicum seeing how she practiced in the community and how her struggles were and she felt the same as me as well. Her mum was a nurse on the reserve, she had a positive role model and someone to turn to and talk to and then I got to talk to her mum and that was really positive too. I think that is what the school needs is Aboriginal nurses that the students can link up with whether or not they are First Nations. It's so important on the reserve you know we learn from mentors and Elders and community it is really hard to grow strong if you don't have those mentors to go to.

Being Visible: Visible appears nine times within the transcript

By fourth year things started to come together and NINA became more

visible, I did work on reserve and did a leadership project on reserve in Kamloops working with a First Nations day care on a healthy child programme. Really positive as well. All of my papers and projects have been on Aboriginal health so I guess within myself I pushed myself to find things that were meaningful for me so it was not so hard. There were two others in my class and I worked with one on a couple of my community projects so that was good as we both wanted to work with Aboriginal people. Send out an Aboriginal nurse who is just finished within the last few years so the kids can see the role models that are available. Especially the rural communities. People that leave and do well some times don't go back so we need to encourage more of that. And so what is left on the reserve are not the best role models.

It would be good for youth to see young educated Aboriginals, to see that it is hard out there and sometimes it seems hopeless but if you can latch onto a model. Visible to your community as a community member and as an Aboriginal nurse. In addition, I think that the Aboriginal nursing organizations need to become more visible as well.

Structural Description

The response to the opening question of the interview speaks volumes about this educational experience for Ellen. "It was a very long road. I struggled with identity, faced discrimination, and did not feel part of the class. I did and I did not. Hard to explain." This young Aboriginal woman and nurse completed

her undergraduate nursing degree one year ago. A single mother with a young child, she moved from her rural home community to a medium sized university in an urban setting. Although she viewed her classmates as one source of support, they were not a substitute for her family and community. When having a bad day she would recall the intuition of her grandmother who would sense that she was troubled but kept the silence required for reflection. She speaks of feeling alone and as one of three Aboriginal students in the class felt singled out in class to be the Aboriginal spokesperson. This young woman, like many others, also carried the burden of being the first in her family to attend university and the first generation of her family to not have experienced residential school.

Afraid of failure and anxious to make her family proud, she chose not to use the Aboriginal support services that were available to her. For example, tutoring for biology and writing were available and there was a designated centre where she could connect with other Aboriginal students. She did not want to be seen as needing assistance or given special treatment. She wanted to be treated just like the other nursing students. Instead, she reduced her course load and extended the time to complete the programme for another year. This wise decision made it possible for her to manage both her studies and her responsibilities as a mother. However, not graduating with her classmates meant returning to school for another year and being singled out again as a “returning” Aboriginal student.

The importance of Aboriginal mentors through working with nurses in Aboriginal communities was the highlight of this experience and was crucial to

maintaining her interest in the nursing programme. These mentors had an “understanding” of Aboriginal culture, health, healing and colonial history as well as the residential school experience that others, such as teachers and peers lacked. “Understanding” how Aboriginal people come to be the way they are provides pertinent direction for the delivery of holistic care.

Textural – Structural Description

The educational experience for Ellen was more than attaining a university degree. Throughout her experience, she sought the opportunity to speak from an Aboriginal point of view and to increase the understanding for those unfamiliar with the Aboriginal way of being. She also sought out mentors who were more suitable to her than many of the university instructors and while she learned the theory and knowledge required to be a nurse from her classes, she experienced the essence of being a nurse among Aboriginal people from her Aboriginal nurse mentors. This relationship allowed her to practice nursing within the context of her culture where it proved to have more significance than what she gained from the classroom. She struggled with belonging to any particular group while in school and felt great loss at not having family around to support her and provide guidance.

She did use her educational experience to promote her culture and beliefs by taking every opportunity to write about and experience Aboriginal nursing in her assignments. She tried to raise the visibility of Aboriginal people within the health care context, promote Aboriginal role models through presentations at school, and out in the non- Aboriginal community. Before attending school, she

experienced the damage done by colonialism and Residential School directly within her family and in her community and then continued to see the consequences of large government apology cheques during her time at school. Both of these events were motivating factors in her determination to complete school and become an Aboriginal nurse.

Experiencing some subtle discrimination due to her brown skin and dark hair, she felt more comfortable at the end of her schooling; challenging the assumptions made about Aboriginal people especially in the hospital setting. At an earlier stage in her schooling she had felt ill equipped to challenge the status quo when faced with racial remarks about her Aboriginal patient.

Composite Textural Description

At this point in Moustakas' (1994) methodology, a composite textural description combining the textural descriptions from all the participants is formed. "The invariant meanings and themes of every co-researcher are studied in depicting the experiences of the group as a whole" (Moustakas, 1994, p. 138). Moustakas recommends that the researcher reread each of the textural descriptions of the participants and use reflection, intuition and imagination to create the composite document. Intuition is a key concept of transcendental phenomenology and is regarded by Descartes (1977) to be "an inborn talent directed toward producing solid and true judgments concerning everything that presents itself" (cited in Moustakas, 1994, p. 32). According to Moustakas, intuition is regarded as the "beginning place in deriving knowledge of human experience" (Moustakas, 1994, p.32).

Imagination or imaginative variation is also a key concept of phenomenology and permits the researcher to explore multiple possibilities while searching for an explanation or essence of the phenomenon being studied. Like brainstorming, this process has no wrong ideas but permits the researcher to explore possibilities from many differing perspectives. Moustakas suggests, that this can be accomplished by “varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives, different positions, roles or functions” (Moustakas, 1994, p. 98).

In beginning this final step in Moustakas’ (1994) method, I admit to an anxiety of sorts as I thought I had clearly understood the textural experiences that I had previously reported only to discover that when I read them once again, the “look and look again” mantra echoed in my head. Giorgi (2006), however, reminds us that it is acceptable to bring a disciplinary attitude to phenomenological research and in doing so “brings the proper sensitivity to the analysis.....and it provides a perspective that enables the data to be manageable” (p. 354). As a nurse and colleague of the participants, although conscious of the “epoche” I have committed to, I realise that I obviously construct this composite through a nursing lens. Nonetheless, I hope to be able to dig deeper into the essence of the experience. I take to heart comments by Crotty (1996) that suggest that nursing phenomenology “is obsessed with gathering the subjective meanings attached to the everyday lived experience of individuals” thereby misinterpreting the phenomenological imperative to capture “and describe in all its richness the objective phenomenon as it emerges from the

heart of subjectivity” (p. 32). I am conscious of the need to remain open in this writing and to strive for the elusive and pure understanding of this phenomenon through phenomenological reduction and bracketing. Crotty claims that phenomena must be “intuited and grasped, and then described by the subject, not the researcher” (p. 82).

This study is an attempt to illuminate and clarify the nature of this educational experience and in doing so I heed Crotty’s warnings as closely as possible. As he puts it, “to lay aside old meanings is to open ourselves to new meanings or, at the very least, to bring new life to the meanings we hold. To break the bonds of mind forg’d manacles is to enjoy a new kind of freedom. To see the world with fresh eyes is to discover a whole new world” (Crotty, 1996, p. 174).

The Experiences

While there were also important differences, the experiences of the participants are eerily similar, to the extent that at one point, I wondered if I was reading the same transcript again. Making sure this was not so, I endeavoured to make sense of the textural descriptions that were reported.

These women are all connected by virtue of their Aboriginal heritage, some more apparent than others, and by their connection as health care professionals. This in itself is perhaps not a unique circumstance but the descriptions of the educational experiences that they shared with me, such as encountering racism, loneliness, isolation, ignorance, colonialism, and lack of

awareness, tie them uniquely together. These experiences seem to transcend age, nation affiliation, geography and educational institution. The degree to which these experiences occurred for each participant varies; however, the emotional impact and importance of the experience to them is clearly expressed in their text.

The limited presence of Aboriginal students in undergraduate nursing education seems to set them apart, initially at least, from the rest of the group. Since Aboriginal students do not necessarily self declare their heritage, the educational experience can be a lonely one. Many Aboriginal students do not live in large centres where most of the educational institutions are located and are required to leave home, community and family supports to enter a world with distinctly different approaches from what they are used to. The notion of family as a unit and the connection between members generally has a broader meaning than what is commonly experienced in western culture. The interdependence of family members and inclusion of aunts, uncles, and others as part of the unit provides a large network of support for the Aboriginal person that disappears when they move away from the community and enter a large institution.

The empirical medical model heavily influences the education of nurses in the university setting. Although diverse learning styles and research methods are incorporated into curriculum, there is a distinct lack of the oral traditions and methods of learning that most Aboriginal students embrace, making it more difficult for them to understand and fit in. Fitting in often requires the student to choose loyalties and to develop a chameleon like presence in order to satisfy the

requirements of both lifeworlds. Anna's comments attest to this. The Aboriginal perspective is rarely sought in a meaningful way during the educational process and a range of misunderstandings ranging from ignorance to overt racism is recorded.

The historical context of Aboriginal people in Canada is a raw subject for most Aboriginal students, and these nurse participants were no exception. Yet, nursing curriculum in general does not prepare students to manage the aftermath of colonialism or the Residential School, both of which impact greatly on the health of Aboriginal people. The poor health of Aboriginal people has in part provided the impetus for this group to complete a nursing education programme. As noted in Chapter One, Aboriginal people have a documented health status well below the Canadian average.

Lack of Aboriginal role models, mentors and teachers also contribute to the limited scope offered by traditional nursing curriculum and experienced by these participants. Failure of institutions to adopt a broader notion of success, along with a lack of flexibility and accommodation made completion of a four year baccalaureate programme a more difficult task. When Aboriginal information was presented, it was usually in the form of statistical evidence highlighting the negative health status of Aboriginal people and lacked opportunity for further discussion and clarification to create context. While some participants had the maturity and experience to challenge and speak out for themselves, the majority maintained a quietness that reflects their traditional learning methods and lifestyle but labelled them as non-participatory or disinterested in the usual

classroom activities.

All five participants graduated with a baccalaureate degree in nursing despite the challenges they reported. At times during the interview process some voices faltered, or became raised and one participant cried. All described the need to overcome the negative circumstances they encountered. For example, Anna describes, “picking her battles,” Beth did it “her way” and Deb said, in response to poor health statistics, “there was like no way I’m going to let that stop me.” For several participants, they were the “first” in their family and or community to experience this educational journey. This added to the burden of wanting to be successful and to demonstrate how they could navigate in the non-Aboriginal world. Not wishing to be “othered,” they avoided using supports specifically for Aboriginal students but at the same time found themselves in a catch 22 that desired recognition for whom they were and what they could contribute as Aboriginal students. None of the participants lost sight of the original goal she had envisioned: that is, returning to work with Aboriginal people, determined to make a difference and a contribution in health status and to be a role model for others in the community. Even this logical step required some re-inventing or re integration back into the community in order to be fully trusted and accepted. For some it also meant setting some boundaries so they were not swept up in the Aboriginal sense of community and were able to set aside some time for the professional and personal self to flourish.

The educational experience was not without high points for these participants. All of them describe mentorship as being crucial to their success.

The forms and groups that provided this mentorship were as varied as the participants themselves were. Family, at times a support and at times a curse, was also considered crucial to success. Family, even at a distance was a constant binding tie that could alter the educational course at any time.

Community supports in terms of funding was variable, and frequently unstable but most participants were satisfied and thankful for the opportunity this funding afforded them. All describe the personal growth that occurred within each of them as they navigated and moved through the educational experience while at the same time avoiding acculturation in order to fit in.

Composite Structural Description

Once more Moustakas describes and guides this analytical process. The Composite Structural description is a way of understanding “how the participants as a group experience what they experience” (Moustakas, 1994, p. 142). The technique of Imaginative Variation is used to construct a description of the essential themes of the experience, “the underlying and precipitating factors that account for what is being experienced” (Moustakas, 1994, p. 98), or the “conditions that must exist for something to appear” Husserl (1931, p. 40).

Five Aboriginal nurse graduates were interviewed in an effort to understand, from their perspective, the experience of being an Aboriginal student in a university nursing programme. At the time of the interview, they had all been in the work force meeting their original goal of giving service back to the community from which they came. Each of the participants experienced the

educational journey at a different time and place. By virtue of their Aboriginalness, all of these participants came to the educational experience influenced by the effects of colonialism and the Residential School experience that touched each of them to varying degrees. Ellen comments on the negative effects, drinking and Elder abuse, of monies recently received by survivors of the residential school experience within her home community. This environment was not conducive to studying on her trips home with her son to see her grandmother. When she went home, Beth alludes to returning to a family that has been impacted by intergenerational trauma and the impact of the Residential School in another province. Deb reconnected with her Aboriginal father, an alcoholic influenced by generations of poor parenting. She found this a particularly stressful time. Perhaps the most obvious impact of colonisation and residential school on the participants during their educational experience was a mistrust of the educational system itself. The stories from their parents and grandparents attesting to a loss of identity, being called by a number and having few choices in their daily lives is perpetuated through student identification numbers, fitting in and a prescribed curriculum with limited choice. Those most influenced by Aboriginal history were living on reserve leading a traditional Aboriginal lifestyle. While none had directly experienced the Residential School, many of their family and community members had.

Their learning experience was marred on many occasions by the insensitivity of those around them, teachers and peers alike. Racism was experience by all and managed differently in each case. Ignorance and lack of

understanding were tolerated for the most part, but created a sense of guilt within the participants due to their lack of appropriate response and action.

All experienced a sense of being alone, of being singled out, of being the token “Indian” through inappropriate assumptions on the part of teachers and clinical instructors. This sense of being different encouraged some to speak out strongly for themselves and their beliefs and values but deterred others from taking on the battle. A reluctance to seek out each other or use supports provided for Aboriginal students speaks to the tension they endured by trying to be like any other student yet wanting to be recognised for who they are. An important feature was a renewed understanding of the self as Aboriginal before they could add the new dimension of being a nurse and becoming an Aboriginal nurse.

The educational journey for these five graduates was not completed in isolation from the larger context of Aboriginal people in Canada today. The purpose in completing the nursing programme cannot be separated from the larger context of Aboriginal self-determination and autonomy--specifically, the need for Aboriginal health care providers to care for Aboriginal people in a manner that is acceptable to them. Their contribution to the community is intended to bridge both lifeworlds and pick the best of both to support Aboriginal health and healing.

Composite Textural-Structural Synthesis

The Essences of the Experience

The final step in the phenomenological method as described by Moustakas (1994) integrates the ideas and thoughts found within the composite structural and textural reports. He writes, “this final step involves the intuitive integration of the fundamental and structural descriptions into a unified statement of the essences of the experience of the phenomenon as a whole” (Moustakas, 1994, p.100). Essence, as Husserl (1931) describes this idea, means, “that which is common or universal” without which the experience would not be what it is (p.43).

Several core themes emerge from this reduction to form the essence of this experience. These are displayed in Table 4-1. Each theme is recorded in every participant’s account of her educational experience. The use of the four Rs framework by Kirkness and Barnhardt (1991) is twofold at this point. First, it ties the essences derived from this traditional western methodology to an Aboriginal framework and second, it establishes the connection between elements of success as described by the participants and a context through which educators may envision change. Kirkness and Barnhardt (1991) claim that students are more likely to be successful if they are treated with respect, if curriculum is relevant to their lifeworld, if teaching and learning is a reciprocal or two way process and they can meet their responsibilities to their community through exercising control over their lives through navigation through the university

system.

Table 4-1. Essences of the experience

| <i>Four Rs</i> | <i>Essences</i> | <i>Supporting Evidence</i> |
|--|----------------------------------|--|
| <i>Respect</i> | <i>Residential School</i> | <p>Mentioned in every transcript, the impact of which varied from person to person.</p> <p>A lack of understanding and ignorance by others towards the significance of this historical event.</p> |
| <i>Respect</i> | <i>Aboriginal self</i> | <p>Recognising and in some cases coming to know the self as Aboriginal.</p> <p>Wanting to be respected for who they were and what they could contribute.</p> <p>Wanting to be visible yet not singled out.</p> |
| <i>Relationships</i> <i>Reciprocity</i> | <i>Mentorship</i> | <p>Connection and having a relationship with a particular individual.</p> <p>Having an Aboriginal role model was ideal; being able to connect with a faculty member was also a useful support.</p> <p>Connecting with Elders was also a support.</p> <p>Learning from each other, teacher and student.</p> |
| <i>Reciprocity</i> | <i>Family</i> | <p>The strength and importance of this bond is noted in the words of every</p> |

| <i>Four Rs</i> | <i>Essences</i> | <i>Supporting Evidence</i> |
|---|-----------------------------|--|
| <i>Relationships</i> <i>Responsibility</i> | | participant. A source of support as well as frustration, but always consistent. The larger context of family from the Aboriginal perspective. Family, as a way to maintain culture and ties Going to university, to give back to the community First in the family to attend university |
| <i>Respect</i> | <i>Acculturation</i> | Becoming a nurse, fitting in without losing cultural identity or becoming someone else. Accepted for who they are. |

Residential School

The impact of residential school on these Aboriginal participants cannot be underestimated. Although they did not personally attend a Residential School, the impact of this “cultural genocide” as described by Ellen has long lasting effects. Often the first of their families to attend university, there is surprise that other students and faculty have no awareness of this historical event. This knowledge gap, about colonialism and the residential school, seems to be a contributing factor in some of the negative experiences. Loss of individual

identity, a carryover from residential school and recreated by the use of student identification numbers, created a tension between wishing to be known as Aboriginal and being like the others and continued a mistrust for the education systems that have failed Aboriginal people in the past

The structured curriculum and lack of relevance and personal meaning for Aboriginal people created an educational experience that was limited and might have dampened their potential for growth. The paucity of Aboriginal teachers contributed to the non-Aboriginal perspective always being at the forefront of discussion. Colonial attitudes were still evident in the ranks of academia perpetuating one way of being, doing and thinking exclusive of others. The parallels to the residential school are clear.

Aboriginal Self

All participants sought respect for who they were and for what they could contribute to the educational experience. This was not always encouraged by faculty and in some cases was stifled as being less important. Racism experienced by all participants was often based on “brown skin” and assumptions that all Aboriginal people were the same.

Misunderstandings occurred because of cultural behaviours that were different from the mainstream and while some spoke out to air the Aboriginal voice, others remained silent and suffered guilt for lacking courage. Identifying as Aboriginal, while a positive thing, often meant being singled out in class and labelled as different. These participants also avoided the use of special supports for Aboriginal students such as tutoring and essay writing as they did not want to

be perceived as a failure and different by classmates. “Some of the other students that were there didn’t self identify as Aboriginal,” states Anna. Why this was so was not fully explored by Anna but she clearly felt that more visibility would have been a positive thing. At a personal level, several of the participants were raised within mixed parent relationships and not directly within an Aboriginal community. This altered the way in which they expressed themselves as Aboriginal and to what degree. For these participants, the recognition of self as Aboriginal needed to be untangled from the complex societal and political forces that defined their relationships and boundaries. For example, reinstatement of the Aboriginal rights of Cora’s mother gave her the opportunity and resources to enter the nursing programme. Until this point, it seemed doubtful that her family could afford it. Identifying as an Aboriginal person provided direction and new pathways for some participants and provided clarity into family dynamics for others.

Mentorship

All participants found mentorship through a variety of differing relationships. These were an important feature in all of the experiences and in some cases the difference between finishing and not. Aboriginal mentors as described by Ellen were ideal, but several participants found a faculty member or classmate(s) who provided the crucial support they required. Faculty members chosen for mentorship, although not Aboriginal, seemed to have a respect for and a connection with Aboriginal culture that was absent in others. The wisdom of Elders also provided a cultural mentorship that sustained beliefs and values

while attending school. Anna expressed that not to be involved in ceremony and community activities was one of the most difficult things for her to endure.

Teachers who encouraged expression of Aboriginal ways of being provided a safe channel for those participants to speak out and share with the class.

Family

Foremost in all the transcripts was the notion of family. Family, encompassing aunts, uncles, Elders and neighbours, in the broadest sense of family, provided financial and moral support, childcare, and a connection with roots, role models, encouragement and stability. Family provided a connection for these participants without which success would have been more elusive.

Ellen recalls, "When we move away, there is no community or aunties or grandmas or uncles to help". This required developing new sources of support from within the school environment to fill the gaps between visits home.

Formation of new supports was more difficult for some than others. Anna found support within her class among a group of other minority students. While an argument could be made that a distinction exists between national minorities and ethnic groups, this odd relationship provided a place of security for this participant where she was comfortable to be Aboriginal. The transcripts also reveal a student skipping class to be part of family and community functions.

One participant was willing to give up school to support a sister in need. A discussion with an Elder supports a confused participant while she tries to reconcile two worlds. The need for family connection as experienced by these participants is a less common occurrence in a non-Aboriginal society and at

times was perceived by others as an impediment to success. These examples suggest a lifestyle that is inclusive of the broader community and is less individualistic than the dominant culture. It is also at odds with a university model that measures success in numbers and individual achievement.

Acculturation

All participants at some time during their educational experience expressed a fear of losing their Aboriginalness as they altered their thinking and being in order to “fit in” with the larger class group. Not wanting to be seen as an outsider or different from the others, especially in the early years of their schooling, they kept silent in class and participated only when necessary. Some teachers misinterpreted this behaviour as a lack of interest. As well, the thought of challenging an idea put forth by someone in authority was not part of their cultural norm and was interpreted by one participant as disrespectful. Acculturation occurred to varying degrees and participants with maturity and experience seemed less affected by this idea than their younger counterparts did. The implication is that those participants living off reserve had less of a challenge to accommodate acculturation. As they became more comfortable in the school setting, several felt they were able to take a stand and expressed an Aboriginal perspective, which resulted in two differing responses from those around them. Either they were acknowledged and listened to in a respectful manner or were labelled as the token Aboriginal speaking out again. The tension created by trying to live in two distinct cultures added to the stress of attending school.

Success

The purpose of this dissertation was to identify the elements contributing to success as experienced by five Aboriginal students in a university nursing programme. Table 4-2 highlights the similarities between the essences that emerged from the phenomenological reduction and the elements of success as described by the participants.

Table 4-2. Elements of Success and Essences

| Element of Success | Essences of Experience |
|---|------------------------|
| Family support was crucial to staying at school and being successful Financial support was crucial to staying in school and being successful | Family |
| Having Aboriginal role models Aboriginal Mentors: Mentor or mentorship Mentorship and/or Advisor relationships | Mentorship |
| Acculturation: do not change your identity to fit in Personal reflection Assertiveness | Acculturation |

| Element of Success | Essences of Experience |
|---|------------------------|
| Acknowledgement as an Aboriginal person, of Aboriginal people and of Aboriginal history | Residential School |
| Coming to understand her culture Embracing Aboriginal Self Being Visible Cultural safety | Aboriginal self |

Linking the essences of the experience with the elements of success reinforces the importance of these criteria to a successful educational experience. Once again, the four Rs of Kirkness and Barnhardt (1991) provided a connecting framework.

Respect

Aboriginal self

Perhaps the strongest of these essences as perceived by the participants was recognition and coming to know the Aboriginal self. Each participant wanted the acknowledgement that they were Aboriginal and that they had something unique to offer the educational experience. At the same time, they did not want to be singled out as a minority group nor be asked to represent Aboriginal people as a whole. The socially constructed whiteness of most schools of nursing designates Aboriginal nursing students as different and expect that they adopt or conform to the traditional trappings of the profession.

This notion of assimilation and invisibility is familiar to Aboriginal people and is a common thread in the literature. Malatest (2004) and Furniss (1995) both acknowledge the loss of self and identity as part of the Residential School experience as does Kirkness (1999), who cites loss of language, culture and erosion of youth as contributing factors. Assimilation to be like the dominant culture was the main objective of the Residential School (Kelm, 1998) and is a fear expressed by the study participants as they strove to “fit in” with the larger group. Participants also expressed the presence of and experience with racism within the institution that often caused them to withdraw and not challenge, further contributing to their invisibility. Mature participants were more readily able to assert themselves as an Aboriginal person, but with the course of time and encouragement, each participant became more comfortable in expressing herself from an Aboriginal perspective and took many opportunities to do so.

Acculturation

Another fear expressed by participants was the fear of losing their “Indianness”. For some it was due to parental intermarriage, for some it was the geographical move away from the activities and celebrations of Aboriginal community life. Renouncing what they have previously known and experienced to be like other nursing students was a tall order. Loss of connection with kin and the individualistic approach to learning required this group to construct, at least for a period of time, a new self in order to succeed. Looking at health from the medical model is also contrary to the spiritual, holistic and experiential methods of traditional Aboriginal health care, so once again each one in this

group was required to reconstruct her approach to function in a system of rationalism, empiricism and reductionism (Berry, 2007). Cultural safety, a recent notion in Canadian schools of nursing, was supposed to liberate Aboriginal people from the colonial attitudes of the dominant society; however, Varcoe and Browne (2006) argue that “others” routinely are considered culturally different, with the reference for judging differences being the dominant cultural norm. They comment that “labelling such as distinguishing people as “First Nations,” “Aboriginal” or “Indigenous” - categories associated with particular ethnic or racial categories and/or physical characteristics - is a racializing process” (p.158). Using a cultural “gaze” to look at Aboriginal people may romanticize the culture but also creates a barrier that makes imagining them in any other way difficult.

Henry (as cited in Varcoe & Brown 2006) refers to “democratic racism” as an ideology “in which two sets of values coexist yet fundamentally conflict, that is members of the dominant society espouse outward commitments to democratic principles of egalitarianism, colour blindness and equal opportunity, and at the same time operate on the basis of discriminatory attitudes” (p.158). The study participants spoke of other Aboriginal students who did not self declare and reflected on whether this approach was better than having inappropriate assumptions made about their culture. Culture needs to be understood as a relational aspect of ourselves that is not easily reduced to a particular set of characteristics, nor is it a politically neutral concept (Varcoe & Brown, 2006, p.158).

Residential School

I will not dwell on the multigenerational effects of the residential school and the impact of colonialism on these participants as this is not the focus of the study. However, it is notable that all participants acknowledge the effects of the residential school experience on their community, family and ultimately on themselves. This historical event continues to hamper the progress of many Aboriginal students who have difficulty in overcoming the stigma of being Aboriginal and have difficulty fitting into the western epistemology and adopting the behaviours expected of the dominant culture. The experience of rejection and failure cause many to return home unsuccessful in their educational endeavour. All participants felt that acknowledging this history within a public domain such as a university would improve non-Aboriginal understanding of their lives.

Relationships and Reciprocity

Mentorship

Collaborative relationships and mentorship is described in each of the transcripts as being an important source of support for the participants in this study. The form of the mentorship was unique to each participant but was of significant importance in her experience. Several participants commented that since they were the first in their family to go to university, role models within the family or community were scarce. Ideal mentors were of Aboriginal origin, including Elders, friends and a rare Aboriginal nurse, but professors also served in this important role. Connections formed with Elders and kin provided a

traditional source of practical wisdom and support but relationships with teachers required a particular set of traits that gave the student a sense of safety and of being understood. Teachers, whom they considered mentors, were cited as being flexible, understanding of Aboriginal history and were aware of the challenges such as Aboriginal learning styles and the importance of family connections to Aboriginal students. Relationships with these teachers were built on trust, mutual respect and a two-way exchange of ideas. Educators at the First Nations University of Canada cite student support and mentorship as crucial to student success (Anonson, Desjarlais, Nixon, Whiteman & Bird, 2008) as does the Aboriginal Health Provider Education Summit (2006). Traditional mentorship, described by Battiste (2002) occurred within Aboriginal communities through listening, observing, and participating and was considered fundamental to learning. In a 2002 study, Hampton and Roy concluded that relational factors are important for facilitating success in Aboriginal students and describe “relationship based teaching as congruent with the fundamental values of many First Nation peoples” (p. 5).

Interestingly, these participants did not find support and seek mentorship within the formal Aboriginal support programmes offered by the institutions attended. While the reasons for this were not explored, it speaks to the usefulness of such programmes and their contribution to student success. The seeking of additional support was equated with needing help and potential failure thereby portraying the Aboriginal student in a stereotypical way. Acting as a mentor and role model for others in the community came as a bit of a surprise for

several participants, but when they became more comfortable in their nursing role, they recognised the impact that they could have.

Responsibility

Family

A constant in all the data collected, family was both a supporter and detractor for the participants. The responsibility for family did not end while the participants were away at school and a family crisis always took priority over all else. Attending to family issues created a tension between the expectations of the university and the student's need to react as a community member. Teacher mentors who understood this concept looked for other ways for students to make up for missed time and satisfy course and graduation requirements. Distance from social supports such as family, have been identified by Patterson and Young (2006, p. 692) as an additional form of oppression contributing to poor success in the academic venue. Combined with racism and low economic status, this "intersectionality" of variables created undue stress for these participants.

Conclusion

The process of seeking the essences of any experience is never complete, as Moustakas (1994) notes: "The fundamental textural-structural synthesis represents the essences at a particular time and place from the vantage point of an individual researcher following an exhaustive imaginative and reflective study of the phenomenon" (p.100). Using the phenomenological reduction method describe by Moustakas, the experiences of five Aboriginal

nursing students in a four year baccalaureate programme was explored and analysed. While each of the experiences and backgrounds was unique to that participant, the essence of that shared experience is demonstrated.

The final chapter gives me an opportunity to do several things: summarize the findings, compare them to the literature, look at the implications for further study and perhaps most importantly, describe how this small contribution can suggest changes for established universities and schools of nursing curricula to make them more welcoming, supportive and cognizant of Aboriginal students.

CHAPTER 5

Conclusions and Suggestions

This phenomenological research study attempted to uncover the elements of success for five Aboriginal students, now graduates, during an educational experience in a four year baccalaureate nursing programme. Raw interview data was reduced and analysed using the phenomenological reduction method published by Moustakas (1994) and informed by the descriptive model first legitimised by Husserl (1931). The seven steps of analysis is described in detail in Chapter Three and applied to the data in Chapter Four.

At risk of losing who they were, these students persevered with their education and at the same time remained connected with and incorporated their cultural beliefs into the application of nursing knowledge. Incorporating Western medical based knowledge into traditional Aboriginal health presents its own challenge; however, all of the participants are now engaged in the care of their home communities or communities of choice.

The similarity between the essences of the experience, the elements of success described by the participants, and the literature interspersed throughout the dissertation is compelling. The experience of these Aboriginal nursing students viewed through an Aboriginal lens, uncovered many incidences of difference and othering, but also brought to light the key components that contributed to their success. This is not to say that non-Aboriginal students did not encounter challenges or experience similar elements of success. However, if

the key to improving Aboriginal health status across the country hinges on having well prepared health care providers, including registered nurses, this small study may contribute to that goal.

The essences derived from the experiences of five Aboriginal nurses provide this writer with much to reflect on. Although the findings of this study are specific for this group at this time, similar findings can be found elsewhere in similar reports and so in a sense confirm that the experience for Aboriginal nurses is different from non-Aboriginal students and that the elements described here are crucial to success. Nonetheless, these studies, written in some cases almost a decade ago, do not appear to have affected significant change for Aboriginal students within nursing programmes in the twenty first century. For example, Hampton and Roy (2002) uncovered themes in a study of Aboriginal students which included: professor/student relationship; First Nations content in curriculum; learning as a shared endeavour; teaching styles and understanding the life of a First Nations student as being important elements for success. Similarly, Meiklejohn, Wollin and Cadet-James (2003) cite the need for “student support; collaborative faculty approach; social network and family support” (p.6) in a study of Indigenous nursing students in Australia. As well, Martin and Kipling (2006) describe collaboration with Aboriginal nursing students; mentorship; and urban campus adjustment as methods to improve Aboriginal student success. Others, including Kirkness and Barnhardt (2001); Bazylak (2002), Anderson et al (2003), Health Canada (2002), ICN (2003), Smith, Varcoe and Edwards (2005) also report similar findings.

Despite these findings and recommendations of these various studies, in 2008, the number of Aboriginal nurses practicing in Canada remained small. Approximately 800 out of 252,948 (0.31%) total registrants in Canada claimed Aboriginal descent. A recent study provided by the Canadian Association of Schools of Nursing in partnership with First Nations and Inuit Health shows further evidence that knowing the barriers and elements of success has resulted in little change.

The findings in this study, in conjunction with the literature cited, point to several important ideas that could be explored in terms of setting direction for improving the success of Aboriginal students attending a post secondary institution and in particular for Aboriginal students in a school of nursing. It is clear that in this study, as in others, family, mentorship, and acknowledgement of the Aboriginal self contributed to the success of this group, but the education system failed to recognise, explore and utilise these facilitators of success to better support Aboriginal students in a school of nursing. As well, Gregory's 2007 report cited in Chapter Two reminds us that there has been little improvement in the number of Aboriginal nurse registrants or in the number of Aboriginal faculty employed in schools of nursing.

Suggestions

Recommendations for success from previous reports such as Gregory (2002) and Nunoda (2008) indicate a similar pattern in their approach to Aboriginal nursing education. Pathways to success starting in high school include: pre-university enrichment programmes such as those offered by the

Thompson Rivers University, Simon Fraser University and the Kamloops Indian Band collaboration; transition and preparatory programmes, and undergraduate on campus support programmes, all with varying degrees of success. While all of these are considered pedagogically sound steps to improving Aboriginal education, they are developed within a non-Aboriginal context and while they may be located at a geographical convenience for the student, they adhere to a logical progression of academic milestones typical of a dominant university structure. Curricula for nursing follow a very structured, university driven model of delivery, designed to meet specific learning objectives and programme outcomes with little Aboriginal content and even less input. Nunoda (2008) in particular, includes some sensible suggestions for success; however, his suggestion that the focus should be on “high achievers and those with potential and motivation” leaves little room for those Aboriginal students with limited educational opportunity to move forward and hints of another form of cultural or racial elitism. How can we make the shift to more meaningful nursing curricula inclusive of Aboriginal culture?

The shift

The participants made several recommendations to enhance delivery of a baccalaureate nursing programme to make the experience more meaningful for Aboriginal students as well as for those non- Aboriginal students considering a career in First Nations communities. These suggestions have strong parallels to many recommendations from recent literature, a literature echoing many of the

same themes as arise in the essences and elements of success from the participant interviews.

The Assembly of First Nations Discussion paper for the World Health Organisation (2007) recommends a blend of traditional and western healing practices in the delivery of programmes and services aimed at Aboriginal people. In order to succeed, they claim it must be driven by Aboriginal people, in other words it “must respond to and be directed by Aboriginal people” and be consistent with Aboriginal rights, interests, knowledge, traditions and beliefs (Indigenous Control of Indian Education, 1972).

Indian and Northern Affairs, Canada (INAC) (2004) recognises that education is a major factor in First Nations well being and that social support and good relations with strong supportive networks improve health at home, work and community levels.

Eurocentric traditions of curriculum development dominate most post secondary institutions, which reflect little of Aboriginal health and healing. Malatest (2004) recommends that curriculum development be done in partnership with the Aboriginal communities being served by the institution. The First Nations University of Canada and the Gabriel Dumont Institute have documented success using this approach.

Aboriginal students accustomed to close knit communities can find the formal atmosphere of the university impersonal and intimidating. Malatest (2004) again suggests that giving First Nations students a place to gather and meet to share problems and issues is a great support. The Institute of Indigenous

Government offers small classes and hires Aboriginal mentors and tutors.

Several urban universities have installed a toll free phone so Aboriginal students can call home without accruing massive phone bills.

Some post secondary institutions have installed a resident Elder to bridge the generation gap created by the legacy of the residential schools and strengthen the pride and kinship felt by Aboriginal students. At the University of British Columbia (UBC), the Longhouse provides a variety of Aboriginal student supports including child care, counselling, kitchen facilities and the Xwi7xwa Library. Considered a model of Aboriginal support, all initiatives at UBC are driven by the four Rs as described by Kirkness and Barnhardt (1991).

This brief review echoes some of the elements of success contributed by the participants in this study (Table 4-1). In addition, the participants offer the following ideas for improvement, which I have expanded upon and have added additional commentary.

Residential School

Respect by faculty and peers for the traditional cultural knowledge, traditions and values brought by Aboriginal students would create an environment of greater acceptance. This can be accomplished through the education of faculty in understanding the impact of colonialism and the Residential School experience.

Faculty who understand these historical events will be better equipped to manage the tensions between family, community, and school for some of these students and to direct classroom activities and discussion in a more sensitive

manner. Universities and faculty must reach out to Aboriginal students and communities to show interest in their culture, knowledge, and life world in order to develop inclusive curricula. Similarly, First Nations studies should become a mandatory requirement in every nursing curriculum. Schools of Nursing, especially those wishing to become the school of choice for Aboriginal students, must invest more time and resources in preparing faculty to incorporate the Aboriginal perspective into their teaching in a genuine and consistent manner. This must not be left up to the individual teacher but be carefully researched in partnership with Aboriginal people and integrated into the curricula as a core component of every course. The “add on” or “bead and feathers” approach described by Pence et al. (1991) in Chapter Two has accomplished little. The presence of a resident Elder fosters Aboriginal ways of knowing, provides a useful support in terms of student success, and demonstrates a respect for traditional learning processes. A gathering place that is exclusive to Aboriginals establishes a community of support away from home and may decrease the isolation that many students report.

Acculturation

Curricula that acknowledge the traditional practices of Aboriginal health and healing will provide context and relevance for Aboriginal students and provide respect for traditional approaches. Discussion incorporating the Aboriginal experience of decimating illnesses such as smallpox, Spanish Flu and Tuberculosis provides context for history, epidemiology and colonial behaviours. A recent study by Massey, Miller, Durrheim, Speare, Saggors and Eastwood

(2009) indicates that the 37 national pandemic plans reviewed by Health Canada inadequately addressed the needs of socially and economically disadvantaged communities including Aboriginal peoples who lack the infrastructure, knowledge and resources to manage such an event.

While the curriculum in most nursing programmes is closely tied to outcomes mandated by regulatory bodies and developed from Eurocentric roots, opportunities exist within the curriculum to explore the content with Aboriginal people and communities. This action would help instate a degree of Aboriginal trust in the education system. Aboriginal control over or collaboration with curriculum development is linked to improved enrolment and retention (Malatest, 2004). The inclusion of Aboriginal world views and epistemology into nursing curricula would demonstrate a sincere effort by the university to be inclusive of Aboriginal students. Kwantlen Polytechnic University in B.C. recently received sources from FNIH, Aboriginal Health Human Resources Initiative to release an Aboriginal faculty member to review and revise each course in the nursing programme to be inclusive and reflective of Aboriginal culture, health and healing. The outcomes of this curriculum development shift will not be seen for some time yet but I for one look forward to the results.

Faculty must critique course materials and apply decolonising strategies to integrate materials that are responsive to diverse voices including the Aboriginal voice. Faculty need to incorporate a variety of instructional methods that better fit Aboriginal learning styles. For example, story telling and experiential learning

reflect the Aboriginal oral tradition and learning from doing better than classroom lectures alone (Archibald, 2008).

Flexible progression through the nursing programme would demonstrate a supportive versus punitive attitude towards the reduction of course loads. Most schools of nursing have a seven year consecutive window in which to complete programme requirements. This should be clearly stated so that any student can take the opportunity to spread out the course load. Further, mechanisms to enhance teaching through the internet, on line delivery, podcast, week-end and block mode courses would provide additional alternatives.

Mentorship

Formal mentorship programmes with Aboriginal nurse graduates working in the field would provide both social and professional support and Aboriginal role models. Knowing that Aboriginal nurses are scarce, this could be accomplished in a virtual manner using technology such as email and Skype. Recently, the University of British Columbia put forth a proposal to telelink Aboriginal students in small communities with Aboriginal students registered in health care professions with a view to introducing health careers at an earlier age and demystifying the internal workings of the university as a whole. The Aboriginal Nurses Association of Canada piloted an on-line forum in January of 2008 to connect Aboriginal nursing students with Aboriginal RNs. The evaluation of this pilot is not yet complete.

Increasing the number and visibility of Aboriginal faculty in schools of nursing would provide role models and mentors for students to approach. A

school of nursing that openly welcomes and embraces Aboriginal people and their contribution to nursing education would encourage Aboriginal faculty, who like students, may not self identify. Aboriginal representation on curriculum advisory would promote more relevance. Aboriginal clinicians as guest speakers would introduce an element of understanding of Aboriginal health and healing practices and Aboriginal preceptors would provide a more relevant clinical experience. A note of caution is required here, however. Pairing Aboriginal students only with Aboriginal preceptors and patients may seriously limit a student's clinical experience. Students must be consulted in this decision and the experience must provide the same learning outcomes as any other. Clinical experiences in Aboriginal communities with an Aboriginal nurse are seen as beneficial for all nursing students and would be a welcome opportunity for non-Aboriginal students as well.

One participant suggested that we are taught to manage our patients on an individual basis so wonders why there is not an educational plan, similar to a nursing care plan, developed for each student. This would allow each student to pursue experiences that have meaning for him or her and provide a more recognisable context for learning. Being able to apply new knowledge in a familiar real world application leads to improved knowledge translation and greater success (International Network in Indigenous Health Knowledge, 2003).

Knowledge translation is defined as an “exchange, synthesis and ethically sound application of knowledge within a complex system of interactions among producers and users of knowledge to accelerate and capture the benefits of

research through improved health, more effective services, products and a strengthened health care system” (p.7). The implication here is that ongoing relationships based on trust between the producers and users of knowledge “have been found to be strongest predictors of success” (p.7).

Development of an Aboriginal nursing student website or chat room was also suggested as a way to provide students with a virtual connection to each other. This way, Aboriginal students in the upper levels of the programme could share experiences and strategies with those in the lower semesters. This may decrease the feeling of isolation and provide a safe place to share and discuss issues.

Positive student teacher relationships is one key to Aboriginal student success. The traditional power relationships and impersonal professionalism common at most universities needs to be replaced by a two way dialogue that promotes trust between the parties and assures the Aboriginal student that the assimilation policies of the past will not be repeated. Shared learning between teacher and student and student and peers enriches the educational experience for all students. Nurses and nurse educators, while viewed at times as having a power relationship within the nurse client relationship, also have a capacity for caring that seems to fit well with the broad cultural notion of relationship described by many Aboriginal people. Goldstein (1999) suggests that caring can have a positive impact on intellectual transformation. Nursing faculty should share this strategy with other faculties that support nursing education. All teachers from all disciplines need to be aware of their impact on Aboriginal

students as they are often seen as being the more powerful in the relationship, re-creating a colonial perspective and unintentional oppression. The meaning of Cultural Safety needs to be better understood and clarified for many nursing faculty. Asking an Aboriginal student for input does not on its own constitute cultural safety. It is an attitude that must be cultivated by each faculty member if true understanding and awareness of different beliefs, values and practices is to be integrated into nursing curricula.

Several participants suggested a clearly identified “go to” person responsible for Aboriginal issues within the nursing programme. Connecting current Aboriginal students with recent Aboriginal graduates would promote a sense of success through seeing live role models who have successfully completed the programme and are now working in the profession.

Family

Recognising the importance of family within Aboriginal culture and how it may influence the educational experience needs to be better understood by faculty. The expectation of family and community to attend traditional ceremonies and events places additional stress on Aboriginal students who are attending post secondary institutions.

The primary purpose for Aboriginal students choosing a post secondary education is to complete a course of study that will assist them to improve the economic, social, political and health status of their respective communities (Kirkness and Barnhardt (1991). Aboriginal students have the responsibility to equip themselves with the tools for improving the lot of Aboriginal people. This

huge responsibility becomes much more difficult to accomplish if post secondary institutions are not welcoming and set up barriers that impede success or continue with practices reminiscent of the colonial attitudes of the past.

Aboriginal self

Ideally, an office of Aboriginal Affairs or Faculty of Aboriginal Studies should take the lead in initiating systemic change within post secondary institutions. In some universities, these departments have existed for some time, in others they are yet to be developed. New faculty orientation should include a mandatory workshop in Aboriginal history, classroom strategies for teaching Aboriginal students, and development of meaningful relationships.

McConachie, Harrevald, Luck, Nouwens and Danaher (2006) claim that the role of universities is to act as transformative agents with a responsibility for social change and to be a site for “interrogating current issues in terms of whose voices are heard and whose are silenced in relation to those issues” (p.136). They also suggest that universities should direct their teaching and learning activities at transforming marginalisation.

Unfortunately, my personal experience has been that these offices with pseudo power do not seem to have the same status as other more traditional faculties, such as the income generating International or Business programmes. As one of the fastest growing populations in Canada, future students are likely to be of Aboriginal heritage in increasing numbers. Universities have a responsibility to prepare faculty to address the learning styles of this upcoming population if greater success is the goal.

The literature suggests (AFN, 2001; ANAC, 2004; Romanow 2004) that one key to improving the health of Aboriginal people is to increase the numbers of Aboriginal health care providers, including registered nurses. Schools of Nursing in agreement with this recommendation have a responsibility to educate students in a manner that is inclusive of Aboriginal ways of being. They must revisit their curricula in order to integrate Aboriginal views into their courses, examine their progression policies so that Aboriginal and other nursing students can complete the required courses at a slower pace if required, and educate their faculty in the history of Aboriginal people to provide greater understanding of Aboriginal ways of life. Failure to do so may perpetuate the kind of educational experience described by the participants in this study and will continue to limit the number of Aboriginal nurse graduates.

Like the findings in the study, the recommendations cited above are perhaps not new, but are a testament to the fact that change is still required. It appears that systemic change within post secondary institutions is slow to come. The rhetoric spoken by many universities can lull one into thinking that at best, something is in the works and at worst, Aboriginal students are rolled in under the guise of acceptance, diversity and multiculturalism in the institutional banner.

Implementation of research for programme development

Several of the strategies mentioned above would have the possibility of improving the educational experience for Aboriginal nursing students. However, in my view, sustained improvement and an expectation of increased numbers of Aboriginal graduates, particularly in nursing, can only come about if the university

leadership embraces a racial consciousness, open-minded attitude, and a respectful authentic understanding of Aboriginal people, their history, science and ways of knowing. I believe that decision makers must catalyse the translation of research into action across all university sectors. Serious attention needs to be paid to all curricula offered by universities expecting to increase their success rates with Aboriginal students. Nursing in particular needs to model the actions of Kwantlen Polytechnic University by examining all course offerings for suitability and inclusion of Aboriginal knowing. Cultural safety is more than drumming at a graduation ceremony, more than a preferred admission process, but involves a genuine understanding, respect and belief in Aboriginal heritage, culture and equity. This too needs more examination and action. Teachers who can engage Aboriginal students in respectful learning partnerships will accomplish this and contribute to Aboriginal nursing student success.

Conclusion

The literature cited within this study, combined with the research findings, point to serious gaps in a post secondary system that continues to be detrimental to the success of Aboriginal people, nursing students in particular.

Real and fundamental changes are required in the approach to Aboriginal students in post secondary education if success, defined by Aboriginal people, is to be the goal. Guided once again by the 4Rs, the following recommendations may provide direction to institutions ready to make the required changes.

Relevance

- Aboriginal communities must be involved in all facets of education involving their people
- Consider First Nations exchange programmes
- Involve traditional and spiritual health practitioners in curriculum design

Respect

- Encourage students to feel Aboriginal instead of part of a minority group
- Create awareness of success stories, develop publications of Aboriginal success

Reciprocity

- Relationships with teachers must be a two way learning process with give and take between faculty and students to open a renewed understanding of each other

Responsibility

- Institutions have a responsibility to create a welcoming climate, provide supports, and assist Aboriginal students to take control over their own lives.
- Institutions as transformative agents have a responsibility to provide a relevant, respectful learning environment for all their students, with particular attention paid to the history and culture of Aboriginal people.

Personal reflection

The telling of these stories provided this writer with unprecedented emotional experiences. I could not believe the extent to which Aboriginal people are still experiencing racism, othering, and major failure in so many ways. Oppression, assimilation and lack of control are all elements contributing to the poor social determinants of health, creating an Aboriginal community of poor physical and mental health and addictions. As a Scottish immigrant to Canada, I viewed this nation through a lens of opportunity, advancement and encouragement.

Language and culture aside, how could the journey of becoming a nurse be so different for five people on the same planet? Clearly, I was from the privileged group and easily “fit in” with the dominant culture. I did not experience any of the challenges described by these participants and can only salute them in their determination and courage to be successful and thank them for these lessons.

Appendix 1

Interview Questions

The study centred on a semi-structured interview process that addressed three main questions:

- a. What are the experiences of Aboriginal Nursing students in post secondary nursing programmes?
- b. What are the experiences of Aboriginal nursing students relative to success in nursing programmes?
- c. Within their experiences, what elements promoted success?

Within these questions, specific topics were explored:

- a. How did the effects of colonialism influence your educational experience?
- b. Did you find the learning environment culturally safe and sensitive?
- c. Did the curriculum provide relevant and respectful learning experiences?
- d. What student supports were available and were they appropriate?
- e. What community and family support was available and experienced by the students during their time in the school of nursing and how did this influence the educational experience?

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