

**THE EXPERIENCE
OF
ABORIGINAL NURSING STUDENTS
AT
THE UNIVERSITY OF SASKATCHEWAN**

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ABSTRACT

In response to the changing demographics in North America, nursing educators have attempted to recruit students from minority cultures. However, attrition rates for minority students are high, which represents significant losses to universities and colleges and to the profession of nursing, in addition to the personal losses to the students.

In the province of Saskatchewan, effort has been directed towards increasing the number of health care providers who are Aboriginal so that more culturally appropriate care is available to a growing Aboriginal population. This qualitative study exploring the experience of Aboriginal nursing students at the University of Saskatchewan was undertaken to identify factors that affected students' learning and ultimately to suggest possible strategies to improve completion rates. Five Aboriginal nursing students and three recent graduates of the baccalaureate program at the University of Saskatchewan agreed to take part in the study. The participants were interviewed once individually. Three participants were interviewed for a second time as a group, to explore some themes more fully.

Participants identified three main factors that influenced their learning: relationships with their families, their classmates and their teachers; certain aspects of the teaching-learning process; and some difficulties arising from being a university student, and more specifically a nursing student. For teachers of Aboriginal nursing students, the findings suggest a range of possible strategies, which could both help enhance students' learning experience and improve retention statistics.

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DEDICATION

This thesis would not have been completed without the continual love and support of my husband Ron, who has been with me almost every step of the way.

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CHAPTER 1 INTRODUCTION

The demographics of Saskatchewan are changing. From 1986 to 1991, the Aboriginal population in this province grew by 10,625 people or 19.09%. This growth represents an official increase from 5.5% to 6.7% of the total provincial population over a period of just five years.^{1,2} Other estimates of population growth suggest that by the year 2001, one quarter of all labour force entrants and one third of all new school entrants in Saskatchewan will be Aboriginal people.³ The growth of the Aboriginal portion of the population has many implications for the future of the Province of Saskatchewan in terms of services provided. An implication for health care is the increased need to provide culturally sensitive and appropriate care. One way to address this need is to have a proportionate number of Aboriginal health care providers in the health care system, which could benefit both the Aboriginal community and the caregiving professions. Providing appropriate care seems incrementally important with the concurrent shift of the practice setting from institutions to home and community, where culturally insensitive care will be less tolerated.⁴

Representatives of the Aboriginal population in the Saskatoon Health District have stated that:

Culturally appropriate and relevant care and care-givers have an impact on the way Aboriginal people access and utilize health care service.^{5pg3}

Improvements in the use of health services, particularly in reduced hospital use, can also have economic benefits as according to Health and Welfare Canada statistics, Aboriginal people are presently over-represented as consumers of these services.⁶

1.1 Study Rationale

In the field of nursing education, minority population students have been actively recruited but the attrition rates are high, ranging from 15% to 85%.^{7,8} Research on minority post-secondary students in professional

programs is predominantly American and focuses on African-Americans.⁹ Much of what is known about Aboriginal post-secondary students is based upon research in Aboriginal settings, not in traditional North American universities.¹⁰ In addition, research is predominantly from the educator's perspective, rather than that of the student.¹¹

Understanding the experience of Aboriginal students in university, and nursing programs in particular, is important if educational institutions are to become more responsive to their particular needs and concerns. American authors Fitzsimons and Kelley submit that any minority student entering into a nursing program is required to learn and adapt to three new cultures; the culture of the university, the culture of the profession and the Anglo-American culture upon which the curriculum is based.⁴ Collier stated that incremental sensitizing of teachers and others on a university faculty to some of the cultural traits of their students is more likely to improve student outcomes than the creation of new and different models of teaching and learning. Collier goes on to suggest that educators who are culturally aware and sensitive to Native students may also become more sensitive to other students.¹⁰ In these difficult economic times, nursing programs and universities as a whole are increasingly accountable for ensuring that students complete their programs with the potential to becoming active and productive members of society. Any knowledge which enhances student learning and increases program completion is both sought after and beneficial.

This qualitative study with Aboriginal nursing students at the University of Saskatchewan sought to identify factors in the practices of the university and the College of Nursing which the students perceived as either helping or hindering their learning. The study is phenomenological in philosophy and design, in that it does not attempt to prove or disprove a theory; rather, it focuses on the meaning which students attribute to their experience. Demographic data were gathered by means of a questionnaire and narrative data through individual interviews. Eight participants were enlisted with the

assistance of the personnel of the National Native Access Program for Nursing (NNAPN) and the faculty of the College of Nursing. The interviews were audio-taped, transcribed, and then analysed.

Motivation for this project originated both from my role as a nurse educator and from my progressive personal interest in Aboriginal issues. Support has come from other nurse educators in British Columbia and Saskatchewan, colleagues, and Aboriginal friends who have expressed interest in the study. The results are intended to sensitize nursing educators to the perceptions of these Aboriginal students in the hope that faculty may then consider their own practice in terms of changes that could help more Aboriginal students succeed in the future.

1.2 The Purpose of the Study and the Report

The purpose of this study was to explore the meaning which Aboriginal nursing students give to their university experience, and to identify factors that they considered either assisted or impeded their learning. The purpose of the report is to sensitize nursing educators to students' perceptions, which in turn can either affirm current practices or provide a basis for change.

Ultimately, an increase in the number of minority nurses who are better able to understand and articulate the needs and culture of minority clients will assist all nurses in providing care to minority populations.⁴

1.3 Literature Review

The literature review for this study was done in two stages. Some researchers believe that doing a thorough literature review before the study risks biasing observations and questions.¹² It may be advantageous to begin without the preconceived ideas of others, which would then result in purer descriptions.^{13,14}

Prior to undertaking the study, I researched regarding the design and method of the study. Texts and chapters of texts were the resources for the proposal, conducting the research, analysis, and reporting phases of the

project.

In addition, I had a brief look at the literature pertaining to the question before beginning this study, in order to provide rationale and impetus for my study.¹² Data bases in Education (Educational Resources Information Centre, ERIC) and Health Sciences (Cumulative Index to Nursing and Allied Health Literature CINAHL, Medline, and Health Plan) were used. A more extensive search was undertaken following the data analysis and before writing the findings and discussion in order to compare my finding to those of other researchers.¹⁵ These studies are included in Chapter 4 (Discussion). The majority of the American articles which related predominantly to African American and Hispanic students tended to be teacher rather than student-focused. There is little reference to Aboriginal students and the only study written from the students' perspective related to social work students.¹⁶

Sources which I also found most useful prior to beginning my research and during the analysis phase were books pertaining to Aboriginal culture such as; *Dancing With A Ghost*, and *Return to the Teachings* by Rupert Ross, *The Dispossessed* by Geoffrey York, *Dual Realities* by Bill Hansen, and *Knots in the String* by Peggy Brizinski. These books were read in order to better understand the complexity of the differences between many Aboriginal and non-Aboriginal perceptions.

CHAPTER 2 - THE RESEARCH METHODS

The purpose of this study was to describe Aboriginal nursing students' experience in a baccalaureate nursing education program. This chapter will describe the methods and process of the study.

2.1 The Research Design

For this study, a qualitative approach was used, employing phenomenology as the chosen research method.

2.1.1 Qualitative Research

Qualitative research is the method of choice when little is known about a phenomenon, and the need is to identify, describe, know, or understand.¹⁷ Qualitative research is able to contribute theoretical frameworks, identify variables and hypotheses, identify new paradigms, and provide direction for both practice and future research. A researcher seeks new ideas rather than testing or verifying a preconceived theory or idea.¹⁸ Typically, the process is to observe and document the reality of particular subjects in their everyday experiences or perceptions of their experiences and, by induction, to extrapolate to the general.¹⁸

In this case, little has been written about the perceptions and experiences of Aboriginal nursing students, and there has been nothing written specifically about Aboriginal nursing students at the University of Saskatchewan. A qualitative approach seemed appropriate as I wanted to describe the students' perceptions of their experiences, specifically those related to their learning. The various approaches to qualitative research, including phenomenology, grounded theory, ethnography, hermeneutics, case study, and histography, all have the same underlying assumption; that our knowledge is rooted in our experience of the world, and that we all have unique and valuable experiences and perceptions of those experiences. Every experience is situated in a social and historical context, and we each

use this knowledge to create our own reality by the meaning we assign to our experiences.^{13,19,20}

2.1.2 Phenomenological Research

Choice of approach for a study depends upon the form of the question and the purpose of the study.²¹ For this study, the choice was phenomenology. It is both a philosophy and a method which, because it is still evolving, has multiple interpretations.²²

As a philosophy, phenomenology is holistic and humanistic, based on the belief that there are multiple realities and that the context is important.^{19,22} Carpenter quotes Speigelberg, the historian of the movement:

It is a movement whose primary objective is the direct investigation and description of phenomena as consciously experienced, without theories about their causal explanation and as free as possible from unexamined preconceptions and presuppositions.^{14 pg30}

As a method, phenomenology is best used for complex and little known phenomena in the practical world. It is the study of everyday life from the perception of participants, without assumptions or interpretations by the researcher. The goal is to describe the participant's lived experience without altering the experience in any way.^{14,17,21,23} Conclusions are neither definitive nor certain; rather they represent ideas to be shared, discussed, and perhaps investigated further.

This particular study focused on the experience of Aboriginal nursing students at the University of Saskatchewan. The specific area of interest was their perceptions of practices of the University and the College of Nursing which affected their learning. This report describes the phenomenon of the educational experience of University of Saskatchewan Aboriginal nursing students without attempting to explain, predict, or control the data.¹⁴

A phenomenological study seems suitable both personally and professionally. Personally, it fits with aptitudes which are more creative than

mathematical, and a desire for information which is more practical than pure.¹⁷ Professionally, phenomenology values holism, humanism, empathy, and intuition; all of which are central to nursing practice^{14,20,22} and, by extension, to nursing education. Observing, interviewing, active listening, and seeking to understand meaning are integral components and essential to both phenomenology and nursing.

2.2 The Sample

For the study group, I sought to identify those individuals who, through two or more years in the nursing program at the University of Saskatchewan, were knowledgeable about their own experiences and were also willing to spend time to reflect upon and share those experiences.²⁴

There were eight people in the pool of potential participants. Because of this small number, I used a primary selection method. The total population of second-, third- and fourth-year Aboriginal nursing students and the 1996 graduates of the University of Saskatchewan was invited to participate. This eligible population consisted of two students in each of second- and fourth-year, one in third-year, and three 1996 graduates, all of whom agreed to participate. One 1996 graduate, the Co-ordinator of the National Native Access Program to Nursing (NNAPN) program, agreed to participate in a pilot interview for the study.

The participants were a diverse group, a concept I sought to continually keep in mind in order to avoid any tendency towards a "Pan-Indian" way of thinking. In fact, during an interview, one participant stated that she found Aboriginal people from different areas of the province often had different ideas and values from each other. She recounted:

First year there was three other Natives there too, but then we all came from different parts, and we all grew up differently, so it's like different attitudes, values and beliefs.

Of the seven participants in the study one was Métis and the other six participants were from five different Cree bands. The amount of time which participants had spent on reserve varied greatly, from none to their whole life

prior to coming to university. Six participants were between the ages of twenty-one and thirty and one was in the 31 to 40 age group. Five participants were female and two male; three were married and two had a child or children.

Prior to university, participants had attended a variety of schools; public, band, tribal, or residential schools. Two participants spent their entire twelve years at the same school, one at a band school, and one in a small rural school. The others attended several schools, with their school changes attributed to age, family moves, or preference. In addition, three participants had from two to four years of post-secondary education. Participants were not recent high school graduates so could appropriately be considered "adult learners."

In order to protect participants' identities, and to ensure anonymity, I did not describe them individually in terms of personal attributes, situations, or even their year in the nursing program. To avoid gender identification, I gave each participant a unisex pseudonym, and female pronouns will be used consistently. In the report, participants will be identified by the following names: Pat, Alex, Sandy, Lee, Chris, Kim, and Tracy.²⁵

2.3 Recruitment

The process of entering the field began prior to the actual study through conversation with the Dean of the College of Nursing, who expressed interest in the project and had recommended a nursing faculty member for my thesis committee. I had also met with the Co-ordinators and Assistant Co-ordinators of the NNAPN program over the preceding two years and they too expressed interest in the study. In September and October, 1996, while awaiting approval for the study, I met several times with the current NNAPN personnel who became increasingly helpful and supportive. During that time, I attended and contributed to two of the weekly NNAPN student lunches, meeting three of the potential participants and becoming more familiar and comfortable in that environment. I had already met and spoken to another

two potential participants in March 1995, while undertaking a project on active adult learners for an adult learning and development course. NNAPN personnel informed the other three potential participants of the study and advised them I would be contacting them soon to discuss it in more detail. As time increasingly became a limiting factor, participants were introduced to the study by phone rather than in person as originally intended, and when a participant agreed to participate in the study, we scheduled a time and place of her choice for an interview.

During the initial phone contact, I attempted to describe as clearly as possible the nature of research involved. Participants were informed that for this type of research, I was interested in learning about their individual experiences. They, the participants, were the experts, and responses and answers would be neither right nor wrong. I also mentioned some potential benefits for them as participants; including an opportunity to reflect on and perhaps better understand their own learning styles. As participants, they would have some experience with research which is part of current nursing practice.

Immediately following the phone contact, I left an Information Sheet (Appendix A) and a Consent Form (Appendix B) for each participant to pick up at the NNAPN office. For interviews scheduled more than 48 hours ahead, I phoned participants the evening before to confirm details such as the time and place of the interview.

While seven is a small sample, it does represent the entire eligible population, and in phenomenological work, the depth of interviews is considered to be more significant than the number of participants.¹²

2.4 The setting

This study was undertaken at the University of Saskatchewan which is located in the City of Saskatoon in the Province of Saskatchewan, Canada. Saskatchewan is one of the prairie provinces in west-central Canada, which has a somewhat higher proportion of Aboriginal residents than most other

Canadian regions. In 1991, 9% of Saskatchewan citizens were Aboriginal, compared to the national figure of 3.7%.²⁶

Saskatoon, which straddles the South Saskatchewan River, is located in the middle third of the province, and has a population of approximately 220,000.²⁷ The University of Saskatchewan, established in 1907, is situated on the eastern river bank. The university consists of a 755-hectare campus and is considered the province's major research institution. There are approximately 18,000 undergraduate and 1800 graduate students attending the university. The Mission Statement of the University acknowledges and values the diversity of the university community and envisions assisting society to become more just, more culturally enriched, and more prosperous. A specific goal is directed towards the advancement of employment and equity with specific mention of Aboriginal peoples.²⁸

All participants in this study are or were enrolled in the College of Nursing, which offers a four-year program leading to a Bachelor of Science of Nursing degree. The University calendar states that the four year baccalaureate program prepares graduates to give quality nursing care in a variety of health care settings; including hospitals, long-term care facilities, home care, and community agencies, and to go on to teaching or administrative positions in the future.

All the participants, by virtue of their Aboriginal ancestry, were eligible to enrol in the National Native Access Program to Nursing (NNAPN), a nine-week program offered each spring at the University of Saskatchewan. NNAPN assists students to gain entrance to nursing programs at universities in Canada. Five of the seven participants had attended the NNAPN spring program. Additional mandates and goals of the NNAPN program include; recruitment of Aboriginal people to health care professions, bridging and cross-cultural awareness activities, and follow-up and ongoing counselling to the graduates of the spring program.²⁹

2.5 Ethical Considerations

The foremost ethical issue in any research has to do with the rights of the individual taking priority over research aims.³⁰ Participants' physical and psychological safety in terms of privacy, confidentiality, autonomy, and dignity must be protected at all times.^{14,31,32} The consent, a critical part of any research project, covers many of these aspects. In qualitative work, the consent can be an evolving or ongoing process requiring re-negotiation as the focus or the situation changes.^{17,31} This particular study required only one consent form which the participants were given along with an information sheet when they agreed to participate. Prior to signing the consent form, at the scheduled interview time, I read through it carefully with the participants, explaining their freedom to withdraw from the interview or the study at any time or to decline to discuss any topic.

Questions asked were general in nature, and participants were encouraged to respond in a general manner, without identifying a particular individual or course. Interviews were taped and each audio tape was transcribed by one of two transcribers, both of whom live in Victoria, British Columbia. To ensure privacy and confidentiality, the hard copy was seen only by myself and the participant. Participants were given the opportunity to review the hard copy of their own interviews prior to my analysis, and they were advised that as well as expanding upon or correcting anything which they had said, they could edit out anything which they felt either identified or unsettled them. Participants' changes were incorporated before one copy of the revised transcript was printed and the edited copies were destroyed. As specified in the ethical approval, when the thesis is completed, I will destroy all transcripts and field notes, and will erase audiotapes and computer disks. With just seven participants, comments or characteristics which could identify a particular participant, teacher, class or year, were omitted from the written report.

Faculty and staff of the university were protected to the same degree. Courses were identified, however, participants were discouraged from

naming individual faculty and any inadvertent use of names was omitted from the hard copy of the interview.

Participants contributed their time (approximately four to six hours in interviews, telephone conversations, and reviewing results), energy, and emotions. They were asked to open up aspects of their lives to a stranger. As researcher and an outsider, I was aware that these are priceless gifts, and that I had to think about reciprocity and what benefits there might be for participants. I emphasized the collaborative aspect of this kind of research, the short-term benefits to them and the potential long-term benefits to future Aboriginal nursing students. Participants' schedules determined interview times and refreshments were provided at each time. Prior to each interview, I reminded myself that my role was that of a researcher, not that of a clinician or a teacher. I found that having the practical matter of monitoring the audio-tape recorders helped remind me of this role. While I cannot speak for the participants, I hope they did not feel they were merely a means to an end.³³ When the participants have had an opportunity to review and perhaps discuss the finished work, I may gain more understanding of their feelings as participants. In terms of closure, it is my intent to send each participant a thank you note and a small gift representing British Columbia Native art.

It was my definite intent that participants be treated with respect and dignity through each interaction. Each interview began by my thanking the participants, stating that the study could not be done without them and specifically acknowledging the privilege it was to be allowed into their personal world. I affirmed that I was committed to describing their perceptions as faithfully and honestly as possible.^{14,34} Studying aspects of people's lives has the potential to elicit emotional responses, and participants did have some strong feelings about some of their experiences. It could be a major dilemma for the researcher if, in attempting to be open and honest, information arises that could be problematic or hurtful for the participants.^{31,33}

However, in this study, situations that were emotional or represented previous dilemmas for participants appeared to have been resolved, and

nothing arose that required intervention or advising the nursing faculty representative on my committee.

At times, I required clarification or explanation regarding a particular statement and I also encountered opinions and values that differed from mine.³⁴ However, by emphasizing the fact that participants were the experts/teachers and that I was the learner in this instance, I focused upon maintaining a listening, non-judgemental position while interviewing. As I am a member of the dominant cultural group as well as a teacher, I wondered if participants were able to be totally trusting and open with me.

Preparations such as being known and supported by the NNAPN personnel, and efforts to provide a comfortable, safe environment for the interview were intended to minimize participants' discomfort and maximize their openness. Comfort and safety were the rationale for the time and place determined by the participant. Comfort and safety were also the reasons I dressed casually, sat beside and not across from participants where possible, provided refreshments, and used humour where appropriate. The interview began with safe, general topics and progressed to the more concrete and detailed matters.

Before beginning, the study was reviewed and approved by the Advisory Committee on Ethics in Behavioural Science Research of the University of Saskatchewan (Appendix C) and the College of Nursing Research Subcommittee (Appendix D).

2.6 Data Collection

Data in phenomenological research can be collected by observation, interviewing, or document analysis. I began with one initial interview with each participant, which was accomplished in an informal, conversational style, guided by a predetermined list of topics and general questions. (Appendix E) Topics covered included reasons why participants chose nursing as a career, their relationships with their non-Aboriginal classmates and faculty, nursing and non-nursing courses, and other campus groups or

services with which they had contact. The purpose of the interview was to have the participants describe their world, their experiences, their opinions, and their feelings. The interviewee was an active participant, the "knower", who had the information needed; therefore it was up to me, the researcher, to work at and foster the relationship.³⁵ The interview process was retrospective; therefore, not pure, as the participant was reflecting back and recalling.

In November 1996, the interview questions were piloted with the NNAPN Co-ordinator who had graduated from the nursing program that spring. Piloting the questions provided an opportunity to evaluate my interviewing skills, the length of the interview, the clarity and usefulness of the questions, as well the use of the tape recorder.³¹ The pilot participant was aware that the purpose was not to provide data, but rather to critique the questions and the interview process in terms of clarity, comfort, and appropriateness. The pilot participant reported that the questions were easy and appropriate and that the interview process was quite comfortable. The seven research interviews began in November, 1996 and were completed in May 1997. Interviews began with the demographic questionnaire (Appendix F) and were all completed within the allotted hour.

Four of the interviews were conducted in a small unused NNAPN office. In an attempt to make it comfortable for the participant, I dressed very casually, provided some refreshments and kept the door closed throughout the interview. During the pilot interview, I had been informed that participants likely would not feel intimidated by the presence of tape recorders as in their communication classes they had to record and then analyze their own communications.

The remaining three interviews were undertaken at the participants' homes; consequently, the environment was unknown, and there was no opportunity to arrange it for comfort. The three participants who were interviewed in their own homes appeared to become comfortable with the process more quickly than those interviewed in the office; however, none of

the seven seemed distracted and all seemed to give the interview their full attention.

At the conclusion of each interview, I thanked participants for offering their valuable time and for providing their thoughts and perspectives, and I reiterated that the study could not have been undertaken without them. Further, I always mentioned if the participant or myself felt anything of potential significance was omitted or required clarification, it could be followed-up by phone. However, no follow-up calls were needed until I undertook arrangements to get transcripts to and from participants.

In October 1997, another interview with three of the participants together, was scheduled in order to expand on some themes. That interview was held in the NNAPN lounge. The one participant who missed the interview met with me later at a nearby restaurant. Thus, four participants were interviewed only once, and three participants twice, two of them together.

2.7 Data Management

Data were managed in two ways; by audio-taping and then transcribing each interview, and by keeping a written record of the fieldwork. An effective management system for organizing and storing data is key to the analysis process, during which it can be retrieved and manipulated.²¹ Two individuals in Victoria transcribed the interviews. Audio-tapes were identified with the participant's code and date and one copy was stored in my home and the second in a locked cupboard or drawer in my office.

Field notes were written immediately after each interview and recorded in a notebook. They served as a record of first impressions, some of which were used in data analysis to trace my thinking and decision-making. The field notes consisted of things that were seen, heard, or experienced, and thoughts which occurred to me while collecting the data.

The notebook had four sections, the first being the field log, noting what was planned and what actually happened. The field log was intended to

assist with decision-making and analysis and to keep me focused and on task.³⁶ The second section was a field diary containing my personal feelings, opinions, perceptions, ideas, (new and preconceived) assumptions, and reflections.¹² The next two sections were the field notes, both descriptive and reflective. The descriptive notes covered such things as the environment, the feeling tone of the interview, the appearance, manner, and gestures of the participant, and my frame of mind. Reflective notes were evolving interpretations, thoughts on emerging patterns, themes or connections, new learning and comments respecting design and method. Field notes were written as soon as possible after each interview¹² and served as a zoom lens for viewing the data as they accumulated,¹⁷ thus providing additional insights and data which were not captured by the tape recording.³⁷

2.8 Data Analysis

In Qualitative Research, data analysis is an ongoing process of bringing order, structure, and meaning to what was seen, heard, and read.³¹ It is systematic, flexible, ambiguous, time-consuming, creative, interactive, comprehensive, scientific, and neither linear nor neat.^{12,21} Analysis is an attempt to describe how things work, not how well they work.¹⁷ The analysis process is not well defined and varies with the study, skills, training, insights, and abilities of the researcher or analyst.¹² However, all forms of data analysis include some reflection on and reduction of the data; separating out the researcher's own beliefs and assumptions, comparing and contrasting the data while looking for similarities and differences, and creating the description.^{12,38} I analyzed the data looking for themes of situations, meaning or focus without which the phenomenon would not exist.³⁹ Van Manen describe themes:

like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes. Themes are the stars that make up the universes of meaning we live through. By the light of these themes we can navigate and explore such universes.^{39pg90}

Glesne and Peshkin refer to this period as "entering the code mines" and suggest using a computer to make the task more systematic, clear, and explicit. However I used cards and separate sheets of paper with one idea or concept on each, which was more visual and easier for me to manipulate.³¹

Krueger describes this as a transcript-based analysis. It involves working with the transcribed data from the interviews and the field notes, and of making use of bracketing to avoid including my own presuppositions or judgements.^{36,38} When working with the data to determine codes and sub-codes, I listened to the tape while following the written transcript. When first listening to and reading each interview, I noted in chart form, the key points of each participant's response to each question. I also entered the tape counter number at frequent intervals on the transcript, in order to be able to easily locate a specific comment on the tape.

From the chart which was based on the eight main questions, 17 coding categories or themes were derived. The 17 categories further evolved into 16 units, 4 of which were broken down into sub-units. (Appendix G) Each category, unit and sub-unit had its own page, and entries from each transcript were listed along with notes on the location of quotes that might be used in the report to support a particular point. To address my own experiences as data throughout the analysis, I noted in the margins and on coding sheets any intuitions, ideas, responses, feelings, understandings, questions, or speculations that I had about the content or the process.

2.9 Trustworthiness

In Qualitative Research trustworthiness takes several different forms: dependability, confirmability, transferability, credibility, replicability,^{19,20} consistency, stability, respectability,⁴⁰ authenticity¹⁷ and soundness.³⁷ I have addressed the issue of trustworthiness in terms of credibility, transferability, dependability, and confirmability, as described below.

Any error, large or small, compromises the outcome and limits the usability of a study.⁴¹ Errors can occur in the choosing of the different

subjects or in the way subjects respond. To avoid subject errors, participants in this study were all interviewed by one interviewer/analyst using the same interview guide which was previewed by my thesis committee, the Ethics Committee, and the College of Nursing Research Committee. The interview process was also piloted with the Co-ordinator of the NNAPN program who found it comfortable and appropriate.

Two types of subject response errors may occur. Social desirability is when the interviewee gives the expected, preferred response.^{32,34} This response can be avoided to some degree by meeting with participants more than once, developing a sense of trust, and employing interviewing strategies such as asking the same question in a different way.³² One has no certain way of knowing how comfortable and trusting participants are with the interviewer. It did seem that the degree of comfort varied throughout each interview and between participants. A degree of trust and comfort were evidenced by participants' body language such as their sitting position, their being in no apparent hurry to leave, their apparent focus, their thoughtful responses, and their agreement to participate in a second interview. A second type of subject response error is acquiescent response in which a subject constantly agrees or disagrees. This was avoided by using open ended questions where responses could not reasonably be "yes" or "no" and for which there is no right or wrong answer.⁴⁰

Trustworthiness, in the form of dependability, confirmability, transferability and credibility, was addressed in a number of ways.

Dependability was maximized by leaving an audit trail; a well-documented and clearly written account in the form of field notes regarding decisions which I made during the study process.^{12,19}

Confirmability is achieved when conclusions and recommendations are supported by the data. Another way of confirming would be to have the same data analyzed by another analyst.

Transferability refers to results being applicable to other settings.¹² The method and analysis contain information about the setting, program, and

participants so readers may determine for themselves what is and what is not transferable.

Credibility seems to be the key area of trustworthiness. Ways of ensuring credibility include being in the field for a period of time, having more than one interaction with a subject, asking different questions to obtain the same information, or repeating the questions.^{19,21,31,40} The time in the field was limited due to everyone's schedules and I was unable to meet with participants prior to their interview, in order to build trust, as I had originally planned. In retrospect, two meetings to fit into busy schedules may well have made students and graduates less likely to agree to participate. Questions were directed to the subjects' experience of the learning process, not their knowledge of nursing or learning. Consistent, logical, and mutually exclusive coding which was reviewed by my supervisor also contributes to credibility.^{31,40}

Triangulation in phenomenology has more than one definition. For this study, the various methods of confirming the accuracy of the data sets are forms of triangulation intended as a counterbalance to threats to validity.^{14,42} In addition to the methods already mentioned, careful and continuous use of bracketing of my own knowledge and experience aids in establishing trustworthiness.

All authors reviewed seem to agree that the best experts in judging reliability and validity are the subjects themselves.⁴¹ Consequently, I confirmed my impressions and interpretations within each interview by using probes and perception checks, summarized throughout each interview, and before the group interview. I consistently reminded participants of the opportunity for clarification by phone. In addition, participants had the opportunity to read and to edit the transcript of their own individual interviews.

2.10 Assumptions

Prior to undertaking a research project, the researcher's assumptions about a phenomenon should be identified, to help control for researcher bias

and to identify what is truly the lived experience of the participants.^{43 44}

Munhall calls this the process of "unknowing", in which the researcher becomes naive and more open to learning about the phenomenon.⁴⁵

Following are my prior assumptions about the participants and the context of my study.

- * Adults have developed their own learning styles, which are influenced in part by cultural experiences. Some style(s) developed and favoured by Aboriginal students may differ from those of non-Aboriginal students.
- * Predominant teaching methods at the post-secondary level, such as lecture, self-study and text book learning, are geared more to the preferred learning styles and preferences of non-Aboriginal students.
- * The perceptions of Aboriginal students of the practices of the University or the College of Nursing may differ from those of non-Aboriginal students and they may also differ from the intent of the faculty or staff, as a result of the students' past experiences.
- * Aboriginal students in the university environment may be disadvantaged due to their educational background. For example, their individual primary and secondary school experiences may have been quite different from those of non-Aboriginal students. Participants may have lived and attended school in either an Aboriginal community or on reserve; or, have lived and attended school in a non-Aboriginal community. They may have lived in either an Aboriginal or non-Aboriginal community and attended school in the other. There may be a variety of additional disadvantages if the community is geographically remote.
- * Aboriginal students may have a different, more holistic view of health and healing based upon their indigenous culture than many of their non-Aboriginal teachers and classmates.
- * Aboriginal students often come from diverse groups which call themselves distinct Nations; therefore they are not a homogeneous

group. Overgeneralizing risks the creation of stereotypes or even inadvertently adopting a "pan-Indian" way of thinking.

- * Aboriginal people as a group are currently disadvantaged due to past misunderstanding and mistreatment, both culturally and legally. It is then society's responsibility at this time, to make consistent and appropriate efforts to assist Aboriginal people in obtaining the education and skills needed, not only for themselves and their communities but also for society as a whole.
- * Aboriginal students may be hesitant and slow to enter into a trusting relationship with a non-Aboriginal, especially of the dominant culture.
- * Aboriginal students may be wary of the research process, as many of their communities have often been researched without much subsequent noticeable change or improvement in their situation.
- * The educational experience of adult students in general, including Aboriginal students, may be significantly affected by many factors outside the university such as homesickness, family responsibilities, finances, health, work, previous educational experiences, race, class, gender.
- * Culture is the normal behaviour and thinking for a group of people. It is pervasive and helps define a person.

2.11 Limitations and Biases of the Study

In this study there are limitations and biases which are inherent to the phenomenological design and method; most significant is the central role of the researcher. In phenomenological studies, the work is affected by the direct presence of the researcher as the instrument. All of the data gathered are processed and filtered by the researcher.¹² Beliefs, values, knowledge, experiences, and emotions which have been brought to the study by the researcher are revealed in the reflective field notes and can then be identified, bracketed, and set aside. Glesne and Peshkin advise adopting the role of a learner, one in which the participant is the expert and the researcher naive and unknowing, needing to reflect on the narrative in order to find the

meaning.³¹ As a clinician who is progressively learning to be an educator, I do not consider myself an expert in education; this could be an advantage in that it reduces the inclination to evaluate and judge.¹³

Although I taught a lab and clinical group in the nursing program at the University of Saskatchewan in the Winter Term of 1995, I was not a faculty member at the time of the interviews and did not have any direct impact on student outcomes. It may also have been to my advantage, in terms of objectivity and "unknowing", to be non-Aboriginal and also to be older than the participants, who come from a culture which has traditionally valued elders.

Phenomenological research requires skills in effective communication. Skills in verbal, non-verbal, and active listening are required and nursing has given me some preparation in this area. In interviewing, the task was to encourage participants' recall of the phenomenon, record it, and allow it to speak for itself without either judging or interjecting anything personal.⁴⁴

The focus of the study was upon the students' perceptions of practices of the University and College that they believed had an impact on their learning. As mentioned previously, there are a multitude of other factors which may affect adult Aboriginal students, such as finances, family and other responsibilities, previous academic experiences, racism, culture and cultural differences, loneliness or health problems. Many of these factors did emerge in the interviews and could be the focus of further study.

The study was undertaken at a university which, in part due to the onsite NNAPN Program, has seemingly been more successful than most in the area of retention of Aboriginal nursing students. Consequently I expect that participants identified more positive factors than they might express elsewhere. Also, participants were all students who appeared to be succeeding in the system currently or who were graduates who had completed the nursing program. Individuals who had dropped out of the program would likely have additional insights to offer, but recruiting such people for participation was beyond the scope of this study.

CHAPTER 3 - FINDINGS

The field work for this study consisted of individual participant interviews begun in November 1996 and finished in May 1997 and second interviews with three participants, two together and one on her own, in October 1997. Participants who were second-, third- and fourth- year nursing students and the 1996 graduates were each asked the same questions at their first interview. In the second interview, findings from the first interview were discussed further. The two fourth-year students and two graduates had more difficulty recalling details of early years and of specific courses; consequently they gave more general responses than the second- and third-year participants, who were able to be more specific. This chapter will present some background information and the findings in terms of:

- * Nursing as a career choice
- * Student relationships in the College of Nursing
- * Student perceptions of course work
- * Student adaptation to new roles
- * Extracurricular activities
- * Participant recommendations for the College of Nursing and future Aboriginal nursing students.

3.1 Nursing as a career choice

The themes which evolved in response to the question, "What/who influenced your decision to become a nurse?" were; family influence, as well as wanting to do something to help their own people, and caring.

For Alex, Sandy, Lee, Kim and Tracy, family represented some influence on their decision to become a nurse, while for Pat, friends had stimulated the idea of nursing as a career choice. Pat and Lee had been each given written information about nursing or the NNAPN program, which had started them thinking about nursing. Sandy was already attending university when a family member who had taken the NNAPN program

recommended it for consideration. Sandy felt that nursing provided a needed career direction and that it was a good personal fit.

I went in [to nursing] because I always considered myself a caring person and I needed, (pause) basically I needed something to work towards.

Alex had family members employed in health care and she had made a career choice which would hopefully lead to a well-paying job in a profession that was somewhat familiar. Kim had a close relative, living with a chronic illness, who responded to her interest and curiosity by encouraging her to think about nursing as a profession.

Caring and working with Aboriginal people were also motivating factors for Lee, Kim and Tracy whose long-term plans are to work in northern communities where they see a real need for improved health care. Lee explained:

I'd like to be a public health nurse and work at the [northern] stations.(pause) Particularly in my own community.(pause) So I would like to work there because I understand their needs.

Tracy described that she had observed nurses while they were working in her community, and said she had wanted to be a nurse since she was a young child.

I just liked the way they did things (pause) the way they helped people all the time.

3.2 Student Relationships in the College of Nursing

Participants were asked about their relationships with non-Aboriginal classmates and with their nursing teachers. Generally, participants recalled the first term or even the first year as rather lonely, but after that they found there was a comfortable collegial bond with most of their classmates. Several participants stated that the relationships with classmates were limited to the academic component of their university life, and did not include social activities. The majority of teachers were considered approachable and supportive. However, Pat, Lee and Chris described what they saw as a hierarchical structure, based on the role of the professional and that of the student or of teacher and student.

3.2.1 Relationships with classmates.

Participants reported experiences that many students entering a new program might have. Themes emerged such as; feeling shy, wanting to focus on their studies, feeling overwhelmed by class size, feeling "different" from other students, and feeling ambivalent about their choice of career.

All seven participants stated they were comfortable with the majority of their fellow students in the College of Nursing. Being in the same college, they considered that they shared a common goal, felt comfortable discussing nursing or class-related topics, and were able to ask for help or clarification from most of their classmates. Participants described this professional collegiality as becoming stronger each year, and being especially strong in the smaller clinical groups.

When asked specifically about making friends, one class was consistently described as 'cliquey,' in that students always sat in the same spot near the same people, so it was not easy to meet new people. While all participants said they liked and could work comfortably together as student nurses with most of their non-Aboriginal classmates, only Sandy, Chris and Tracy spoke of any associations outside of class. Other responsibilities, particularly family, were mentioned as the main reason for their limited socialization.

Pat, Lee, Kim and Tracy each described themselves as shy and reserved and did not attempt, at least initially, to make friends with the other nursing students. Lee said:

Actually, my first year I was kind of ah, reserved. I did try toward the end of the year to, you know, make friends (pause) but I felt (pause) I couldn't talk to other people 'cause they were all strangers to me and I was too busy-focused on my work (pause) trying to get it done and you know, doing well. (pause) So I didn't give myself a chance to make friends until second year.

Lee went on to say that the next year was different.

[Making friends] was easy (pause) like I decided, well now I am going to open up. I'm not going to spend all my time with just my work. I'm going to make friends and make it more fun!

That apparently paid off as in describing the relationship with non-Aboriginal classmates from there on Lee said:

I guess it would be like a family, to help each other get through the course.

Chris described a feeling of ambivalence about nursing as a career choice and in order to not become too committed or involved deliberately did not get to know anyone in her first year. By the end of the second term, having decided to continue in the nursing program, she was able to understand and explain this behaviour to classmates and felt ready and able to make friends.

So I told them why, and that was fine you know, because they (pause) you know, they had tried to make friends with me, but I just wasn't really into it.

Both Sandy and Kim reported they felt "different". Kim was adamant that "feeling different" was related to being Native and being a minority without any role model for guidance, a position she described as very uncomfortable. While she recognized there were other minority students from different ethnic backgrounds in the class, she felt those minorities were less visible, so their situation seemed different. Sandy also described this feeling of "not fitting in", but attributed the feeling more to being from a different background than to being Aboriginal.

I have a few little problems in my life, (pause) like family-wise, and (pause) everyone does (pause) and it was just harder to fit in there for me, because I was older than most of them, and they're all (pause) everyone's bright eyed and bushy-tailed, and right out of high school and they have two parents and I just get the impression that it's just (pause) everyone just seems so together to me.

Pat described two class situations that demonstrated a lack of cultural sensitivity by non-Aboriginal classmates. In one class, a non-Aboriginal student suggested the reason nutritional status was poor among Aboriginal people was that the women did not know how to cook. In another situation, several non-Aboriginal classmates were unaware that poverty was an issue anywhere in Saskatchewan. Pat felt strongly that in view of the changing

demographics, nurses practising in Saskatchewan need to be culturally aware and sensitive.

Pat also mentioned finding some non-Aboriginal classmates quite competitive, particularly when it came to using library resources for an assignment which the whole class had to do.

In the College of Nursing, I didn't find a team approach. It was all so competitive you know. Like you had to do better than the other students, and basically that means not sharing information. (pause) You have to do better than the other students.

At another time she said:

All eighty students get the one assignment and bang, they go out searching [the library] and some will just get all the information. When you go to the library looking it's all out, and you have a deadline, and you put it on call back, but you are fighting for material that someone else has.

Pat noted this competitiveness was a direct contrast to the emphasis on team approach in practice settings.

Pat, Alex, Sandy, Lee and Kim regularly attended NNAPN activities and described the relationships formed there as the close ones that sustained them through their nursing program. NNAPN was described as being "like family", providing comfort and security in their shared culture. Lee summed it up, saying:

I feel like my [non-Aboriginal] classmates don't really know what I am going through culture-wise (pause) compared to this group. They know what I'm going through and, and they can give me advice and I would take it because we've been in the same boat.

In summary, after some initial hesitations, participants stated they liked and enjoyed most of their fellow nursing students. Those relationships increased in number and strength with their years in the program. While generally participants did not differentiate between Aboriginal and non-Aboriginal classmates, the strongest, and most important relationships for most of the participants were those made through NNAPN.

3.2.2 Relationships with nursing teachers.

Participants were asked if they felt they were able to get to know any of their nursing teachers, and also whether they were comfortable discussing problems or concerns, academic or personal, with their teachers.

Participants rarely distinguished between classroom and clinical teachers, and in fact sometimes referred to NNAPN staff in response to questions or statements regarding teachers.

It was not surprising that those participants who had been in the program for only two or three years had less experience and opportunity getting to know nursing teachers than fourth-year students or graduates. All stated that they could and would approach most of their classroom teachers with academic questions or for clarification. Clinical teachers were usually considered even more approachable and available because of the smaller groups. Pat said:

There was a clinical instructor who was responsible for eight (pause) it was manageable (pause) and you didn't have to be afraid or embarrassed to ask because it's only eight students.

Lee, Kim and Tracy stated they were hesitant to approach any instructor, so tried to get answers or solve the problems themselves before asking their teachers. Kim said:

I don't want to ask questions without thinking about the questions first. (pause) A lot of times I used to think I could figure the answer out myself.

Tracy added:

I knew that if I waited usually someone else, the more talkative ones, would ask my question for me.

Lee, referring to Aboriginal tradition explained some of the hesitation:

You don't ask questions (pause), you don't make yourself a problem to another person [the teacher].

In a situation where there was a problem or concern with a specific course or class, or a personal problem that had an impact upon that course, all seven participants said they would and could approach the teacher involved to discuss the concern if necessary. Lee stated:

I think I would just go to the professor that's teaching me that class if I'm having any problems with it. I think they're all pretty understanding (pause) so they really try and help us out a lot, (pause) they try and support us.

However, for emotional support, or with concerns of a personal nature, participants' ability or inclination to approach teachers varied with such things as their own age and maturity, past experiences with teachers, and their length of time in the College of Nursing. Participants had various experiences approaching teachers regarding personal difficulties or problems. As Pat explained:

Some just listen and nod their heads and it is too artificial. (pause) Some would listen to you and felt more genuine, (pause) and I can tell, I have a good feeling about people.

Kim once talked to a teacher about a personal problem, but when that matter was mentioned by another teacher, Kim felt confidentiality had been broken and decided at that time not to discuss anything personal with any faculty member again. Pat, Alex, Sandy and Lee all stated they would choose to discuss personal concerns with NNAPN staff before discussing them with nursing teachers.

Participants described the availability of their teachers as variable. Some teachers reportedly always had an open door, while with others, students either had to attempt to get help by using answering machines or by making an appointment. Again, participants' experiences varied, as the fourth-year students and graduates had more opportunity to need and receive help from their instructors.

Even though participants generally described their teachers as approachable and supportive, none felt there was any particular teacher who was really interested in their progress. Kim described one teacher:

I think there was only one clinical instructor that I did enjoy, []* and for me it had to do with the fact that she made me feel like what I had to say and what I thought was very important.

* [] will be used to indicate some of a quotation has been omitted

Lee said:

They are there because they have to be. They are paid to do it you know, but other than teaching...

Tracy described being anxious talking to a teacher for whom English was a second language as they sometimes had difficulty getting their point across and appeared to get defensive if there was any misunderstanding.

Pat, Sandy, Lee and Chris each described what they saw as a hierarchical system, with power differences between teacher and student, or professional and student, and Pat stated that was seemingly "just the way it was". She went on to say:

Maybe it's my fault, I didn't go any further, or I wasn't seeking out a lot of information you know. I wasn't coming out and talking (pause) and taking the time to talk to the professors. I don't know but I just kind of felt that was the relationship (pause) professor, student (pause) that's it.

Chris was even more descriptive:

I still see myself as a little kid and them still as authority figures. So it's still the power imbalance kind of thing going on. Like it's not (pause) it's just that they're [teachers] adults...

Although participants said there had been opportunities to get to know teachers, they claimed that the perceived hierarchical structure was a barrier.

Alex further explained that students who spent extra time with teachers were watched somewhat circumspectly by others to see if marks were affected.

Racism was never mentioned directly by anyone, but Sandy, who appeared to be choosing words very carefully did state:

You could see that a lot of them [teachers] had preconceived ideas. There's a lot of you know (pause) just (pause) it's not prejudice, it's ignorance, (pause) there's a big difference.

I did wonder at the time if in another context she might have used the word racism. Sandy went on to say there were times when there was a need to be "subtle, diplomatic or politically correct" which was personally uncomfortable for someone who did not like to "play games" or preferred to "say things out straight". Lee directly related misperceptions and misunderstandings to cultural differences.

They [teachers] didn't understand me because they don't understand the culture. (pause) That's how I felt.

When discussing the difference between the Native community and Saskatoon, Kim stated more strongly:

I find when I'm here [in Saskatoon] they try to understand you, it's just that people assume (pause) they have too many assumptions. Like there's a stigma attached to me because I'm a Native person and (pause) and I hate that. I hate being seen like that.

Participants stated Aboriginal issues were often used as examples in class discussion, which Tracy thought might be an attempt to help all students understand cultural differences. Alex, however felt that the time and attention given to Aboriginal issues was just a "token class" or "lip service". She thought that Aboriginal and non-Aboriginal students alike were interested in Aboriginal people and cultural issues, so more time should be given to learning about them, particularly in Saskatchewan.

Examples of personality conflicts, differences of approach or differences of opinion were mentioned by some participants, but there was little direct criticism of the university, college, or individual faculty members.

3.3 Student Perceptions of Course Work

A major part of every interview concerned the required courses in the Bachelor of Science of Nursing program at the University of Saskatchewan. Courses offered by the College of Nursing were discussed separately from those taught by other university departments. Participants were asked to think about the courses that they liked, and the ones that they disliked, in terms of what specifically helped or hindered their learning. The graduates and fourth-year students had a broader but less specific perspective than the students who were in second- and third- years, similar to their recollections of their student associations.

3.3.1 Nursing Courses

When asked about their favourite nursing course, participants gave seven different responses. Although there was no consistency as to the favourite subject, the main reason for each choice was the perceived applicability of the content to their future role as a nurse. A second common response as to why a course was enjoyable was the presentation methods, which Pat, Lee and Chris all stated was often more important to them than the content. Chris stated emphatically:

The topic can be innately interesting, but if the prof has no clue of how to teach it, it can be extremely boring.

Courses that involved hands-on or experiential learning, such as the clinical courses, were often identified as the most enjoyable and easiest to learn. Pat said:

I liked it where you had to do practical things or situational things. When you were given a theory or some concept and then were asked to put it to practice. That really stayed with you. Like for example the grieving process when you have lost your vision, or your leg or something and you go through how you feel. [] I really liked those classes.

Alex explained that for her, the clinical courses that she choose as electives in fourth year, and in which she was able to function as part of the treatment team was the best learning time.

It [referring to a fourth year clinical course] was just fantastic! [] You were treated as part of the team. You dealt with the doctor, you dealt with everything and then you were a real nurse (pause) and you felt like it!

The use of humour, case studies, discussions, demonstrations, and stories, particularly from teachers' own practice, were also identified by participants as helpful teaching methods. Lee went on to say:

I like the fact that she [the teacher] could bring in stories and tell us about them and how it relates. [] We always got thinking and she'd offer suggestions and ask us about this and that.

Chris stated:

And also those are the things you remember when you are studying and when you're writing that exam, those stories.

Pat in talking about a subject matter that could be "boring" said:

There was an instructor that made the class interesting. So she had a lot of stories about herself that she shared, and then she added a lot of humour to the class.

Sandy and Tracy mentioned that being able to relate information to their own experiences made it easier to learn.

I think I understood it [a specific course] more because I had experience. I think that's why I liked that class.

Pat, Sandy and Chris each mentioned that teachers who used multi-media and visual aids that were verbally tied into the content provided students with different learning styles a choice of how best to learn the material. Lee commented positively on the pace of some instructors, particularly those who stopped to ensure understanding before moving on. Individuals liked clear expectations by the teachers and the opportunity to work as a group on either presentations or papers.

When participants were asked to consider nursing classes which they did not enjoy, nursing theories, and (with some giggling and awkwardness towards me), nursing research each came up twice. The research course was described as abstract and boring to students, with limited applicability, at least in the early stages of a nursing career. Nursing theories, even if perhaps relevant, were considered to be too abstract. In addition they were not seen to be particularly useful as the participants did not observe nursing theories being used in practice. Sandy stated:

Most theories aren't taught, they're just given to you. A general outline of the theory and there's really no practical applications given with it (pause) and understanding the concepts of theories is so hard.

And Lee said:

I knew I needed it [a theory class] but it was boring, I didn't want to learn it. It wasn't just me, it was everybody else too.

The method of delivery rather than the content, was often the source of difficulty in the nursing courses that participants didn't like. Lectures, particularly if they were straight from a text, was the least liked teaching method. According to Alex:

All the courses that we didn't like were taken straight out of the textbook (pause) like if the lecture was on an overhead and you spend like an hour and a half copying things down. Then you go home and you think 'maybe I should read over that chapter' and you find out that it's the exact stuff from the textbook and you're thinking 'why?'

Another common reason for disliking a course had to do with the feeling of being put "on the spot" or being asked to speak for all Aboriginal people. The participants who experienced this said it was both impossible and uncomfortable. Sandy reported:

There's a couple [of teachers] in the college called on me to make comments on Aboriginal issues. I don't know anything about Cree people, I'm not a Cree. I don't know anything about the Aboriginal people in Canada, because I'm not them. You know, I know things about northern Saskatchewan and that's it. And that's happened a lot. And, I don't appreciate that.

According to Alex:

When we were sitting in classes and Aboriginal issues would come up the professor looked at us and asked "Do you have anything to add?" We [the three Aboriginal students] were singled out and made to feel as if we represented the entire [Aboriginal] population.

Some individual reasons for not liking a particular course were having difficulty in writing papers, giving presentations, being treated like a high-school kid, unclear expectations by the teacher, and being taught by teachers who indicated the subject was not their area of interest or expertise. Kim initially saw no reason for writing papers:

I used to not like writing papers. 'Cause why would you need to write papers?

Lee in describing a particular class said:

We didn't know what to prepare for the class or the presentations because we didn't know what she [the teacher] wanted us to know.

Tracy found giving oral presentations to a group very difficult, at least in the first years of the program.

Overall though, participants felt that most of their nursing course material was both interesting and relevant and they were confident of their

own ability to learn what was required. This ability to learn was enhanced when they recognized the applicability of the information to nursing and when the material was presented in a variety of ways.

3.3.2 Non-nursing courses

The same questions about course likes and dislikes and what helped or hindered learning were asked about courses taught outside the College of Nursing.

Again there was variety as to favourite non-nursing courses, and three common themes emerged as to what made courses enjoyable and easy to learn. The themes were the teachers themselves, teachers who used a variety of presentation methods, and teachers who were clear about their expectations of students and who did not assume prior learning. Pat, Alex, and Chris said they encountered some "great teachers" who were enthusiastic and very knowledgeable about their particular specialty, and who taught content that was interesting and relevant. Nearly all the participants commented upon the use of various teaching methods such as overheads, slides, and videos. Chris said:

The prof was excellent, excellent. They showed us slides and the labs were brief but very relevant. They only taught us what we needed to know (pause) which was best.

Again humour was mentioned and Lee remarked that the statistics teacher was even able to make that course interesting and fun by the use of humour. Lee and Tracy both said they did best when teachers had very clear objectives and expectations of the students. Sandy and Lee also commented on teachers who started from the beginning, making no assumptions about previous knowledge, and who attempted to ensure understanding by providing time for questions. In discussing anatomy, Sandy said:

The professor was just very knowledgeable and he explained things thoroughly, quickly and at a beginning level without a lot of redundancy.

There were some individual examples of what participants found made

a non-nursing course a favourite. Pat's favourite subject was philosophy, because of the discussion and interaction between students and teacher. Pat felt challenged to think independently; and, while thinking might be influenced by what others were saying, there was no right or wrong answer. Alex really liked chemistry for its clear structure and the straight memorization involved.

Kim took Cree as an elective, and appreciated the learning environment in which every student was greeted before each class, and where the seating arrangement was in a traditional Aboriginal inclusive circle.

It was a class of about 35 and we always had a circle so you see everybody, instead of seeing everybody's back. I always sit in the back cause I don't like it when people sit behind me (pause) it is just more comfortable.

The responses regarding the least favourite or most difficult non-nursing course were also diverse, and one participant liked them all. Large class size was the one common theme and there were several individual reasons expressed as to why participants did not like a course or found it difficult. Participants described courses in which there could be as many as 200 in the class so there was little opportunity for questions or discussion. For Sandy, the most difficult course was one in which there seemed to be an expectation that she had a basic understanding of the subject, which she did not have. Alex felt one science course was abstract and had no applicability to the nursing role, so that was the one she identified as her least favourite. Lee found that having to be creative in a cultural anthropology elective was difficult.

[] because I have to, you know, reach deep into myself to answer it and I was stuck in that phase of being reserved and not being creative thinking you know (pause) and it was hard to be creative and that's what that teacher wants us to be.

Lee felt that the course might have been better if she had taken it in a later year, as her ability to reflect and internalize and then write about something were skills that she had developed throughout her nursing program. Tracy's least favourite course was one that was taught by six

different teachers, which she found very difficult. Material presented in lecture format, straight from the text was the reason for Kim's least favourite non-nursing course.

I don't know if it was the instructor or the way he was teaching the class. (pause) He used to just talk and talk and talk. There was no questions (pause) it was just talking, mostly on what the content was, and on his opinions, (pause) and it wasn't involving the students most of the time. It was just basically from the book.

In summary, in terms of courses both in the College of Nursing and those taken in other departments in the university, there was a great deal of variety as to which courses students enjoyed or which they had some difficulties with. However, some common themes as to what helped or hindered their learning were noted.

3.3.3 Perceived differences between nursing and non-nursing courses.

After considering their courses separately, participants were then asked to describe any differences between their nursing and non-nursing classes. Their comments fell into four themes: class size, relevance or applicability to nursing, delivery of course content, and the teachers themselves. The number of students in each course was mentioned by six of the participants. The numbers of students in nursing courses varied from clinical groups of 8, to classes of 60 to 80 students. The required non-nursing courses could be anywhere from just the 60 to 80 nursing students to 150 or more. Lee described feeling like "a number" in the large non-nursing classes, but more like a person in the nursing classes. The numbers of students in the class had a direct impact on the opportunity for involvement or discussion, and it was usually easier and more comfortable to ask questions in the smaller nursing classes. According to Lee:

They [nursing instructors] always encouraged questions, (pause) trying to get you to think more, to participate more. And they always tell us you come with (pause) with so much knowledge that you can share with people and you can learn from other people's knowledge and experiences.

Sandy's perception was that smaller numbers of students meant absence was noticed more, and there was more pressure to perform by the College of Nursing. It was described as feeling a bit like "being under a microscope".

Not surprisingly, nursing courses were generally seen to be more relevant and applicable to the role of the nurse than the non-nursing courses, although there were some exceptions as discussed previously.

When discussing teaching methods or how content was presented, nursing classes seen to be more interactive, with more discussion, demonstration or actual practice involved. The non-nursing courses were more likely to be taught in lecture format, right from the texts, and included a great deal of memorization. Pat felt:

There was no practical component to the non-nursing courses (pause) just memorizing. You memorized and memorized (pause) if you could memorize then you passed the course.

In addition, the nursing courses were seen to start "at the beginning", while the non-nursing component sometimes presumed some prior learning had taken place. Speaking about non-nursing courses, Sandy said:

A lot of instructors tend to explain things at a higher level. I guess it's hard for them to revert to grass roots and explain things from a beginning level.

There were several differences noted between the teachers of the nursing and non-nursing courses. The nursing teachers were perceived to care more about individual students, to take more time to make sure students understood, and were more available for help. Sometimes the conduct of the non-nursing classes appeared to be merely routine for the instructors. According to Alex, nursing students at times felt either less was expected of them than of other university students taking the same course or that nursing students were "special" in a negative way.

3.4 Adaptation to new roles

Two themes involving roles were evident in almost every interview. Aboriginal nursing students encountered challenges that would likely differ from most of their classmates in having to adapt both to the role of the university student and to the role of the nurse. These difficulties were particularly evident in the early years of their program. When asked if the nursing program was as they expected, Kim replied:

I just had an idea [of what the nursing program would be like] but I don't think it was what I expected. I was not prepared for the intensity, being in a class or profession where I was a minority. I didn't have role models or little guidance once I started. I was scared to start something by myself because I felt I was an outsider.

Role adaptation was not discussed openly in the individual interviews. However, the difficulties became apparent in discussion of other topics. The role of a university student and that of a nurse were the main topics of the second interviews with three of the participants.

3.4.1 The University Student Role

All participants in this study had experienced at least one year of university prior to their entry to the nursing program. Still, participants were able to point out difficulties which they continued to experience as learners. Some of these themes were covered in discussion of classes and what students found helped or impeded their learning; such as the large size of some classes, the pace of the spoken word and a feeling of always being evaluated. In addition, some participants described a hesitancy or reluctance to approach teachers. Several participants reported feeling uncomfortable speaking out or being questioned in class, particularly if asked to share thoughts or experiences. As well, four participants felt their prior education had not prepared them for university. Three participants had family responsibilities, and another two described problems arising from the challenge of juggling the demands and expectations of family and culture, with those of being a student. One participant expressed a real concern

about how she will be received or will fit when she returns to her own community after graduation.

Class size has already been discussed when comparing nursing and non-nursing courses, as a factor that hindered learning for some participants.

Participants stated the large classes required adjustment, as they were quite different from the class size they were accustomed to. Pat recounted:

It blew me away because I was in a room of a hundred, a hundred fifty, maybe two hundred students. (pause) So you know you're single, you're alone and you're kind of lost and you wonder " How am I going to learn?" You come from a small little classroom--bang!--you're put into this classroom of so many strange people. (pause) It was overwhelming!

Kim's experience was similar:

[The professor's] teaching style was totally different from how I was taught [referring to a lecture class of 150 students]. I was shocked (pause) in a class not knowing anybody and writing notes.

The size of the class meant there were fewer opportunities to practice, or apply what was being learned, which was different from learning by observation and practice that participants said had occurred back home.

That's how we learn in Aboriginal culture. You learn by watching our mothers, and grandmothers and then one day you get this little fish and a knife and you get to make a fish. And from there you get a little piece of bannock and make your own bannock. And from there you build your way up. So doing things after watching them is how we learn.

Most participants enjoyed the "hands on" of the nursing skills labs; however, Pat felt that even in practice time, students were always being evaluated and labelled and that they always had to be trying to impress the instructor. Pat went on to say:

If you go first and don't do everything correct you're already labelled.[] I don't think it's intentional, and I think it's with anything (pause) but that first impression, you know, you get categorized right away. And I experienced that in the college.

Consequently, as no one seemed to want to perform a new skill first, there was a great deal of time and energy spent jockeying for position within the lab group. Pat felt strongly that there was no room for failure and

therefore no opportunity to learn from mistakes.

To me the university should be a place where students are given the opportunity to fail, [] because to me from your failing you learn more than anything else. [] But you are not given that opportunity, because if you fail you're out of the college.

Lee and Kim commented on the pace of the learning in terms of how quickly people often spoke, and how fast topics changed, without allowing time to think. Kim said:

A lot of times I'd find people talked fast for me. I need time to think. (pause) It was the way I was taught and how (pause) you don't just ramble on, you always think about what you want to say. You take your time and you explain things to people, and you ask if they understand.

When asked a question in class, Kim never felt there was enough time for an answer:

I don't have time to think and answer, before the teacher moves on and asks another student. [] That leaves me feeling uncomfortable and feeling like I didn't have a chance.

Kim did acknowledge that lack of time was often a factor as there always seemed to be so much material that had to be covered.

Tracy, Lee and Kim spoke at some length of their hesitancy to approach teachers, particularly in first and second year, even to ask questions about class content. While Pat, Alex, Lee, Kim and Tracy all described themselves as being somewhat shy and reserved, they explained there were also cultural reasons for this reluctance. Lee stated that asking questions is considered disrespectful in Aboriginal culture as it puts the teacher on the spot.

You don't ask questions that are stupid. (pause) You don't make yourself a problem to that other person. So I never asked questions when I really didn't understand; I'd try to learn by myself.

It is also considered rude to interrupt before someone is finished speaking. At times participants found that if there were no immediate questions, teachers would quickly go on to the next topic and any opportunity for questions would be gone. Tracy always waited, hoping the more talkative

students in the class would ask the question for her; but if that question didn't come up and if there was time, Tracy might ask the teacher privately after class. Kim said there were usually opportunities for questions but Kim would ask other students before asking a teacher.

I don't want to ask a question without thinking about the question first. It's just the way I think. I like to think about the question (pause) I used to think I could figure out the question myself. (pause) If I did have a question I'd always ask the Native students, or else maybe my friends or else I got to know some of the other white nurses, I would ask them questions too.

With insight, Kim was able to relate this to a personal learning style which requires thinking over and internalizing new information before being able to formulate any questions. Kim went on to say that phoning an instructor was a last resort but then she found it extremely frustrating to talk to an answering machine or be told to make an appointment for what seemed to be "one little question".

I find it necessary to plan but not all the time and even if it's one little question. Why do I have to make an appointment to talk to you ... it's only going to take five minutes of your time?

Pat and Lee each described how they would carefully think what to say and how to say it before approaching an instructor, so that it "would not come out wrong".

Even after class they're [Aboriginal students] shy, they're scared about their first impression with the teacher and they feel so awkward and then when they feel awkward everything comes out the wrong way (pause) you know, and then you feel stupid in front of the teacher.

Both Sandy and Chris, who were in their mid-twenties, felt they were older than most of the class, but described occasions of feeling like a "little kid" or a sense of being treated like a "high school kid". Chris was unable to give reasons for feeling that way, but stated it was part of her reason for rarely approaching any teachers.

Participants spoke of feeling uncomfortable when they were asked questions in front of a whole class, which appeared to them to indicate a lack of respect, similar to asking questions of teachers. Lee related:

It was very difficult to stand up in front of the group and, you know, have to give your answers. It made you uncomfortable (pause) it was intimidating.

Lee was describing a presentation of a case study and the follow-up questions from classmates. When asked whether the discomfort was related to not knowing an answer or being "in the limelight", Lee went on to say:

For me, more the answer, but a little bit of the limelight. 'Cause we never do that back home. We never say, well, you're going to have to do this (pause) if we didn't want to do it you didn't do it. (pause) Back home if I was asked and there wasn't an answer that had to be right I would do it. We'd just never confront anybody back home, (pause) put them on the spot, make them really uncomfortable. It wouldn't be respectful. It's not respectful to do that.

Lee's impression was that non-Aboriginal classmates were less intimidated at the prospect of giving wrong answers in front of a class. Tracy would only answer when sure of being right, but became more comfortable giving an opinion in her third year. This hesitation to speak out left Pat and Kim feeling disadvantaged when there were marks for participation. They felt that marks should be awarded for presence and active listening, not just for speaking out in class. Their rationale was that students could listen and internalize what they heard and perhaps only say one thing. But that one thing could be powerful, whereas others could just speak out to earn marks without saying anything that was particularly thoughtful or significant.

Situations where students had to discuss feelings or emotions or reflect on the past were difficult, or at least awkward for some of the participants.

I didn't really enjoy the classes where you had to learn who you were as a person, because all they did was they forced me to look at myself, and look at my life and perspectives, and brought up some bad things I would rather deny.

Kim was quite reluctant to share personal experiences with the class, and was able to articulate why:

I'm just not comfortable talking about my experiences because they're so different from other people's experiences and how they think. Like if they're talking about families and how families

interact and of course mine is (pause) I have such an extended family (pause) I hate having to explain everything over and over to every individual.

Kim went on to say that the explanations about extended family were irrelevant and became too personal to discuss with anyone, let alone with a group. At a later time Kim said:

I think that's the way I was brought up. (pause) I think, because, when me and my other family members interact with each other, and talk about things we don't get into their personal life.

Sandy, Lee and Tracy described feeling disadvantaged in the university setting because of their previous schooling. There was a sense that they did not have good study habits, the overall background or the prior knowledge that many teachers expected, particularly those teaching science courses. Sandy said:

A lot of teachers explain things at a higher level especially in the non-nursing classes. It's more like they are explaining it at their level not ours.

In addition, Lee stated that she had never been exposed to the critical thinking skills that were required in the nursing program.

Sandy observed that Aboriginal and non-Aboriginal students had different priorities.

I have asked a lot of people in the college and they say their education is number one for the eight months they are here. For me, every year my family has been number one.

Not only crisis situations, but according to Sandy events such as birthdays could not be even temporarily ignored. To Sandy, remembering that occasion was more important than having a paper in on time or meeting some other deadline. Sandy and Kim each described a situation where they were having difficulties meeting a particular deadline, as there was a funeral they wanted to attend out of town. They both felt their prioritizing based on cultural expectations was not understood or respected, and that there was some resistance to their requests.

When discussing accountability Kim described feeling quite offended at the expectation that she would phone in or had to get a doctor's note when

she was ill.

And I have a problem with that because this is the way I think, and it's like you're sick, you don't want to get out of bed. You just want to stay home. You don't want to talk to anybody. Just stay home and you'll talk to them after [you're well again].

Kim was quite clear that it was a different matter in a clinical situation when there were patients requiring care, or if there was a scheduled lab test where someone was expecting to watch a skill being performed. In either of these situations Kim would certainly phone, as others were depending on her presence.

The implications of acquiring education and then returning to their Aboriginal community was only brought up by Lee. For Lee, learning to be a nurse meant personal change and growth, but which would result in leaving people behind.

My mother always told me that when you grow you're leaving people behind you. So I'm kind of sad about that 'cause you don't want to leave your people.

Lee had observed that those who left their community and attained a formal education were seen and treated differently, sometimes negatively, by members when they returned to their home community.

The majority of the participants were comfortable with their own ability to learn what needed to be learned. Tracy, who preferred to learn independently, said any difficulties were more likely related to her personal situation.

These difficulties were encountered by students even though they had all experienced at least one year of university before entering the College of Nursing. In addition, five of the seven participants had taken the NNAPN spring program, intended to prepare Aboriginal people for the student nurse role.

3.4.2 Role of the Nurse

Kim, Lee and Tracy spoke quite definitely about having to "give up" or "trade" values and aspects of their own culture and also to change some of their behaviours, in order to be the "good nurse" which they perceived was wanted by the College of Nursing. Lee felt particularly strongly that new values could not be added, the expectation was that the old had to be given up. In addition Lee did not think teachers were aware of the difficulties, saying:

I guess too, for teachers to help us to understand that it's very hard for us to overcome our cultural values and try to go into the values they want us to be into to be a good nurse ... their view of a good nurse.

Lee, who seemed to have given "trading values" a lot of thought, went on to say that, so far, it was the hardest thing to do in becoming a nurse.

I would say sometimes that limits me. Um it's 'cause I don't want to trade my values to be a nurse and I feel like, well if I don't do it I lose marks. So I have to trade it [my values] if I want to have a good average and to make myself look better.

Eye contact as a way of demonstrating attention or caring, initiating conversations, and asking questions of patients were mentioned as being particularly difficult for some participants. Kim and Tracy explained that direct eye contact is considered rude or disrespectful in Aboriginal culture, while avoiding eye contact is a sign of respect. This custom is particularly significant between genders and towards the Elders. Catching a person's eye with a glance was not a problem, but as children, participants were taught not to stare at people. They therefore felt uncomfortable, embarrassed and even offended when they first encountered direct eye contact.

I get offended when people stare at me. I don't think it's very respectful to look at somebody directly in the eye and just ask them questions. It's like intruding.[] For me, it's like I have a little barrier here [gesturing arm's length ahead] and if you don't step in mine I won't step in yours.

Tracy went on to describe how "up north" people can talk to each other without necessarily being face to face. However, as student nurses, they were taught that eye contact is an essential component of a therapeutic

relationship; demonstrating interest, attention and caring. Several participants related that they had tried to explain to their instructors how difficult it was for them to use direct eye contact but they were told they had to do it. Lee stated:

Like, that's sometimes how I felt, for instance, you know, when they tell you have to have eye contact. Even if we, you know, force ourselves we don't feel comfortable and I think 'well, how can you be a good nurse if you're not comfortable'?

Asking questions was seen as "confronting" by one participant, who initially found it difficult when having to assess patients or clients.

I think I'm shy and it's very hard for me to confront people when I have to take care of them and assess them. I have to push myself to do it in the beginning.

A number of the participants described themselves as "shy" and Tracy felt there was an expectation that she "talk a lot".

I think it took me a long time to get through that part where they [instructors, clients and classmates] expect you to talk alot.[] Because I wasn't a very talkative person and they [instructors, clients and classmates] expected you to always be talking and stuff.

Tracy went on to say how difficult it was, at least initially, to initiate conversations with clients. Non-Aboriginal classmates did not seem to have the same problem. Kim concurred, adding:

I was like that too. I was a very shy person, not very outgoing. [] A lot of times I was hesitant to start a conversation because I am not so sure what they want me to say.

These cultural differences were apparently a common topic of discussion among the participants, particularly at NNAPN events. Lee said the consensus was that you just "had to do it" but it was not easy. Kim, who had more clinical experience, felt she had learned to adapt according to the area of practice.

I've learned how to adapt eye contact depending on where you are.[] For instance, if you are working in the hospital in an acute setting or on a reserve some place you learn to adapt to it. When you go home and talk to all the elderly people your own way of eye contact comes in.

The second interviews occurred 10 months after the initial individual interviews and participants were aware of their own growth and change during that time. They seemed clearer and more confident in their responses to me and described an increased level of comfort in their roles; both as a student and as a nurse. As previously mentioned, role difficulties were only discussed with the three participants who were interviewed a second time. These role difficulties could be the main topic of further study at another time particularly as they may relate to students who do not complete their program.

3.5 Extracurricular Activities

Participants were asked about their experiences with university services they may have used. In addition, student clubs and activities outside of the College of Nursing, as well as participation in the NNAPN program were discussed. The university offers a number of services and activities for students. However, this group of participants reported minimal use of services provided, and little participation in other university activities with the exception of the NNAPN program.

3.5.1 University services

Alex, Sandy, Chris, and Kim all reported using Student Health Services. Chris was "not impressed" and Alex found that although antibiotics or pain medication were prescribed if required, the atmosphere was impersonal. Sandy expressed a concern with the counselling provided regarding confidentiality as some of the service was provided by student volunteers. Kim, who used the Student Health services more frequently, found it to be quite helpful and friendly, saying:

I found them really good. I really like the doctor and nurses that work there. They're really helpful and they always let me ask questions and they're very open, they're friendly, they know me on a first name basis, which I like.

Chris and Alex had attended study skills classes which neither found very helpful, and Pat reported seeing a representative of Student Finance, but found they were unable to assist.

3.5.2 Clubs and Activities

Participants did not belong to many of the groups which play a part in the life of some university students and when they did it was only for a short period of time or on an intermittent basis. Only Chris was involved with the social activities of the College of Nursing. In retrospect, Sandy, Lee and Tracy wished they had participated more actively in the way of social or recreational activities yet felt their own work load and other commitments did not allow it. Kim commented that if some groups such as the Aboriginal Students Association and the Indigenous Student Council could be combined there would be fewer activities competing for the same student attendance.

3.5.3 National Native Access Program to Nursing

NNAPN was described by each of Pat, Alex, Sandy and Lee as a "very important" component of their university experience. In fact, I had to carefully differentiate between the nursing program and NNAPN as some only associated NNAPN with the word "program". Both Pat and Sandy indicated they might not have completed nursing without the support provided by NNAPN. Kim, Lee, Sandy, Alex and Pat had all attended the NNAPN nine-week spring session. The objectives of the spring program is to help individuals decide if nursing is the career choice for them; as well as to give students an idea of the course content, workload, and campus life. Pat, Alex, Sandy and Lee regularly attended NNAPN activities during the academic year, while Kim and Tracy attended "when they could fit it in". Chris did not attend any NNAPN functions.

Those who found NNAPN to be "very important" said it offered them needed comfort and support. NNAPN was described as "like family" by both Pat and Lee. It was where people with shared values were able to talk freely,

often "venting", but feeling confident they were understood without having to explain. Sandy stated:

I got a lot of emotional support from them [NNAPN] (pause) a little financial help (pause) and they were just there and they were more easily accessible (pause) they were more real.

Pat described NNAPN:

It was a home base you know, an academic home base, a counselling home base, a friendship home base. It was a base for helping you succeed, so to me I loved that program. (pause) I could go there any time with any problem even to just get counselling, even just to have someone hear my problem, that was the greatest. (pause) Wednesday, that day students had lunch together (pause) you could tell your problem. (pause) I mean no one is going to solve it for you but the fact you are able to express it, (pause) you heard it and you felt better (pause) and you heard other people's (pause) that was just excellent for me.

Alex appreciated NNAPN as an academic resource, and felt non-Aboriginal students should be made more aware of its existence.

You had computer access and resources, too, for research. (pause) If you chose your research based on Aboriginal perspective then you would just go there, and they had pamphlets or would know people in the community that they could fix you up with.

In discussing the part NNAPN played in her success, Pat commented that every nursing student should have a resource like NNAPN.

3.6. Participants' recommendations

Participants were asked what they would recommend both to the College of Nursing and future Aboriginal nursing students in order to make learning easier.

3.6.1 Recommendations for the College of Nursing.

The participants were asked to put themselves in the position of the Dean of the College of Nursing, and to think about what they might like to change. It is not surprising that students who had been involved in the nursing program for the longest period of time, had more suggestions and

ideas than those who were in their earlier years. Pat, Alex and Kim all thought that it would be important to learn more about Aboriginal people and their culture as they represent a growing segment of the population of Saskatchewan. Pat, who had found some classmates seemed to have little awareness of other cultures, said:

I guess you need to be culturally sensitive to the Aboriginal population here in Saskatchewan. I think you have to know Aboriginal culture because the population is growing, it's growing more and more and people are moving into the cities you know. Maybe I'm being biased here because I'm Aboriginal but you have to be culturally sensitive to Aboriginal people.

Several participants reported enjoying a Trans-Cultural Nursing course. However, Alex felt strongly that more emphasis should have been placed on learning about cultures which might represent future patients, especially if they chose to practice in Saskatchewan.

We were learning about Laotians, Thailand, Black people. (pause) Let's learn about our own province (pause) Aboriginal people, Asian people, French, (pause) let's learn about the visible minorities here.

Alex went on to say that what they did learn about Aboriginal healing and spirituality was very interesting, and many times her non-Aboriginal classmates had asked her further questions, expressing a desire to learn more. Lee and Sandy suggested if they were the Dean of the College of Nursing they would have teachers use more case studies as a teaching tool as it made material more relevant and much easier to recall. Pat, Alex and Sandy each suggested increasing the experiential aspects of the program.

According to Pat:

There was other classes where you had to do practical things or situational things, where you were given a theory or some concept and then you were asked to put it to a practice. (pause) For example loss, (pause) if you're doing the grieving process, (pause) pretend you've lost a leg or your vision, and you go through how you feel. And you get the opportunity to go walking around the campus pretending you're blind. That I really liked, because it really stayed with you.

Alex and Chris said, with a great deal of evident good humour, that the

emphasis on bed-making should be reduced. In their opinion, the time and energy expended to perfect a skill that no one in the practice setting particularly valued was both time and energy wasted.

Sandy and Pat would both work to decrease discrepancies between what was taught in the nursing program and what was happening in nursing practice. Nursing theories, which some participants found hard to learn, seemed to be the main issue. Sandy suggested:

But that is not what goes on and it's just like they're [teachers] up there talking about it [theories], it's interesting but it's just deluding yourself. You're not looking at anything that really happens.

Sandy and Chris each compared the "hands-on" experiences of their program and the two-year program at the community college. Both thought the community college students had more and earlier patient contact than those in the university program, which gave them experience to relate class content too.

Pat thought that more collaborative learning would be beneficial to both students and teachers. Pat felt there would be less competition for resource material and the quality of work would be higher if four people put their heads together over a paper. In addition, teachers would then not have as much marking to do.

You learn a whole lot more cause everyone's sharing their ideas. (pause) You get various perspectives from all the students.

Pat went on to comment that she found the competitive aspects of university in direct contrast to the team approach used in most work settings.

Pat also thoughtfully suggested working to make the practice settings such as labs a more comfortable and relaxed learning environment. In these settings, students would be allowed to fail, and to have the opportunity to learn from their mistakes. Pat's impression was that students were being evaluated even in lab practice time, which made it tense and therefore difficult to practice and learn.

There was also a suggestion made that in the early days of the program, teachers might assign students to work in different groups instead of letting them choose their own, so that students could meet more of their classmates.

Lee, in thinking back to the early student years, wished teachers could get to know and encourage Aboriginal students individually, particularly in the first two years. Lee said:

I guess if the teachers would, you know privately, get to know Aboriginal students, and make small acquaintances with them, it might make them feel more comfortable in the classroom and feel more free to express themselves or ask questions.[] You know so they won't be too shy to ask questions or feel like they're being rude.

Teacher facilitation of the formation of study groups in first year, was another suggestion, as a possible help and comfort for students who would like and benefit from that way of studying.

3.6.2 Recommendations for future Aboriginal nursing students.

While the subject of recommendations for future students came late in the interview, participants did have some thoughtful suggestions. Having some sort of formal support and taking part in extracurricular activities were common themes. While most participants enjoyed family support, they said it was also important to have supportive fellow students, who shared and understood the world of a nursing student. Forming a study group was recommended as a way for students to ask questions and share understandings of class content. Extra-curricular activities were suggested as they provided both balance and connections with a variety of students. Suggestions were also made to participate in activities with nursing students in other years, students in other colleges at the University of Saskatchewan, or other Aboriginal students. One participant recommended some purposeful physical activity, but cautioned against choosing a group that is just interested in drinking and partying. Sandy said:

I'd recommend you do a lot of things outside the college.
Because you learn more that way and you don't become so

caught up in the little everyday things that get blown out of proportion just because you are isolated in the College of Nursing.

Gaining a better balance may have been some of the thinking being expressed by Alex and Tracy whose recommendation was to have fun. Tracy said somewhat pensively:

Work hard and have fun. Me, the other problem with me is I don't know how to give myself time to have fun, to go out (pause) I'm always doing stuff.

Alex's advice was to be prepared to work hard and to persevere.

There are courses you will really wonder why you are taking them but stick it out, (pause) you will see why they structured everything the way it is. And in the end if you really like caring for people you will have a good solid foundation for getting a job.

Alex also recommended not being employed during the school year if at all possible, as between the academic work and clinical placements the load as a student was quite heavy.

An almost unanimous recommendation was that students should definitely make use of the support the NNAPN program provides by taking an active part in their activities.

CHAPTER 4 - DISCUSSION

The purpose of this study was to identify factors which Aboriginal nursing students at the University of Saskatchewan considered either helped or hindered their nursing studies. The purpose of the report is to sensitize nursing educators as to how some Aboriginal students perceive their educational experience, which can either affirm current teaching practices or provide thought for effective change. Two major classes of factors that helped or hindered learning that will be discussed here are: relationships with family, peers and teachers, and factors that affected learning in the classroom and skills lab.

It is important to note that factors that participants identified as helping or hindering their learning were experienced by them to differing degrees, and at different times, and were not necessarily experienced by all. Morris cautions that in considering minority students one should be very careful not to stereotype and therefore ignore the diversity within minority groups.⁹ The chapter continues with a discussion of a broader concern mentioned by several of the participants, which was the possible conflict between their Aboriginal culture and the demands of the nursing role. The discussion concludes with some recommendations for the College of Nursing of the University of Saskatchewan.

4.1 Limitations

This study had some limitations, which were discussed in Chapter 2. Those which have the greatest bearing upon interpretation of my findings are: the exclusion of individuals who had dropped out of the nursing program, the short time period for data collection, and the possible uniqueness of the University of Saskatchewan with the existence of the NNAPN program on campus. These issues could be addressed in large part by; conducting similar studies in other nursing programs, following up Aboriginal nursing students who had not successfully completed their program, and following a

cohort of Aboriginal nursing students during the years of their educational programs and perhaps even into their nursing practice.

4.2 Trustworthiness

Trustworthiness was addressed in this study by one researcher doing all of the data collection and analysis, by working to ensure the participants' trust and comfort, by keeping careful field notes, and by having the participants read and edit the transcripts of their own interviews. Another aspect of trustworthiness has to do with the transferability of the results to another setting, which readers will decide for themselves.

The study was approved by both the Ethics Committee of the University of Saskatchewan and the College of Nursing Research and Ethics Subcommittee. Throughout the study I had a supervisor and a committee working with me as well. Also, prior to beginning the study, the questions were piloted with an Aboriginal graduate of the nursing program who indicated that they were both appropriate and comfortable. Transcription was the only aspect of the study undertaken by anyone else. Data collection, data management and reporting were all done by myself, so there was consistency in the presentation of the topics and interpretation of the data.

Trustworthiness is also addressed through efforts to make participants comfortable, both physically and emotionally during any interactions. The overall comfort of participants, and therefore, the extent to which they would reveal their experiences to me, was critical. I believe that a primary key to participants' apparent comfort was the support given by the NNAPN personnel to the study.

Over a three year period, the various co-ordinators and their assistants spent time discussing my study with me, and welcomed me to several of their functions. Immediately prior to undertaking the study, NNAPN personnel facilitated my contact with participants and provided an office for interviews. For my part, I dressed casually and when possible spent time arranging the environment for maximum comfort. As well I provided refreshments, began

the interview with the demographic questionnaire and the less formal topics and questions, and used what was intended to be appropriate humour frequently. It was both gratifying and surprising to note that four participants appeared to become quite comfortable immediately, although the other three seemed to take a bit longer. More surprising was that despite busy, demanding schedules, all participants appeared to be giving the interview their full attention and none seemed anxious to leave when it concluded. In addition, my being both older and a nurse, yet not currently employed by the College of Nursing, perhaps added to the objectivity of the process and therefore to the participants' comfort.

Trustworthiness was also addressed by the field notes that I kept of my activities and the entries that I made in the margins regarding thoughts, feelings, and ideas that developed as I proceeded. However, I think that were I to undertake another similar study, I would arrange the notes differently, with three rather than four sections. The field log would have two columns containing what was planned and what actually happened. There would be the two sections of field notes; descriptive and reflective and I would omit the field diary, incorporating notes on personal feelings, opinions, perceptions, and ideas into the reflective portion of the field notes. If possible, another time, I would space the interviews out more time wise and would try to do the transcribing myself. By transcribing myself immediately after the interview, I could perhaps add more detail, particularly regarding non-verbal communication which might provide some increased depth and meaning.

An important outcome for this researcher was that the results be useful. However, in terms of transferability, readers must determine that for themselves. The themes that arose regarding teaching and learning and relationships, could have transferability to Aboriginal students in many post-secondary settings. The use of eye contact in the context of caring communication could be a difficulty for Aboriginal nursing students in other nursing programs.

4.3 Relationships

The first general factor impacting upon learning which I will discuss is interpersonal relationships. Several participants stated that their family had played an important role in their decision to become a nurse, and for most family was also an important support throughout their nursing program. Relationships with other students and teachers were discussed in more detail and there is literature that supports the importance of those relationships to Aboriginal students.

4.3.1 Relationships with families.

Family could be seen to both help and hinder the learning of Aboriginal nursing students. Family helped in that they encouraged the participants to study nursing in the first place, and were their main source of emotional support throughout their program, even though they may have had some difficulty understanding what was needed in terms of support. However, the strong ties could have been a hindrance to learning at times, due to the existence of large numbers of extended family members and the fact that most family members did not live near Saskatoon.

Baptiste, in her study of students at the University of Saskatchewan, reported that 40% of the students were influenced by their families in their decision to attend university.⁴⁶ In my study, five of seven participants, or 71%, said that family played some part in their decision to study nursing. Family was not defined at the time of the study and this high representation could be attributed to the Aboriginal concept of family, which includes the extended family and sometimes a whole clan.⁴⁷ Without being specifically asked about family in terms of support, Sandy, Lee, Kim and Tracy all volunteered that while at university, their families were their main source of emotional and at times practical support, such as with child care. The importance of family in this study is consistent with the findings of Vaala in her study on the perceptions of upgrading and career Native students at Lethbridge Community College, although she found that Aboriginal students described

their family ties differently than did non-Aboriginal students.⁴⁸

While both Kim and Tracy said that their families were their main source of support, they also thought that family members had some difficulties understanding and relating to what they were experiencing as student nurses. Many Aboriginal post-secondary students are the first generation to attend college or university so it could be difficult for older family members to know what students were experiencing and what kind of effective support or help was needed.⁴⁹ Even though members of Chris' family had attended university, she said her family would neither understand nor probably want to hear some of the experiences and concerns of nursing students.

Although family was an important source of support for some participants, strong connections could also be a hindrance to their studies. If family issues or concerns required returning home frequently or for long periods of time, not only did students miss class time, but their absences could be misunderstood by the College of Nursing. Sandy and Kim both described situations where due to cultural expectations, their priority was to be with their family, but it was difficult for them to arrange the necessary changes and they felt their choice was not understood by their teachers. The high absenteeism that some Aboriginal students have is in part due to that necessary choice to go home in the event of family need, and to return only when things are back to normal.⁵⁰ These obligations to family and to their larger tribal community may be one reason that Aboriginal students temporarily or even permanently abandon their education.⁵¹

None of the participants in this study mentioned feeling extra pressure from their family or community to succeed, although Macias, in her study, found that Aboriginal students are often expected to do well by people back home.⁵² Of note is that family crisis or lack of support is seen as a negative predictor of student success which could be counter-balanced to some degree by the care and support of fellow students.⁵³

4.3.2 Relationships with peers

Pat, Lee, Alex, Sandy, Kim and Tracy all described themselves as initially shy, and Chris said she was intentionally withdrawn at the beginning of the nursing program. Despite these initial feelings, all seven participants stated that they enjoyed their relationships with most of their non-Aboriginal classmates in their classes and clinical situations. Lee described her relationships with her non-Aboriginal peers as being "like family" who helped each other get through the program. However, Lee, Pat and Alex said their friends at NNAPN were the ones who were best able to understand what they were experiencing and who provided the best counsel. It would be interesting to compare participants' early thoughts, experiences, and feelings with those of a group of non-Aboriginal first year students, as many students might be anxious at first when they are also encountering the two new cultures of nursing and university life.

Participants felt comfortable with their non-Aboriginal classmates in learning situations; however, only Sandy and Chris reported any notable contact outside of classes or group projects. Pat, Alex, Sandy, Lee and Kim stated that their main social contacts at university were those made through the NNAPN program. That was where they obtained information, shared experiences, and vented their own frustrations and concerns. Pat described NNAPN as a "home base" and said all students should have access to such a resource. Participants in this study were not particularly involved in other aspects of campus life due to their clinical courses and the academic work load, as well as family and other responsibilities; although they recommended extra-curricular activities for future Aboriginal nursing students. Baptiste found that at the University of Saskatchewan, 33% of Aboriginal students felt alienated from the culture of the university. She found students generally felt the university paid little attention to the cultural characteristics of Native people, which resulted in both academic and non-academic difficulties for Native students.⁴⁶

In my study, generally non-Aboriginal classmates helped rather than

hindered learning, although Pat found some non-Aboriginal students were very competitive, and Kim had some concerns regarding privacy. Pat was surprised at how competitive she found some classmates, particularly in terms of marks and obtaining reference material for projects or writing papers. Marks, according to Pat, seemed to be a frequent topic of sometimes whispered conversations which could be a strange experience to someone coming from a culture in which learning by observation occurs without praise, cajoling, punishment or reward.^{54,55} Pat also described somewhat humorously, a stampede to the library for resource material whenever there was a paper to write. From her perspective, some classmates intentionally hoarded library books and information in order to get better marks than the others. This is in direct contrast to traditional Aboriginal learning, which stresses co-operation rather than competition.^{8,10,47,49}

In discussion, both Tracy and Kim felt there was an expectation that they "talk a lot" both in the classroom and clinical situations. Both felt their non-Aboriginal classmates did not have as much difficulty knowing what "they (teachers) wanted them to say" as Aboriginal students did. Kim particularly had some discomfort around the issue of privacy, feeling that there was an expectation that students would discuss feelings or personal matters, both in class and out. If Kim had a problem or concern that she wanted to talk about, when the time was right she said she would initiate discussion with whomever she felt appropriate. Saunders, writing about cultural conflict and failure, states that Aboriginal students may withdraw during a personal crisis and that there is no need for anyone to express concern or ask what is wrong, they will be told at the discretion of the person involved.⁵⁰ Aboriginal people traditionally value an ethic of non-interference^{49,50,54} which means not giving advice or "not interfering in any way with the rights, privileges and activities of another person"^{54pg12} and so do not expect inquiries or concern when they are experiencing some difficulty. This could be foreign to nursing instructors whose likely inclination is to inquire about an apparent problem and to possibly offer help or counsel towards possible resolution.

Having positive, supportive, and caring relationships and interactions between peers is suggested as important for success in a post-secondary setting, but there are few ideas in the literature as to how to develop, enhance, or evaluate these relationships. Perhaps students might begin to feel more comfortable socially, if in the early days of the program they were assigned to different groups for projects or skill practice. Perhaps adopting a mentoring or buddy system, or helping students form study groups⁵⁶ might make their adaptation to the life of a nursing student easier. Future study might be directed towards Aboriginal students who leave a post-secondary program in order to determine the part loneliness and alienation may play in their decision to leave; and perhaps, what might have been done to keep them in the program.

4.3.3 Relationships with teachers

Participants were very clear that they felt the teachers in the College of Nursing cared about their academic progress. They also indicated that their learning was helped by those nursing teachers who generally took more time to ensure understanding and who were more available than the teachers whom they encountered outside the College of Nursing. However, they had few examples of teachers whom they would comfortably approach for anything outside of class content, and none felt particularly respected or cared for personally. In addition, participants generally felt that their teachers did not understand their culture or what they were experiencing, which at times hindered their learning.

Participants found the nursing teachers seemed to care more about their students in general, and were more available to them for explanations or extra help; actions which the literature supports as particularly helpful to minority students. A sense that nursing teachers care is particularly important for nursing students, who need to observe and experience caring and nurturing themselves, in order to develop their own ability to care for others in their work as a nurse.⁵⁷ Beck, in a study of how nursing students

perceived faculty caring, found that if students felt respected and valued, they felt cared for. She went on to say that even small experiences of being cared for could be relived and be rejuvenating to the student.⁵⁷

In this study, all participants felt they could and would approach most of their teachers in regards to course content. Several expressed though, that they may have some hesitations in doing so, particularly in the larger classes and in the earlier years. Some hesitation may be related to the fact that Aboriginal culture has a great respect for age and knowledge. A teacher is usually an Elder who is looked to for wisdom and counsel, and who serves as a resource, a guide, an evaluator, and a catalyst.^{7,8,48,58} Participants explained that another reason for their hesitation was that in Aboriginal culture, asking questions is seen to be disrespectful, in that it puts the other person on the spot. As Aboriginal students were uncomfortable being questioned in class, they did not want to make teachers similarly uncomfortable.

When asked for more specifics about initiating contact with teachers, participants said they knew which teachers really cared and were considered approachable and which were not. Pat explained that before she approached a teacher, she would carefully rehearse what to say so it wouldn't "come out wrong". Lee described similar hesitations saying she "didn't want to look bad to the teacher", and Alex was concerned that at some point she would be evaluated on whatever was said.

Teachers, in their personal relationships with Aboriginal students, have the opportunity to have the most significant impact upon them; which also adds to the teachers' effectiveness in the classroom.⁴⁹ Participants in my study seemed a bit surprised to be asked about whether they felt they got to know any of their teachers personally or if they felt any teacher was particularly interested in their progress. Perhaps their surprise was in part related to their traditional view of a teacher. However, participants did not feel that they really got to know many of their teachers, nor did they feel that any teacher was particularly interested in their individual progress.

Pat, Lee and Chris generally felt faculty were there because it was their job and they had to be there. Pat described the relationship as hierarchical, "There was a professional and a student and it went no further". Chris said that in addition to the hierarchy, there was a significant power difference and although she was in her twenties she often felt like a little kid. Some of this sense was described by Tierney in his book *Official Encouragement, Institutional Discouragement*, in which Aboriginal students felt faculty and teachers were "not hostile, just indifferent".¹¹ He writes that young post-secondary Aboriginal students often have no idea what they are getting into, and they will not or do not ask, so it is up to the teachers to reach out first to them.¹¹

In my study, both Tracy and Lee remarked that it would be helpful if teachers reached out to individual Aboriginal students, particularly in the beginning of their nursing program. Positive interactions with individual teachers creates a sense both of belonging to a community, and of faculty commitment and caring.⁵⁷ Faculty commitment to students results in more students being committed to completing the program.⁵⁹ The literature emphasizes the importance of relationships with teachers, which faculties and institutions are able to influence perhaps more than they can influence students' relationships with each other.

Pat, Sandy, Kim and Lee felt that the teachers had little understanding or knowledge of their culture. There are major differences between the Aboriginal and non-Aboriginal world views that Crow,⁸ Ross,⁵⁴ Byrnes,⁶⁰ and other writers refer to, and at the time of this study, there was not an Aboriginal teacher in the nursing program to potentially help to interpret aspects of Aboriginal cultures. The literature suggests that effective teachers have to first be good learners, learning both from and about Aboriginal people. Teachers need to learn not only about Aboriginal culture and communication,⁶⁰ but also more about their own culture.⁸ By doing so, teachers then become aware of and can openly discuss the issues their students face. In addition, by learning more about their own culture, teachers

are then better able to identify their prejudices and biases and examine their own teaching practices for expectations which are perhaps based upon stereotypes.^{8,47} Teachers do not need to be Aboriginal but do need to be caring, sensitive, student-focused, and open to new ideas and ways of teaching.⁴⁷

In the literature regarding campus diversity and the success of non-traditional students, a frequently cited author is Vincent Tinto, whose model suggests that social as well as academic integration is a significant factor in university completion and academic success of minority students.¹¹ In discussing student success and the construction of inclusive educational communities, Tinto states that:

The frequency and perceived worth of interaction with faculty, staff and other students is one of the strongest predictors of student persistence and learning.^{10pg4}

He goes on to say that a supportive community is particularly important for students of colour and is even more important for students from a disadvantaged background.⁶¹ While campus diversity must be an institutional goal; individual teachers, through their practice, are in the best position to effect maximal positive change by giving minority students, including Aboriginal students, the message that they are accepted and respected the way they are.

4.4 The teaching-learning process

Much of the discussion regarding what helped or hindered learning throughout the participants' nursing program centered around the teaching-learning process. The factors that participants identified are considered in terms of traditional Aboriginal education, and the principles of adult learning which are particularly well suited to cross-cultural education.⁶⁰

4.4.1 Factors that helped learning

In the courses that participants found interesting and easy to learn, the most common factor was the perceived applicability of the content to their

goal of becoming a nurse. Alex, thinking back, said that the reason for learning certain things was sometimes not apparent until the very end of the program, so she was a little skeptical and reluctant when studying some topics. Sandy stated that it helped to have experience to relate new information to. Tracy further supported this in that her favourite course was one with which she had some life experience. This finding is consistent with principles of adult learning, one of which is that material that is relevant to the learners' experience and needs, both past and present, can be more easily learned.⁶⁰ More, in his writing, suggests that the students be given a holistic perspective of the program and that teachers inform students of the relevance of each course and frequently emphasize how specific content fits in to their goals.⁵⁵

Closely related to the principle of relevance, courses with a hands-on component or, as Lee said, "where you were shown how to do stuff", were invariably mentioned as students' favourites. Preferring hands-on learning can be related to the traditional Aboriginal approach to education. The pilot participant clearly described experiencing this traditional modelling approach to education and Sandy stated that she needed to "see and do in order to understand". Traditional Aboriginal education involves a "watch-then-do" way of acquiring skills, in which explanations and questions are minimal and supervised participation is encouraged. Children are expected to observe and learn on their own, from a variety of teachers who are not necessarily their parents, without cajoling, praise, punishment or reward.^{54,55} Following extensive observation, skills would be rehearsed in the mind before being performed.⁵⁴ This type of learning requires strong observational skills and the ability to build up memory images or "imaging".^{54,60} Rupert Ross, in *Dancing With a Ghost*, describes this way of thinking and learning, calling it "pattern thinking". He defines it as the ability to recall sights, sounds, smells, tastes and feelings from previous experiences and superimpose them on the current situation, while looking for patterns in order to predict an outcome. Pattern thinking was a well-honed and necessary skill for a hunter-gatherer society in

which survival depended on accurate prediction.⁵⁴ This thinking seems similar to that described by Pat Benner in her book about nurses, *From Beginner to Expert*, as she looked at how new graduates evolved into skilled nursing practitioners.⁶² Similarly nurse educators, Em Bevis and Jean Watson in their book *Towards a Caring Curriculum*, encouraged their students to look for patterns and similarities in their patients.⁶³

In addition to the relevance of material to be learned, participants were able to identify teaching strategies that enhanced their ability to learn. Common teacher qualities and strategies that were helpful included; enthusiasm, knowledge, ability to make the content interesting, recounting stories from their own practice, using appropriate humour, and presenting the material in a variety of ways at an appropriate pace.

Both Pat and Chris gave examples of courses that they anticipated being "boring", but which instead were found to be interesting because they were taught by instructors they found to be knowledgeable and enthusiastic. One key to making classes interesting was the use of stories, specifically stories from the teacher's own practice. Stories, according to Lee, often led to discussion and considering other possible situations; Chris stated that stories were what she recalled when writing exams. In traditional Aboriginal culture, much teaching was done through stories and legends, particularly the teaching of values and attitudes.^{52,55} Children, upon hearing the stories, internalized them according to their level of cognitive and emotional development at the time.⁵²

Three participants specifically mentioned humour as helping their learning. Collier, in research with Aboriginal students at a college in Quebec, found the type of humour appreciated was that in which laughter was a natural response rather than the "stand-up comedy" type of humour.⁹ Aboriginal people consider humour as something that binds people together and it is used a great deal, even in bleak circumstances.⁶⁴

Several participants found it helpful when material was presented in a variety of ways, for example, using videos or overheads to supplement the

written or spoken word. Alex and Sandy both recognized and appreciated this as appealing to different learning styles. Learning styles are affected in part by culture, so that students from different backgrounds may favour different ways of learning.^{54,55} Much of the literature about Aboriginal students' learning looks at the typical or most common learning styles, particularly those which may differ from the preferred learning styles of non-Aboriginal classmates. More cautions that there is no unique Aboriginal style of learning but that Aboriginal students do have some similarities in their preferences.⁵⁵

As well, a number of participants expressed a preference for learning co-operatively. Traditional Aboriginal teaching is collaborative and cooperative, so students may tend to do better with group projects and collaborative learning.^{8,10,49,58} Pat felt that pooling several students' ideas and research and presenting one excellent paper resulted in both more effective learning for the students and less marking for teachers. In retrospect Lee wished teachers had helped to organize study groups in the first year, particularly as it seemed that whenever groups needed to be formed, students would either be with the same people all the time or with whomever happened to be sitting near by. In contrast Kim, and to some degree Tracy, both preferred to figure things out themselves and to learn on their own; and while they enjoyed their classes, by choice, they did not participate much.

All study participants but Chris described themselves as "quiet" and not quick to respond in the classroom situation. Collier noted that Aboriginal students appeared quiet in the classroom, apparently preferring to watch and listen in order to learn.¹⁰ If watching and listening are then followed by reflection and integration of information, students may appear to be slow to respond.^{49,51} Ross, in discussing Aboriginal learning, uses the term "thought incubation" to describe taking the time to think before speaking or acting.⁵⁴ Kim particularly spoke of preferring a pace at which teachers made sure participants understood information before moving on to new content and there was time to formulate and ask a question.

4.4.2 Factors that hindered learning

Participants revealed that their least enjoyable and often most difficult classes were the large and fast-paced classes, where information was delivered in a lecture format. Other factors that hindered learning were being put "on the spot" in the classroom and a sense that one was always being evaluated. In addition, several participants mentioned the lack of Aboriginal content in the program, which may indirectly hinder learning, and one participant felt she would have really benefited from having an Aboriginal nurse for a role model.

Most of the large, fast-paced lecture classes were the required courses that were offered outside the College of Nursing, although participants said some nursing teachers also delivered content right from the text in lecture format. One problem with lecture format for minority students may be partly related to the language and jargon of a topic,⁵¹ particularly if the pace or the number of students left no opportunity for questions or clarification. This format was even less appealing for students who were hesitant to speak out, and who needed time to think before speaking, or who preferred to learn on their own.

Sandy, Lee, Kim, Alex and Tracy all described situations where they felt they were "put on the spot" or in some way made the centre of attention, which they found uncomfortable. Giving presentations to a group or being asked for an idea or opinion was very difficult for participants, especially in the first years of their program. Lee was able to articulate that in Aboriginal culture, people only speak when they are comfortable and confident and that people are never put on the spot or required to speak if they do not wish to. The literature confirms that for many Aboriginal people, being singled out in any way, such as giving praise or thanks, asking a question or giving a presentation is both uncomfortable and seen to be drawing attention to an individual, which is culturally inappropriate.^{8,10,49,53} Behaviour that isolates or draws attention to an individual may be met with non-compliance or silence.⁸ Pat, Alex and Sandy mentioned being particularly uncomfortable when asked

to comment on Aboriginal issues, and Sandy was adamant that she could not and would not speak for all Aboriginal people.

Both Pat and Tracy mentioned feeling that they were always being evaluated by teachers, and that making mistakes could result in being "labelled" or even 'out of the College of Nursing'. They did not feel that there was a place to practise, to make their own mistakes and learn from them, which is how Aboriginal learners traditionally master skills.⁸ Some of their discomfort might arise from their experience with traditional education, in which a practice or ethic of non-interference allows learners to make mistakes and learn from them.^{51,53,54}

Pat, Alex, and Sandy all mentioned the need for more Aboriginal content in the nursing program, especially for those intending to practice in Saskatchewan. Third- and fourth-year participants noted that there was one transcultural class and that sometimes the Aboriginal perspective on specific topics might be mentioned, but it was a very small component of their program. Alex felt particularly strongly about there being more Aboriginal content, saying non-Aboriginal classmates often would say "that was really interesting" and ask questions of her about Aboriginal content. Alex referred to the limited cultural content as "lip service," which transcultural nursing expert Madeline Leininger when discussing nursing curricula also describes:

There is a lot of lip-service and a repeated use of the word "culture" but with no substantive content and limited meaning to the faculty and students.^{65pg256}

The study of different cultures and their beliefs and values, in addition to time spent on values clarification, could provide an initial awareness of differences and a validation of diversity for all students.⁴⁷ Content with cultural relevance would both affirm and give added meaning to Aboriginal students.⁵⁷ This could result in increased retention, as cultural discontinuity has been cited as one reason Aboriginal students do not complete degree programs.⁵¹

Kim found the absence of role models, especially in the early years, difficult for her. Purposeful provision of role models, whether teachers, senior

students, assigned mentors, or tutors, is suggested for assisting Aboriginal students in their academic endeavors.⁸

Many of the factors the participants mentioned as hindering their learning could be minimized by teachers more closely following some of the principles of adult learning. The hindering factors that are more closely related to culture could be addressed by increasing teachers' understanding of Aboriginal students.

4.5 Nursing and Aboriginal Culture

Lee, Tracy, and to a lesser degree Kim mentioned that the expectation of using eye contact when talking with clients or even in the classroom, was a significant difficulty for them, especially early in their program. Lee and Tracy spoke passionately about feeling that they would have to abandon their culture or "trade values" in order to be the "good nurse" that the College of Nursing expected. Nothing was found in the literature about difficulties with the role of the nurse, except to suggest that to some degree the learning of non-Aboriginal skills represents a form of acculturation and threatens a person's traditional values and beliefs.⁵⁹ Karine Crow, a transcultural nurse consultant, in her writing about multiculturalism and pluralistic thought in nursing education, points out that if students do not have their culture affirmed they may feel that the educational setting requires them to change culturally in order to succeed.⁸ The participants explained that in their culture, intense, prolonged eye contact is considered disrespectful and even confrontational, and that it was very difficult for them to use as part of their communication. It is hard to imagine the internal conflict and discord which the beginning Aboriginal nursing student must have felt when required to use a non-verbal communication style that had such negative meanings to them, particularly as the issue arose fairly early into their program.* The use of eye

* During the defence of this thesis I learned of a recent book which provides further insight into this issue. *Looking White People in the Eye: Gender, Race, and Culture in Courtrooms and Classrooms* Written by Sherene Razack and published by University of Toronto Press, 1998.

contact was one of the topics of the group interview at which Kim said that by her fourth year she was more comfortable using eye contact purposefully in the settings where it was appropriate and not using it when caring for Aboriginal clients. What seemed to make it even more difficult according to Lee and Tracy was that they did not feel their teachers were aware of their difficulty or discomfort and how it could be affecting their performance. The use of eye contact was a frequent topic of discussion at NNAPN events and the advice from other Aboriginal students was that students "just had to do it".

4.6 Recommendations

Based upon the findings of this study, the literature pertaining to minority students, and Tinto's model of campus diversity, the following general recommendations are offered to the College of Nursing and to nurse educators.

Some of these initiatives or ideas may already be part of the College of Nursing or individual teachers' approaches. Others may trigger or encourage more creative strategies to help Aboriginal nursing students learn more effectively.

4.6.1 Recommendations for the College of Nursing

Recommendations for the College of Nursing are directed towards program considerations and the creation of a more inclusive educational community, a community which both values and demonstrates respect and trust for all. The recommendations would also include awareness, support of, and participation in strategies undertaken by the University towards campus diversity. The strategies stated in the University Mission Statement that are directed towards educational and employment equity, and more particularly as they apply to Aboriginal people are of particular importance.²⁸

- * Increase awareness of the monocultural nature of both the health care system and the education system, particularly as the cultural limitations may impact upon nursing education and nursing practice.

- * Seek means whereby health care and education may better recognize and reflect changing population demographics in order to more effectively meet the population needs.
- * Identify and encourage effective teachers who are also active and effective learners and who express a desire to learn more about Aboriginal culture, and assign them to work with Aboriginal students, particularly in their first two years.
- * Identify teachers who can appropriately articulate their own relevant beliefs and values, and who are also willing to view, consider and appreciate differences, in order to develop strategies towards a multicultural nursing program.
- * Seek out an Aboriginal faculty member for the College of Nursing, who might help interpret aspects of Aboriginal culture to other faculty, and be a resource and role model for Aboriginal students.
- * Recognize and affirm the historic existence of Aboriginal culture and the current demographic changes by expanding the Aboriginal content of the program.
- * Designate and encourage interested faculty to mentor or be the primary contact for one or more first-year students.
- * Support faculty in expanding their repertoire of identified effective teaching strategies and in on-going learning and integration of the principles of adult learning.
- * Collaborate with Aboriginal educators in the College of Education to develop and expand upon strategies which have been identified as helpful by Aboriginal learners.
- * Follow up with Aboriginal students who are accepted into, but do not complete, the program, to determine their reasons for discontinuing.
- * Liaise with the Canadian Association of Aboriginal Nurses and invite nurses of Aboriginal background to the college to act as mentors and role models to Aboriginal students.

- * Encourage faculty and students to identify and discuss values and beliefs that may impact health and learning, being aware of similarities and respectful of differences.
- * Purposefully dedicate resources to support first- year students in their adaptation to the roles of being both a university student and a nurse.
- * Organize 'Support Circles' of perhaps 8-12 nursing students which could include people from each year of the program. Circles, being consistent with Aboriginal culture could provide a safe and constant environment to encourage and support each other throughout their program.
- * Encourage Aboriginal students to participate in the NNAPN program and activities for cultural and academic support.

4.6.2 Recommendations for teachers of Aboriginal nursing students

- * The recommendations to any teacher of Aboriginal nursing students represent strategies to support what participants themselves have identified as helpful, and to eliminate or diminish the impact of those factors which students identified as hindering their learning.
- * Expand the repertoire of teaching methods in order to purposefully present material in ways that recognize different learning styles. Several participants identified the use of case studies, stories from practice and appropriate humour as effective teaching methods for them.
- * Frequently review and refer back to the student's goal of becoming a nurse and confirm the relevance of content towards that goal.
- * Avoid drawing particular attention to Aboriginal students in the class by asking their thoughts or opinion unless previously arranged, particularly in the first-year(s) of the program.
- * Provide written, clear objectives and direction and take time to ensure understanding, especially in the early years of the program.

- * Have students identify the behaviours that make them feel respected and cared for and work to model those behaviours in all interactions with colleagues and students.
- * Strive to establish comfortable and appropriate rapport with students individually.
- * Routinely offer unstructured time to be available to students.

4.6.3 Recommendations for teachers of first year Aboriginal nursing students

According to Tinto's model, students need to be comfortable socially and academically to have the best chance to succeed. Therefore time needs to be spent initially to foster student comfort at the University and in the College of Nursing

- * Acknowledge that some cultural adaptation to university and to nursing is required of all students in the first-year, and that students from any culture other than the dominant culture have an additional third culture to learn about. Allow the time needed for that learning.
- * Initiate personal contact with first-year Aboriginal students, recognizing that they are most likely to feel overwhelmed and unsure and may not ask for help from faculty due to personality traits or cultural experience.
- * Provide individual feedback on progress, promptly and frequently, both formally and informally, including recommendations for immediate remedial action when indicated.
- * Facilitate discussion between Aboriginal and non-Aboriginal students regarding fears and concerns; encourage looking for similarities in perhaps feeling similarly shy and uncertain.
- * Encourage a process that might have third-year Aboriginal students mentor or buddy a student through first and second year.
- * Ask to attend one of the NNAPN functions or one of the regular lunch meeting with students in order to learn more from and about Aboriginal students in an Aboriginal setting.

4.7 Conclusion

The Aboriginal nursing students participating in this small study at the University of Saskatchewan revealed factors that helped and hindered their studies. To continue with and expand factors participants found helpful and to modify or eliminate factors that were not would not require major or expensive changes on the part of the College of Nursing or individual teachers.

In addition to the support provided by their families, Aboriginal nursing students were particularly helped by comfortable, collegial relationships with their classmates and by teachers who cared about their learning. Participants struggled most in their first two years and suggested they would have felt more comfortable if there were role models or mentors available to them. They would also have appreciated faculty members initiating personal contact with them, particularly in the first two years.

In the classroom, material that was clearly relevant to becoming a nurse, and which was presented using a variety of teaching methods and strategies was easier for the participants to learn. Teachers who did not presume prior knowledge, who gave the "big picture", and who provided opportunities for questions, discussion and reflection were most appreciated. However, participants stated that their learning was hindered when they were "put on the spot" or in any way singled out for particular or special attention. Participants found it uncomfortable and intimidating being asked a question or to give an opinion in class, or having to give a presentation, particularly in the early years. It was also most uncomfortable for participants if they were asked to speak for all Aboriginal people.

There is literature to support the point participants voiced about the need for more Aboriginal content in the nursing program. Not only would the additional Aboriginal content be in keeping with the changing demographics of Saskatchewan, but it would also serve to recognize and affirm Aboriginal students' culture, and support the Mission Statement and goals of the university.

The use of eye contact in both the classroom and clinical settings was a significant issue for several participants and seemed to be a particularly difficult challenge in their goal to become a nurse, especially in their early clinical experiences. The participants felt strongly that their difficulties and struggles in trying to use that particular communication strategy really hindered their efforts to become a good nurse. In addition, the participants did not think that their nursing teachers were aware of their struggle.

Tinto's model directs attention to both the academic and social aspects of the student's university experience, reflecting the belief that the university is producing citizens, not just workers.⁶¹ He goes on to emphasize the importance of recognizing the diversity of students and that the initiatives created to accommodate that diversity must be campus wide. To date, students have largely been expected to change and adapt to meet the requirements of the university and the field for which they are being trained.

Ideally, educational institutions which are "student friendly" and teachers who are student-focused will begin to change to meet the increasing diversity of the current student body, which includes Aboriginal students.^{11,61} Ideally, too, as universities and nursing education make progressive changes, similar changes in the health care system will occur concurrently, reflecting the changing demographics of both health care consumers and health care providers. Thoughtful and purposeful changes could have a positive impact upon both the providers and consumers of health care across cultures.

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**INFORMATION FOR PROSPECTIVE PARTICIPANTS
in the
ABORIGINAL NURSING STUDENT RESEARCH PROJECT**

If you are an Aboriginal nursing student at the University of Saskatchewan, you are invited to participate in a study to find out your views of your nursing program. The feedback you give may help to improve this and other nursing programs for Aboriginal students. Following are some questions you might ask about this study.

1. HOW MUCH TIME WOULD IT TAKE?

You would be asked to participate in two interviews each lasting about one hour and scheduled at a time and place of your convenience during the academic year. There could be follow-up phone calls to validate or clarify information from the interview. You will have the opportunity to review the findings either individually or in a group towards the end of the winter term, if you wish.

2. WHO IS THE RESEARCHER?

Bunny Leslie is a nursing instructor from Victoria, B.C. currently completing the requirements for a Master of Science degree in Community Health and Epidemiology. Bunny will conduct all interviews and analyze all the information collected.

3. WHO IS BEING ASKED TO PARTICIPATE?

Second, third and fourth year Aboriginal nursing students are being asked to participate.

4. WHAT IS THE PURPOSE OF THE STUDY?

The purpose is to identify practices of the University of Saskatchewan and the College of Nursing that help or hinder students' learning. The results will serve to identify and reinforce helpful practices and change those that hinder students. The object is to learn about your experiences--you are the expert or the teacher in this study.

5. WHAT ARE THE BENEFITS TO MYSELF?

You will have the opportunity to talk about and reflect on your individual learning style, identifying what has helped or hindered your own learning. By participating in the study you may learn something about one form of research. You may also have the satisfaction of knowing that the information you provide may help future Aboriginal nursing students.

6. WILL WHAT I SAY GET BACK TO THE COLLEGE OF NURSING?

No. Confidentiality will be maintained by labelling the tapes from the interviews with pseudonyms and erasing the tapes when the study is finished. Nothing I report before it is made available to anyone in the university and ask to have anything you are uncomfortable with changed.

7. IF I AGREE TO PARTICIPATE CAN I CHANGE MY MIND?

Yes, you are free at any time to stop the interview or to withdraw from the study without consequence.

8. WHOM DO I CONTACT FOR MORE INFORMATION?

Please feel free to contact Bunny Leslie at 652-5002 or her supervisor, Kathryn Green, at 966-7839 and they will be pleased to answer your questions.

Thank you for giving participation in this project some thought. Certainly it can not happen without you. I look forward to meeting with you.

Bunny Leslie

CONSENT TO BE A RESEARCH PARTICIPANT

PROJECT TITLE: ABORIGINAL NURSING STUDENTS

Bunny Leslie is a graduate student at the University of Saskatchewan who is interested in the experience of Aboriginal nursing students. It is her intent to describe the practices of the College of Nursing and the University of Saskatchewan that assist and impede Aboriginal student learning, from the students' perspective.

By consenting to participate in this study I am agreeing to two approximately one-hour interviews at a time and location of my convenience during the academic year with Bunny Leslie. I also understand there may be some follow-up by phone for clarification or validation of interviews.

I understand I may choose not to answer any question I don't want to. I am free to withdraw from any interview or the study at any time without consequence.

I understand the interviews will be taped. In order to protect my identity, pseudonyms will be used on the tapes and any written material and the tapes will be erased when the study is completed. Bunny Leslie will be the only person who will ever know my name. I understand results will be written in terms of all participants and that this study will be published in the form of a master's thesis.

I understand the only direct benefit to myself is the time to discuss and reflect on my own learning style but that the results will be shared with other nurse educators so that future Aboriginal nursing students may benefit from my participation

Throughout the study Bunny Leslie will check the results with me in order to ensure she is fairly representing what I have said. I will have an opportunity to know the final results through an individual or group discussion or by reading the report.

I have been given an information sheet and have had an opportunity to ask Bunny Leslie questions and understand I may keep a copy of this consent form. I also understand if the focus of the study changes in any way this consent will be renegotiated. If I have any further questions I can contact Bunny at 652-5002 or her supervisor, Kathryn Green at 966-7839.

I agree to participate in this study.

_____ participant

_____ date

_____ researcher



UNIVERSITY ADVISORY COMMITTEE
ON ETHICS IN HUMAN EXPERIMENTATION

(Behavioral Sciences)

NAME AND EC #: Dr. K. Green (M. Leslie)
Community Health and Epidemiology

For Reference: 96-122

DATE: November 25, 1996

The University Advisory Committee on Ethics in Human Experimentation (Behavioral Sciences) has reviewed your study, "The Experience of Aboriginal Nursing Students at the University of Saskatchewan" (96-122).

1. Your study has been APPROVED.
2. Any significant changes to your protocol should be reported to the Director of Research Services for Committee consideration in advance of its implementation.
3. The term of this approval is for 3 years.

Michael Owen, Secretary
for the University Advisory Committee
on Ethics in Human Experimentation, Behavioral Science

Please direct all correspondence to:

Michael Owen, Secretary
UACEHE, Behavioral Science
Office of Research Services
University of Saskatchewan
Room 210 Kirk Hall, 117 Science Place
Saskatoon, SK S7N 5C8



November 25, 1996

Bunny Leslie, MSc Student
Community Health & Epidemiology
University of Saskatchewan
Saskatoon, SK
S7N 0W0

Dear Ms. Leslie:

RE: Master's thesis proposal -
**The Experience of Aboriginal Nursing Students at the
University of Saskatchewan**

Thank you for submitting your thesis proposal to the Research Subcommittee of the Graduate Studies and Research Committee for review. We have reviewed the ethical considerations related to the project and grant approval to proceed.

Best wishes for a successful project.

Yours sincerely,


Norma J. Stewart, RN, PhD
Associate Professor
Chair, Research Subcommittee

cc. Karen Wright, PhD
Associate Professor & Chair
Graduate Studies & Research Committee

INTERVIEW GUIDE

At the time of the first taped interview I will have been previously introduced to the student and met with them to review the study, sign the consent form and fill out a demographic questionnaire. Before asking questions such as the following I will attend to their physical and emotional comfort as outlined in the proposal. The order and wording of the questions are still being worked on. The second interview will cover questions/topics evolving from the first.

1. When did you decide you wanted to go into nursing?
 - a) Who/what influenced your decision?
 - b) Do you have any plans for when you graduate?

2. Is the program pretty much what you expected?
 - a) In what ways is it different?

3. How easy has it been to make friends with your classmates?

4. Do you feel you are getting to know any of the faculty?
 - a) Are there staff or faculty members you feel you could go to if you had a problem?

5. Think about the Nursing course you most enjoy.
 - a) What is it about that course you like?

6. Think about the course you enjoy the least or have the most difficulty with.
 - a) What do you think makes it difficult for you?
 - b) What would you change to make it better?

7. Let's think now about the non-nursing courses you have taken or are taking.
 - a) In your favourite non-nursing course what did you like about it?
 - b) In your least favourite non-nursing course what did you find difficult or dislike about it?

- c) Could anything be done to improve that?
8. Have you found any differences in general between the nursing and non-nursing courses?
9. Of the student services such as housing, health, finance, counselling. Which ones have you had contact with?
- a) How did you find them?
 - b) How could they have been more helpful?
10. What other campus organizations/groups have you had contact with?
- a) Which ones would you recommend to other Aboriginal nursing students? Why?
 - b) Are there any you would not recommend to other Aboriginal nursing students? Why?

DEMOGRAPHIC QUESTIONNAIRE

Name: _____ Identifier: _____

Address (Saskatoon): _____ Phone (Saskatoon): __________
Address (Home) :

Birthplace: _____ On-Reserve: _____ Off-Reserve: _____

Band: _____

Languages Spoken/Understood: _____

Age: Under 20 _____
21 - 30 _____
31 - 40 _____
Over 41 _____Gender: _____
Female: _____ Male: _____

Marital Status:

Married _____ Common-Law _____ Widowed _____
Divorced _____ Separated _____ Never married _____

Dependants (any adult or gender and age of any child for whom you are responsible):

Education (grades, years and location of schooling):

Primary _____
Secondary _____
Post-secondary _____
Year in program nursing program ? _____Has your nursing program been interrupted for any reason?
If so, why? _____

Preferred time(s) for interviews:

1. _____ 2. _____

CODING CATEGORIES

The following coding categories, units and sub-units are those that I developed from the data:

1. Prior exposure to nurses/nursing
2. Basis for choosing nursing as a career
 - a. Long term plans
3. Expectations of the BSN program
4. Classmates: relationships with
 - a. Aboriginal classmates
 - b. Non-Aboriginal classmates
5. Faculty
 - a. Impressions of
 - b. Experiences/relations with
6. Cultural difficulties/hurdles to becoming a nurse
 - a. communication/eye contact
 - b. other
7. Nursing courses
 - a. Courses liked
 - i Content
 - ii Teaching/delivery methods
 - iii What helped learning
 - b. Courses disliked
 - i Content
 - ii Teaching/delivery methods
 - iii What hindered learning
8. Non-nursing courses
 - a. Courses liked
 - i Content
 - ii Teaching/delivery methods
 - iii What helped learning
 - b. Courses disliked
 - i Content
 - ii Teaching/delivery methods
 - iii What hindered learning

9. Differences between nursing and non-nursing courses/classes
10. Other campus involvements
 - a. Clubs/teams/organizations
 - b. Services
11. NNAPN
 - a. Involvement prior to beginning nursing program
 - b. Involvement during nursing program
12. Other responsibilities/obligations
13. Difficulties with student role
 - a. preparedness for university
 - b. classroom expectations
14. What would be done differently another time
15. Recommendations for the College of Nursing
16. Recommendations for future Aboriginal nursing students
17. Personal characteristics/self descriptions