

DISCERNING SUCCESS OF INDIGENOUS HEALTH STUDENTS IN  
COMMUNITY-BASED PROGRAMS

by

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### Executive Summary

In recent years, public post-secondary educational institutions have been partnering with Indigenous educational societies to provide community-based healthcare programs in remote communities. The term ‘community’ refers to students’ geographical home region, the population of which may consist of both Indigenous and non-Indigenous peoples. The purpose of this study was to understand how people from one such community described the success of students who took those programs. The factors that influence the success of students were also explored.

The study was conducted as a qualitative study, where eight community members from a northern British Columbia (BC) community were interviewed about their descriptions of success and its influencing factors. The participants were either community stakeholders who had been involved with the education of community-based healthcare students, or they were graduates who had taken their healthcare training in the community. In order to describe success, and how to foster it, the core theme of *courage* emerged from the data, which was evident in the changes that students made in their lives as they moved through their educational journeys. Three categorical themes were derived from the data: *nurturing the learning*, *owning the learning*, and *discerning success for learning*. Participants described that learning needed to be nurtured, and that students achieved greater success when they took ownership for their learning path. Participants further described success as being influenced by previous educational experiences, meeting community needs, and personal growth in the students.

Five conclusions were derived from this study: 1) Finding the courage to overcome fears and barriers was instrumental in students’ educational journeys. Students

often had to make life-changing choices that required great courage in order to advance in their education; 2) Receiving nurturing through a whole-person approach appeared to promote success in students' learning journeys; 3) Students following their educational paths were fostered through the support and encouragement of instructors and family members; 4) Students learning to believe in themselves was a key element of success; and 5) When students were successful in completing a community-based healthcare program, the community in which the students lived was also perceived to be successful. Although this study did not seek to critique existing community-based healthcare programs, it emphasized the importance of hearing the voices from the community, and finding ways to integrate them into curriculum development and program delivery.

Recommendations were formulated from this study in the areas of community-based education and research. Nurses who are involved in community-based education may consider the following areas: 1) Promote ways in which Indigenous students can experience feelings of success in the early stages of their educational journeys; 2) Provide orientation sessions for nursing instructors hired to teach in community-based programs that discuss the importance for nurturing the Indigenous student learners; and 3) Discover Indigenous students' gifts prior to having them enter educational programs.

Recommendations for further research were also identified and included: 1) Seek a larger sample size of Indigenous students in other geographical community areas; 2) Explore experiences of nurse educators in community-based programs; 3) Explore the meaning and experience of the concept of balance among Indigenous community-based students; and 4) Study the influence and effect of Indigenous Elders on students' educational success. In conclusion, the community members provided valuable insight into the

experience of success of Indigenous students in community-based healthcare programs, which may contribute towards improvement in curricula and program delivery.

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Encouragement was a powerful motivator for the participants in this study, and it was also the driving force of my journey in completing this study. My supervisor, Dr. Barbara Astle, was instrumental in providing me with step-by-step guidance. You translated your extensive research knowledge into patient teaching and I embraced it and pressed forward, constantly learning and growing. My second reader, Dr. Sonya Grypma, provided valuable insights and wisdom when it was most needed. I consider your warmth and generous spirit a great gift. Thank you both for understanding my quiet, yet passionate, learning style. In addition, I would like to express appreciation to the support staff and faculty members at Trinity Western University whose teaching and assistance made my educational journey such a joy.

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“To understand education, one must love it or care deeply about learning,  
and accept it as a legitimate process for growth and change...  
You have to have enough love of learning  
to have the courage to remake it, imagine it, and teach it” (Battiste, 2013, p. 190)

### **Chapter One: Introduction and Background**

When envisioning the future of Indigenous healthcare education, it is expected that more community-based programs will be established (Villeneuve & MacDonald, 2006). In community-based programs, Indigenous students have the opportunity to remain living in their home communities while attending educational programs (Malatest, 2010). Community-based programs, offering various courses, are on the rise, and the Indigenous post-secondary institutes that oversee these programs seek continued expansion (Canadian Council on Learning [CCL], 2007; First Nations Education Steering Committee, 2008; Indigenous Adult and Higher Learning Association [IAHLA], 2009; IAHLA, 2011). Students graduating from community-based programs are more likely to seek employment within that same community upon program completion (National Aboriginal Health Organization [NAHO], 2006), where ‘community’ refers to the students’ geographical home region, the population of which may consist of both Indigenous and non-Indigenous peoples. In addition to meeting employment needs, Villeneuve and MacDonald stated that community-based programs serve to attract and retain Indigenous students into healthcare professions.

Research with Indigenous students has confirmed high attrition rates in regular (non-community-based) healthcare programs (Anonson, Desjarlais, Nixon, Whiteman, & Bird, 2008; Goold, 2006; Gregory, Pijl-Zieber, Barsky, & Daniels, 2008; Martin & Kipling, 2006; Pijl-Zieber & Hagen, 2011; Smith, McAlister, Tedford Gold, & Sullivan-Bentz, 2011; Usher, Lindsay & Mackay, 2005; Wilson, McKinney, & Rapata-Hanning,

2011). The Canadian Association of Schools of Nursing [CASN] (2003) and the Council of Ministers of Education, Canada (2010) recommended that strategies be implemented to promote retention of Indigenous students in nursing programs. Prior to commencing this study, I questioned whether researchers were too focused on the attrition of Indigenous healthcare students. While several researchers have identified barriers to successful education completion, there was little in the literature that examined how ‘success’ was actually described, and therefore understood, by community members where community-based programs were delivered. Was it possible that successful healthcare education was described differently by members of remote communities than it was by members of educational institutions? I was curious whether it was possible that program completion (for example: retention) was not the only definition of ‘success’ for Indigenous healthcare students. Therefore, by including the voice of community members in this discussion, programs may be tailored to better meet Indigenous students and community needs. A better understanding of the community members’ perceptions of how the programs are delivered may also offer insights into the attrition rates for Indigenous students enrolled in such programs. The purpose of this qualitative study was to explore how community members described success in community-based healthcare programs, and how this may help to foster success of Indigenous students in these programs.

### **Background**

The history of Indigenous students within the Canadian educational system, and especially the forced attendance at residential schools, is complex and traumatic, and cannot be ignored when studying Indigenous education (CCL, 2008; Pijl-Zieber &

Hagen, 2011). The history of Indigenous education in Canada over the last few centuries has had lasting effects, and will likely continue to be felt for many years (Battiste, 2013).

Kirkness (1999) and Stonechild (2006) refer to four phases of Aboriginal education:

1. Traditional - cultural teachings based out of the home and lifestyle, which was commonplace within families prior to the arrival of European settlers in the early 17<sup>th</sup> century.

2. Colonial domination – upon the arrival of European settlers, residential schools were created which Indigenous children were forced to attend. Usually, this resulted in children being removed from their homes and families (Battiste, 2013; CCL, 2009; Wilson, 2008). The first residential schools were opened in 1857 (Aboriginal Affairs and Northern Development Canada, 2014). Most of the schools were closed in the 1960s, although some remained open as late as the 1990s.

3. Assimilation - closure of residential schools, and integration of Indigenous children into the Canadian grade-school system, which occurred from the 1950s to the 1970s.

4. Self-determination - the lobbying for Indigenous control of education for Indigenous peoples, which began in the late 1960s, and continued until 1985, when self-determination started becoming more evident in the educational system.

Since the 1980s, many Indigenous communities have continued to work towards Indigenous control of education, both in terms of grade school and post-secondary education (Battiste, 2013; Stonechild, 2006; Waldram, Herring, & Young, 2006).

Community-based post-secondary programs are examples of education that are directly influenced by Indigenous peoples at a community level, and aim to educate Indigenous

students residing in the local region where the programs are taught (IAHLA, 2009).

However, the journey to get to this stage has been faced with many hardships.

Colonization, together with the well-documented oppression of Indigenous culture in Canada, effectively destroyed traditional ways of life (Levin, 2009; National Collaborating Centre for Aboriginal Health, 2009; Waldram et al., 2006) and Indigenous education systems (Aboriginal Nurses Association of Canada [ANAC], 2009a; Altbach, 2006; Battiste, 2013). The years of residential schools resulted in Indigenous peoples having great mistrust for the educational system (Battiste, 2013; Hampton & Roy, 2002; Pijl-Zieber & Hagen, 2011), and the effects of this mistrust continue today (Battiste, 2013; Stonechild, 2006). Currently, attrition rates of Indigenous students are difficult to track, as students may choose not to declare their status, and institutions are not required to monitor Indigenous students' progress within programs. One Canadian college estimated their Indigenous nursing student attrition to be 33% in 2005 (Gregory & Barsky, 2007).

Some researchers have argued that colonization is still affecting Indigenous peoples today, and is not an event from the past (National Collaborating Centre for Aboriginal Health, 2009; Smith, 2012; Stonechild, 2006). De Finney, Dean, Loiselle, and Saraceno (2011) defined neocolonialism as both “ongoing and new forms of colonialism” (p. 363), and indicated that we continue to see social exclusion, relocation, poverty and disenfranchisement of Indigenous peoples in Canada. Altbach (2006) cautioned that one cannot expect an immediate end to neocolonialism, and that work must continue towards a positive and empowering outcome.

As a non-Indigenous researcher conducting research with Indigenous peoples, I was mindful that sensitivity to ‘boundary crossing’ was vital in this study (Vukic, Gregory, & Martin-Misener, 2012). My hope for this study was to hear the Indigenous and non-Indigenous voices of the community in which community-based healthcare programs had been delivered. Liebenberg (2009) asked researchers “how do we improve the connection between ourselves as privileged and those with whom we interact in the field who are so-often marginalized?” (p. 443). Throughout this study, it was important for me to strive to understand the history of colonization (Gregory, 2005), and be open to the relationship-building stressed in postcolonial theories.

Some Indigenous researchers have expressed concern about postcolonial theories due to their intimation that colonialism is in the past (Smith, 2012; Vukic et al., 2012). However, Battiste (2000) noted that some “Indigenous thinkers use the term ‘postcolonial’ to describe a symbolic strategy for shaping a desirable future, not an existing reality” (p. xix). Despite the controversy over the ‘postcolonial’ term, there are strengths associated with the concept. Browne, Smye, and Varcoe (2005) proposed that postcolonial research perspectives can be used to work towards partnership, and provide a voice in decolonizing research. Conducting research from a decolonizing perspective stimulates an acute awareness of colonization, its’ effects, and the “belief that Indigenous peoples have their own worldviews” (Wilson, 2008, p. 53).

During the historic period of assimilation, Indigenous students attending universities were “expected to fit” (Stonechild, 2006, p. 69) into the educational system. The Royal Commission on Aboriginal Peoples (RCAP) (1996) reported low Indigenous program completion rates, often because students felt isolated. The RCAP further

encouraged universities to incorporate Indigenous culture within the curricula to circumvent such feelings.

In addition to educational challenges, health disparities also exist within the Canadian Indigenous population. During colonization, Indigenous peoples were exposed to unfamiliar illnesses, and forced into less healthy living environments than where they had traditionally lived (Clarke, 2007; Waldram et al., 2006). Compared with the rest of the Canadian population, Indigenous peoples are less likely to report good/excellent health, more likely to suffer from reduced mobility, and more likely to suffer from chronic conditions than non-Indigenous peoples (Statistics Canada, 2010). Katz (2005) advised that increasing the numbers of Indigenous students in healthcare programs is necessary to meet the complex health needs of Indigenous peoples, which suggests that Indigenous healthcare workers may provide better care for Indigenous peoples than those from other cultures. ANAC (2009a) claimed that people “identify with care providers who look and speak like themselves” (p. 13), however, this is not well documented in the literature and requires more research. Begoray and Banister (2008) insisted that nursing care in Indigenous communities will be provided primarily by non-Indigenous nurses because there are not enough Indigenous nurses to serve all the remote communities. As Indigenous communities are gradually taking over more control of their own healthcare in British Columbia (BC), will the lack of Indigenous healthcare providers be noticed in the future? Seeking to hear and understand descriptions of educational success from an Indigenous community might shed light on the above question.

**Rationale for the Research**

According to Statistics Canada (2011), Indigenous peoples made up 4% of the Canadian population (totaling 1.4 million people), with the Indigenous population increasing four times faster than that of non-Indigenous people. However, only 1% of healthcare workers in Canada identify themselves as Indigenous, and this shortage of Indigenous healthcare workers has negatively affected health outcomes of Indigenous peoples (NAHO, 2006). Despite an emphasis on recruitment of Indigenous students, there continues to be an underrepresentation of Indigenous students in nursing schools (Burruss & Popkess, 2012; Gregory & Barsky, 2007). While numbers of Indigenous students in nursing programs increased from 237 in 2002 to 730 in 2007 (Gregory & Barsky), those numbers were still low compared to the size of the overall Indigenous population in Canada. There continued to be a need to understand the factors affecting the retention of Indigenous students (ANAC, 2009a; Arnold, Appleby, & Heaton, 2008; Martin & Kipling, 2006), and whether retention was, in fact, one of the key ingredients in community-defined success of Indigenous healthcare students.

Furthermore, community-based programs are gaining momentum and seen as a beneficial way to provide education in remote/rural communities (Belgarde & Lore, 2003-04; CASN, 2003; Gregory, Hart-Wasekeesikaw, Macrae, Wood, & Amaral, 2002; Holmes, 2005; Malatest, 2010; Villeneuve & MacDonald, 2006; Wilson & Sarson, 2008). By becoming educated in their home communities, Indigenous students can eliminate the financial and social hardship they would have faced if they had moved to a university campus out of town (Malatest, 2004). Billy Minnabarriet (2012) argued that in community-based programs, learners are “situated with a broad interconnected web of

relationships: with the land, with ancestors and with others” (p. 29), where the needs of Indigenous students are best able to be met (Stonechild, 2006). As healthcare programs are delivered in remote communities, it becomes important to understand the culture (and the context) within which they function. Gaining the perspectives from community members, for example: former students, instructors, and individuals who support students, appeared to be the appropriate people to ask to determine how to describe success, and how to foster it, in order to understand how best to deliver such programs.

Based on the attrition concerns, it would appear that educators and universities need to explore ways to foster success among Indigenous healthcare students. Pijl-Zieber and Hagen (2011) insisted that high attrition rates, together with the shortage of Indigenous nurses in Canada, demand changes to nursing education curricula. It appeared that communication with Indigenous community stakeholders was needed to determine whether Indigenous communities have a similar description of success for students as do educational institutions (for example: retention and program completion). If community descriptions of success go beyond retention and program completion, such findings may contribute towards future development of healthcare curricula for Indigenous students that better meet student needs in community-based programs.

### **Definition of Terms**

The following definitions provide guidance for terms used in this study:

**Indigenous or Aboriginal.** Indigenous peoples, or Aboriginal peoples, refer to all inhabitants whose ancestry originated in North America. The Canadian Constitution recognizes three groups of Indigenous peoples: Indians, Métis and Inuit (Government of Canada, 2012). For the purpose of this study, the word Indigenous will be used

primarily, with the exception of alternate terms used in quotations and paraphrases.

**First Nations.** The term First Nations first came about in the 1970s to replace the word “Indian”, which was deemed offensive. Although the term First Nations is widely used in North America to describe Indigenous peoples, no legal definition of it exists (Government of Canada, 2012).

**Indian.** Indian people, along with Inuit and Métis, are recognized as Aboriginals in the Canadian Constitution. The term “Indian” is still used by the Government of Canada in the *Indian Act* in reference to the above groups of Aboriginal peoples (Government of Canada, 2012).

**Métis.** People who are of mixed Indigenous and European ancestry are identified as Métis, and are distinct from First Nations or Inuit peoples (Government of Canada, 2012).

**Community-based programs.** Community-based programs refer to educational programs delivered in Indigenous communities. In BC, such delivery models are created from partnerships between Indigenous-controlled educational organizations within communities and public post-secondary institutions (PPSI) (British Columbia Ministry of Advanced Education, 2012; First Nations Education Steering Committee, 2008). Malatest (2010) defined community-based programs as those which are delivered directly in students’ home communities. Rather than students moving away from home to attend university, they can continue to live in their communities while being enrolled in educational programs.

**Community.** The term community refers to the geographical region in northern British Columbia (BC) in which the participants in this study reside and work. The

community is made up of several small villages, and one slightly larger center, in close proximity to each other, all of which receive their services (for example: education and healthcare) in the central location. The population of this region consists of both Indigenous and non-Indigenous peoples.

### **Purpose and Research Questions**

The purpose of this study was to explore how success was described in community-based healthcare programs, and how to better foster the success of Indigenous students. The research questions in support of the purpose were:

1. How do Indigenous students and community stakeholders describe success in community-based healthcare programs?
2. What factors, identified by Indigenous students and community stakeholders, influence success of students in community-based healthcare programs?
3. In what ways can the success of Indigenous students in community-based healthcare programs be promoted?

### **Study Method**

To answer the above purpose and research questions, a qualitative research method was chosen to achieve a rich description of success in community-based healthcare programs, and how to foster that success. Specifically, an interpretive description method, with acknowledgement of underlying Indigenous decolonizing concepts, provided guidance for the researcher's way of being when working with Indigenous peoples. In addition, the interpretive description methodology and the decolonizing concepts encouraged an awareness of the history of Indigenous peoples in Canada, emphasized the importance of hearing Indigenous voices, and facilitated an

exploration of success of Indigenous students in a community-based health program in a community in northern British Columbia. While the community was largely populated with Indigenous peoples, people from non-Indigenous cultures also resided there. Data was obtained through eight in-person semi-structured interviews with educators, administrators, healthcare professionals, and healthcare program graduates. Data analysis was performed through interview transcription, coding of the data and thematic analysis to extract meaningful findings.

### **Outline of Thesis**

This thesis is comprised of six chapters. The purpose and method of this study is presented in this first chapter. Chapter Two outlines the search methods for the literature review, and an overview of research that was relevant to this research. Following the literature review, Chapter Three covers the research methodologies utilized in the study, as well as a description of the sample. A description of the data collection process, data analysis, scientific quality, ethical considerations and study limitations are also included in Chapter Three. The findings of this study are described in Chapter Four, and those findings are discussed and related to current knowledge in Chapter Five. Chapter Six provides conclusions and recommendations for possible future steps in this area of study.

## **Chapter Two: Literature Review**

A research study begins with a search of the literature. Thorne (2008) stated that a literature review “grounds the study within the existing knowledge” (p. 61) and it includes a critical reflection on what is present within that knowledge, and what may be absent. With that intention, an extensive literature review was completed. This chapter outlines the search and retrieval strategies used in the literature review, and presents the findings of the review.

### **Search and Retrieval Strategies for Literature Review**

As this study focused on ways to describe success in community-based healthcare programs, and how that success can be fostered, a broad review of the literature was conducted around this topic. The literature review was done in two phases: a preliminary and a secondary search. The preliminary search was conducted using CINAHL, Academic Search Premier, PubMed, Sage Health Sciences, Proquest Dissertation Express and Google Scholar databases. Keywords used in the searches were “Aboriginal”, “students”, “nursing”, “nursing program”, “success”, and “retention”. The word “Aboriginal” was interchanged with “Indigenous”, “First Nations”, “Indian” and “Native”. These results were then combined with other search words such as “remote” or “rural” and “community-based”. The Boolean operators of “OR” and “AND” were utilized in the narrowing down of search results. Inclusion criteria were applied to each database search. A further hand search was done of several of the studies’ reference lists in order to expand on ideas. Refer to Appendix A for a summary of the literature review keywords and findings.

The inclusion criteria were considered met if the research articles were published after the year 2000, however, older research was not dismissed due to the complex history of education for Indigenous peoples. These articles were examined by their abstracts, and included an array of topics related to the key concepts of this study, namely: Indigenous, students, success, and community-based. Refer to Appendix B for a list of particularly relevant articles.

Few studies were found directly relating to the success of Indigenous healthcare students in community-based programs. Because of this, extensive searching through Proquest Dissertation Express and Google Scholar was conducted in order to find “grey literature” and documents produced by government offices and Indigenous organizations. Furthermore, due to the limited number of research studies pertaining directly to Indigenous healthcare students, research aimed at Indigenous education as a whole, or other disciplines such as teaching or social work, was also included for review.

A more comprehensive secondary literature search was conducted as themes emerged from the data analysis. In this secondary search, I also revisited previous concepts to identify newly published literature. Like the preliminary search, CINAHL, Academic Search Premier, PubMed, Sage Health Sciences, Proquest Dissertation Express, Google Scholar and grey literature were utilized to locate literature. Additional keywords such as: “courage”, “safety”, “commitments”, “Medicine Wheel”, and “postcolonialism” were included in the secondary search.

Of those studies chosen for review, many were written as discussion/sharing pieces about programs developed to support Indigenous learners (Anonson et al., 2008; Arnault-Pelletier, Brown, Desjarlais, & McBeth, 2006; Davis, Flowers, & Parker, 2005;

Labun, 2002; Martin & Seguire, 2013; Rearden, 2012; Tollefson, Usher, Croker, & Morrissey, 2003). Authors of other studies made recommendations to improve existing curricula and/or healthcare culture (Browne & Varcoe, 2006; Kirkness & Barnhardt, 1991; Minore et al., 2013; Smye, Josewski, & Kendall, 2010; Stansfield & Browne, 2013). Still others proposed education models or theoretical frameworks that they argued would foster Indigenous student success (CCL, 2007; Martin, 2012; Pijl-Zieber & Hagen, 2011; Villegas, 2009).

Several of the research articles were qualitative in nature (Hampton & Roy, 2002; Martin & Kipling, 2006; Rigby et al., 2011; Shotton, Oosahwe & Cintrón, 2007; Villegas, 2009). Of those, a few were written by educators in relation to the promotion of Indigenous students' success in the programs in which the authors taught. Many of the government and Indigenous organization reports focused on Indigenous student statistical information, and made recommendations for Indigenous education in the future (Council of Ministers of Education, Canada, 2010; Statistics Canada, 2013).

### **Literature Review**

The following section provides an overview of the literature in regards to how success is described in community-based programs, and how that success can be fostered. Several themes arose within the literature, and these will be discussed here.

**Community-based programs in Indigenous communities.** While literature on community-based programs was not plentiful, a few researchers linked such programs directly to retention (Belgarde & Lore, 2003-2004), implying that community-based programs reduce some of the barriers Indigenous students confront during post-secondary education (CASN, 2003; Gregory & Barsky, 2007). In their report, Gregory and Barsky

(2007) provided the results of a national study on Aboriginal nursing, and identified that community-based “flexible programming” (p. 25) enhances progression in nursing programs.

Malatest (2010) studied 40 post-secondary education programs in Ontario in relation to the retention of Aboriginal students, and found that colleges and universities have made “significant progress in developing support programs for Aboriginal students” (p. 8). Malatest specifically referred to community-based education as a means of promoting the success of Aboriginal students, citing advantages such as: relocation costs not being necessary, students having their support systems with them (to assist with family responsibilities and childcare) as they remain living in their home communities, and students tending to stay in their communities post-graduation to provide essential healthcare services. The Indigenous Adult and Higher Learning Association (IAHLA) (2011) supported several of the above findings in their toolkit of information about collaborative partnerships between PPSIs and Indigenous education societies in Indigenous communities in B.C. IAHLA identified several benefits to community-based programs, such as: the proximity of students’ support systems, and the avoidance of cost and cultural isolation that accompanies moving away for schooling. IAHLA further reminded readers of the “historical disruption of family units” (p. 6) that occurred when students have to move away from home for schooling, and how community-based education is the ideal approach to prevent this from occurring.

In order to further encourage healthcare programs in remote and rural communities, the Tripartite First Nations Health Plan (British Columbia Assembly of First Nations, 2007) encouraged capacity building at the community level through the

delivery of community-based training, program development and the dissemination of knowledge. The Health Plan aimed to improve the health status of First Nations people in BC, and to establish principles that guide systemic changes in governance (British Columbia Assembly of First Nations). The Assembly further encouraged support for the involvement of Indigenous peoples in community-based approaches for healthcare and education.

Over the last decade, community-based programs have been gaining educational momentum (Aboriginal Affairs and Northern Development Canada, 2007; Belgarde & Lore, 2003-04; CASN, 2003; Gregory et al., 2002; Holmes, 2005; Malatest, 2010; Villeneuve & MacDonald, 2006; Wilson & Sarson, 2008). In their review of the literature about Aboriginal students in health programs in Saskatchewan, Wilson and Sarson found that Saskatchewan has a “relatively large number of community-based education-related postsecondary programs that target Aboriginal peoples in the north [and that] most graduates of these programs have found employment in the north” (p. 122). Wilson and Sarson also found that delivering training “where people are” (p. 122), for example, community-based education, was considered a ‘best practice’ strategy to improving post-secondary education for Aboriginal peoples. In his work, Holmes (2005) analyzed two Canadian student surveys regarding the state of post-secondary education for Aboriginal peoples, and found that “more and more Canadian universities and colleges are setting up community-based programs targeting people in larger Aboriginal communities, helping to bridge the gulf between Aboriginal schools in the community and distant post-secondary institutions” (p. 9), thus providing access to education in remote communities.

**Descriptions of success.** Descriptions of success, particularly from a community-based education perspective, were not clearly established in the literature. In their 2007 report on Indigenous learning, the CCL concluded that “what is meant by learning success” (p. 2) needed to be defined by researchers, community members, and governments. They argued that frameworks needed to be developed in an attempt to measure learning success, and that evaluation methods “must go beyond governments’ perceptions of success” (CCL, p. 13). Three holistic learning models arose from this work for First Nations, Inuit and Métis students, which “help map the relationships between learning purposes, processes and outcomes across the lifespan; affirm First Nations, Inuit and Métis values and beliefs; and provide the basis for developing frameworks to measure learning success” (CCL, p. 2).

In their qualitative study with Navajo Indians in the United States, Jackson and Smith (2001) interviewed 22 high school students who were intending to pursue post-secondary education. While definitions of failure and success were “somewhat vague” (Jackson & Smith, p. 26), the authors found that success was described as getting a degree, or finishing a program, whereas failure was described as not graduating. They further found that success in post-secondary experiences could be promoted through mentoring relationships with other American Indian students (Jackson & Smith).

In their 2010 article, Anuik, Battiste, and George combined their own understandings of the nature of Indigenous learning and noted that success is based on students finding their gifts (for example: strengths or abilities) and having the confidence to persevere in their education. They further stated that once students have discovered their gifts, then educators can work with them to establish goals and learning plans

(Anuik et al., 2010). IAHLA had similar findings in their 2009 study about the transitions of students from community-based education institutes to PPSIs. IAHLA interviewed 175 people (consisting of Indigenous students, administrators, faculty, Elders and counselors) from both Indigenous education societies and BC PPSIs. In addition to the importance of students discovering their gifts, IAHLA also identified self-confidence as a key to success and stated that students who have “a positive attitude usually perform well and stay committed to their studies” (p. 65).

Other researchers found that students described success as discovering self, and being able to help others in their community (Bowman, 2013; Juntunen et al., 2001; Villegas, 2009). Juntunen et al.’s (2001) qualitative study of 18 adult American Indians, with varying levels of education, revealed that finding happiness, and achieving one’s own goals were described as measures of success. In her qualitative study of 31 Alaska Native educational leaders, Villegas (2009) delved into the conceptions of success and found that success was defined as getting to know oneself, providing for one’s own family, achieving one’s own goals, and contributing to the community. Villegas found that “academic success is not an end in and of itself, but rather it contributes to some larger purpose” (p. 50) such as contribution towards community needs.

In their Summit report on Aboriginal education, the Council of Ministers of Education, Canada (2010) stressed that approaches to measure success at different levels of government were not coordinated, which made it difficult to determine what was effective for Indigenous learners. They further suggested that Indigenous student success is dependent on students’ basic needs (for example: housing, health, basic physical and

social needs) being met, and that such circumstances must be considered when evaluating educational outcomes (Council of Ministers of Education, Canada).

**Barriers to student success.** Several studies suggested that there were barriers that made it difficult for Indigenous students to complete programs. In their article about the Nursing Education Program of Saskatchewan, Anonson et al. (2008) shared strategies to support recruitment and retention of Aboriginal nursing students. They listed difficult home lives, academic challenges and different languages, as examples of barriers that can both prevent the enrollment, and the success of students. Anonson et al. found that student and family support are required in order to promote student success, and to overcome the barriers. Wilson et al. (2011) studied the experiences of 108 undergraduate Māori nursing students in New Zealand, with a focus on recruitment and retention. In addition to several of the above mentioned barriers, they also identified family commitments as adding tension to the educational process, making it difficult for students to choose between family needs and academic requirements (Wilson et al.). In her qualitative study, Evans (2008) interviewed Hispanic/Latino and American Indian students about their experiences in a Spokane-area nursing program. Barriers identified in Evans' study included: lack of access to funding, living expenses, meeting family needs, racism and being the first in a family to attend college.

In their literature review of Aboriginal students in nursing programs in Saskatchewan, Wilson and Sarson (2008) also referred to the lack of secondary-school academic preparation for Indigenous students, causing hardship during nursing programs. Wilson and Sarson found that some students have not completed high school, and have not had access to mentors to encourage academic success.

Lack of cultural competence skills within faculty was cited as another barrier to Indigenous student success (Gregory & Barsky, 2007; Labun, 2002; Mahara, Duncan, Whyte, & Brown, 2011; Omeri & Ahern, 1999; Wilson & Sarson, 2008), where cultural competence is defined as having skills, knowledge and attitudes that enable instructors to teach effectively in cross-cultural situations (NAHO, 2008). Mahara et al. (2011) described a strategy session, involving educators, Elders, Indigenous students, and Indigenous nurses, to promote the integration of cultural competency and cultural safety into nursing education. Results of the session included recommendations for educators to strengthen their competencies through activities such as: cultural immersion, community partnering, and reflective exercises.

**Cultural safety and cultural competence within nursing programs.** Several of the studies addressed a central theme of the requirement of cultural safety within nursing education with Indigenous students (ANAC, 2009a; ANAC, 2009b; Arnold et al., 2008; Doutrich, Arcus, Dekker, Spuck, & Pollock-Robinson, 2012; Gregory & Barsky, 2007; Gregory, Pijl-Zieber, Barsky, & Daniels, 2008; Kulig et al., 2010; McClelland, 2011; Minore et al., 2013; Ramsden, 2002; Richardson & Carryer, 2005; Rigby et al., 2011; Smye et al., 2010; Stansfield & Browne, 2013; Wilson & Sarson, 2008). In their cultural competency and safety guide for administrators, providers and educators, the NAHO (2008) postulated that if culturally safe learning environments existed in nursing programs, it would lead to greater numbers of Indigenous healthcare workers. They proposed that retention of Indigenous healthcare students is a reflection of an educational institution's commitment to a culturally safe environment.

Stansfield and Browne (2013) drew attention to the need for Indigenous

knowledge within nursing curricula, and how it serves “as an entry point for understanding concepts such as cultural safety, ethical space and relational practice” (p.

1). Stansfield and Browne emphasized that cultural safety orients us “away from describing the cultural practices of the ‘Other’” (p. 5). They noted that rather than focusing on the ‘Other’, cultural safety causes us to focus on power relations.

Smye et al. (2010) explored cultural safety in relation to healthcare, Indigenous health, education, research and policy. Smye et al. stated that the pedagogical approaches and curricular content of Canadian “educational institutions have been dominated by Western...approaches, placing Aboriginal nursing students....at cultural risk” (p. 10).

Smye et al. expressed that culturally safe learning and culturally relevant curriculum need to be put in place to “contemporize the concept of ‘culture’ as it is currently taught and to assist Aboriginal and non-Aboriginal students to develop a relational understanding of culture” (p. 11). The authors further argued that “a best practice curriculum would raise critical consciousness...to meet the most pressing needs of Indigenous peoples” (p. 11).

In their paper on socio-cultural, historical, and contextual determinants of health among Aboriginal peoples, CASN (2013) stressed that future nursing programs must create a “safe and supportive classroom environment” and must also bring “culture, history and context alive throughout the program” (p. 9). When curricula are both culturally safe and relevant, then the learning process is promoted.

**Curricular relevance.** Other researchers spoke about the need for cultural relevance within nursing programs in order to promote retention of Indigenous students. Curricula should be culturally relevant and personalized to Indigenous learners in order to assist students with meaning-making (Curran, Solbert, LeFort, Fleet, & Hollett, 2008;

Pewewardy, 2002). Meaning-making, or connections that students made between study and real life, occurred when the curriculum was culturally relevant, and students were comfortable in the learning environment (ANAC, 2009a; Barnhardt & Kawagley, 2005; Begoray & Banister, 2008; Kirkness & Barnhardt, 1991). In ANAC's review of the literature on cultural competence and cultural safety in First Nations, Inuit and Métis nursing education, they recommended that programming and curriculum content should be relevant to Indigenous students' view of the world, and that "relevance can be fostered by: including the presence and use of Aboriginal epistemology and ontology" (p. 19).

Other researchers recommended that relevant curricula is key to the retention of Indigenous students (Goold, 2006; Gregory et al., 2008; Hampton & Roy, 2002; Martin & Kipling, 2006; Pijl-Zieber & Hagen, 2011; Smith et al., 2011; Usher, Miller, Turale, & Goold, 2005; Wilson et al., 2011). Pijl-Zieber and Hagen (2011), for example, drew attention to current nursing education models that may be unsupportive of Indigenous students, and proposed other models that they believed would more likely position Indigenous students for success. Among their suggestions, Pijl-Zieber and Hagen proposed that relevant instructional design must be incorporated into the curricula including acknowledgement of different learning styles. The authors further referred to the Indigenous Medicine Wheel and Learning Circle models to promote holistic learning experiences.

Other researchers also indicated that instructional approaches must be adapted to Indigenous learners' knowledge base, and that students' contexts must be understood by instructors when teaching in order to promote learning (Curran et al., 2008; Pijl-Zieber & Hagen, 2011; Wilson et al., 2011). In an evaluation study about an Aboriginal nursing

education access program in Labrador, Curran et al. (2008) found that instructional methods such as storytelling, reflective exercises, and experiential activities promoted learning among Aboriginal students.

**Postcolonialism.** Some researchers addressed postcolonial theories within research involving Indigenous peoples (Browne et al., 2005; Gregory, 2005; Vukic et al., 2012), in which partnerships, the hearing of Indigenous voices, and the rebuilding of human capacity was encouraged. While some Indigenous researchers have rejected postcolonial theories due to their implication that colonialism is in the past (Smith, 2012), Vukic et al. (2012) insisted that “postcolonial theories do not assume that colonial practices are past” (p. 156). Neocolonial practices, or ongoing forms of colonialism, were also addressed in the literature (Altbach, 2006; Ashcroft, Griffiths, & Tiffin, 2006; Battiste, 2013; de Finney, 2011), with acknowledgements that such practices continue to marginalize and racialize Indigenous peoples (Battiste, 2013).

Vukic et al. (2012) further stated that the current focus on colonial practices is to “shape a desirable future” (p. 155) and this is supported by Battiste (2000) in her work about colonization and the need to reclaim the Indigenous voice. Postcolonial theories focus on “unequal relations of power and control” (Browne et al., 2005) due to colonization. In her book about decolonizing education, Battiste (2013) stressed that empowerment and self-determination is required for the Indigenous population, but that Indigenous peoples’ voices must first be heard before a postcolonial framework can be established. When Indigenous voices are heard and implemented, growth and rebuilding can occur. As indicated by Gregory (2005), there is “a sense of hope for the future, including the possibility of healing” (p. 12).

**Influences of residential schools.** Several researchers have written about the intergenerational effects of the residential school system (CCL, 2009; Gregory, 2005; Holmes, 2005; Miller, 1996; Smith, Varcoe, & Edwards, 2005; Stonechild, 2006; York, 1990). In their 2009 report on Aboriginal learning in Canada, the CCL spoke about the effects that past residential schools continue to have on Indigenous peoples' well-being. Such effects include current challenges such as: "violence, alcoholism, and loss of identity, spirituality and language" (CCL, p. 30). In their comprehensive book about Aboriginal health in Canada, Waldram et al. (2006) concurred, and stated that residential schools did serious damage to Aboriginal peoples, causing "irreversible changes within Aboriginal society, and many of these changes are now seen to have a direct impact on the mental and physical health and wellbeing of Aboriginal people today" (p. 15).

The concepts of 'residential school syndrome' (Waldram et al., 2006) and 'historical trauma' are common in Indigenous discourse and literature, with hopes of "turning it around (the impact of residential schools)" (Gregory, 2005), and working towards a better tomorrow. Battiste (2013) highlighted that educators must understand the repercussions that the past educational system had on Aboriginal people, causing students to self-doubt their abilities and to "discount their inherent capacities and gifts" (p. 65). Browne et al. (2012) and Mordoch and Gaywish (2013) addressed 'trauma-informed education' and 'trauma-informed care' in response to the legacy of intergenerational trauma from residential schools, and stressed that respectful, empowerment practices that work towards hope, healing and well-being are needed. Trauma, which robs people of control and meaning, prevents individuals from setting and meeting goals (Herman, 1997), and causes students to feel incompetent in their efforts

(Mordoch & Gaywish, 2013). Mordoch and Gaywish further emphasized that “trauma-informed education may identify strategies that can increase capacity and maximize potential” (p. 12) within Indigenous students.

### **Chapter Summary**

In this chapter, literature was reviewed that related to the education for Indigenous students. Much of the literature focused on barriers to success, and the need for cultural safety and curricular relevance in order to promote success of Indigenous students. While there was a considerable amount of literature about Indigenous learners in generalized disciplines, the number dwindled when seeking reference to community-based healthcare programs. The increasing push towards community-based healthcare programs points to a need to understand how community members describe success and ways that they feel success can be fostered. With this focus, a study focused on a community-based program location appeared timely. The following chapter will describe the research design, methods and procedures used for this study.

### **Chapter Three: Research Design, Methodology, and Procedures**

The overall purpose of this study was to explore how success was described in community-based healthcare programs, and how to better foster the success of Indigenous students. The research process that was used to answer the purpose and research questions, as outlined in Chapter One, will be described in this chapter. This chapter is comprised of specific sections: study design and methodology, sampling, description of sample, data collection, data analysis, scientific quality, limitations, and ethical considerations of the study.

#### **Study Design and Methodology**

For this research study, a qualitative research method was chosen. A few characteristics of qualitative study are: that the researcher is committed to discovery, and is open to the participants' viewpoints (Streubert & Rinaldi Carpenter, 2011). I wanted to study the concept of success of Indigenous healthcare students in an open and culturally sensitive way where I could gain new understandings. After careful review of various methodologies, I chose to use the interpretive description research approach (Thorne, 2008), with underlying concepts from Indigenous decolonizing perspectives (Smith, 2012). Each of these perspectives, and why they align with this study, will be described in the following paragraphs.

Thorne (2008) described interpretive description as a method that encourages researchers to see what else might be present within a situation, to uncover opportunities to deconstruct prior knowledge, and to generate new insights that provide understanding of a specific context. This new knowledge may then be used to guide future choices within the educational setting. Because much of the existing literature focused on

retention and program completion for Indigenous healthcare students, I wanted to reconsider this notion through a clear lens. Using “multiple angles of vision” (Thorne, p. 78), I was intent to set aside previous perceptions about success, and uncover new truths and insights into how communities described the success of Indigenous healthcare students.

While the interpretive description method is often used in clinical settings, it was appropriate in this study because the findings may enhance future Indigenous nursing education and contribute to previous knowledge that are also found in clinical educational contexts. Furthermore, interpretive description is well suited to “smaller scale qualitative investigation” (Thorne, Reimer Kirkham, & O’Flynn-Magee, 2004), which suits this study.

By relying on interpretive description, I paid particular attention to the ethical rights of participants. In addition, I was acutely aware of experiential knowledge, the context of situations, and understanding that multiple realities exist (Thorne, 2008). Martin (2012) and Vukic et al. (2012) spoke about the necessity of ‘two-eyed seeing’ which establishes a common ground between participants and the researcher by accepting and respecting different views. When ‘two-eyed seeing’ occurs within research, ethical spaces can develop where individuals with differing views come together and talk to one another (Estey, Kmetc, & Reading, 2008; Warry, 2007). Such ethical spaces provide “a context that is respectful and mindful of different understandings and provides ....an avenue for creating knowledge that is beneficial to communities” (Vukic et al., 2012, p. 149). The concept of ‘two-eyed seeing’ not only brings together differing views, but also explains why they are important (Martin, 2012). Such goals were at the forefront of this

study.

The interpretive description methodology directly complemented the underlying Indigenous decolonizing concepts within the study. What does it mean to decolonize? Yellow Bird (2013) expressed that decolonization “refers to activities that weaken the effects of colonialism, facilitate resistance and create opportunities to promote traditional practices in present-day settings” (p. 298). But how can decolonization be carried out in research? Smith (2012) stated that conducting research from a decolonizing perspective involves honouring the Indigenous way of sharing knowledge, and understanding that researchers are expected to learn how to share knowledge from one Indigenous community to another. Such sharing of knowledge requires relationship between the researcher and the participants, and one of the key elements of that relationship is reciprocity. Lather (1991) indicated that “reciprocity implies give and take, a mutual negotiation of meaning and power” (p. 57), and it is not possible without respect for the different types of knowledge that the researcher and the participants bring to the table (Baumbusch et al., 2008).

In addition to a respect-filled relationship, Martin (2012) and Wilson (2008) stressed that an awareness of colonization, and the belief that Indigenous peoples have their own worldviews are key for any Indigenous scholar. Bishop (2005) further emphasized that researchers must be aware of the power associated with ‘research’, and Smith (2012) reminded readers that past Indigenous research has often been built on the use of power which has caused Indigenous peoples to become “excluded, marginalized and ‘Othered’” (p. 35). It was very important for me, as a non-Indigenous individual conducting research with Indigenous peoples, to practice sensitivity and openness in

order to eliminate the threat of any such power perceptions.

Finally, within Indigenous decolonizing perspectives, Smith (2012) emphasized that researchers must work with Indigenous peoples in empowering ways, where the research not only benefits the researcher, but also the community itself. Vukic et al. (2012) indicated that there is no one single Indigenous perspective, but the principles of Indigenous research require a process of “dialogue, community, self-determination, and cultural autonomy” (p. 154). When reflecting on this study, and the knowledge I gained from the participants, it was important to acknowledge the varying Indigenous participant voices, and for them to be heard from their perspective.

**Sampling.** In order to obtain an appropriate amount of data to analyze, my original aim was to interview between six to ten individuals from two different organizations in a remote northern BC community. Thorne (2008) indicated that there is no set guideline in qualitative research in regards to the sample size. However, in discussion with my Thesis Supervisor, it was felt that six would be the minimum sample required to achieve required data, while ten participants would be practically manageable for this study. I concluded the data collection with eight participants and, while having such a small sample is a limitation in a study (Thorne), enough rich data was collected to allow for a thorough analysis. Recruitment of participants was limited to one remote northern BC community for financial reasons, for me, and also for manageability of the study.

The selection of the community for this study was influenced by my professional relationship with the Indigenous Education Society (IES) and the Indigenous Health Center (IHC) in the area. I am currently the Department Head of Health Programs at a

public post-secondary educational institution (PPSI) in BC, and the IES had previously partnered with my PPSI on several previous occasions to deliver healthcare programs in their community. The First Nations Education Steering Committee (2008) advised that such partnerships provide the mechanism to offer community-based programs. In my role as Department Head, my responsibility was to oversee the healthcare programs delivered in the community, and as such, I had previous relationships with people from the IES and the IHC. Wilson (2008) stressed that the strength of bonds or relationships with the community are just as important as the actual work we do, and I had always strived to connect well with the community through our previous interactions.

As the intent of this study was to explore how to describe success and how to foster it in community-based healthcare programs, I approached the IES, where most of the community's educational programs occur, and the IHC to participate in the study. The inclusion criteria for the study included individuals who worked at the IES who were involved in the education of Indigenous healthcare students, individuals who worked at the IHC and were healthcare workers involved with Indigenous healthcare students during practicum experiences, and former IES healthcare students or family members of former IES healthcare students, all of whom were available to complete a face-to-face, 45-minute interview. The exclusion criteria were individuals who did not meet the inclusion criteria.

In Indigenous culture, it is customary to bring small gifts to recognize the sharing of knowledge (IAHLA, 2009). Each study participant was presented with either a \$10.00 Tim Hortons gift card or an oil-burning candle. The candle symbolized that this study is 'feeding the fire' of Indigenous education. 'Feeding the fire' was a common phrase used

in this community which implies encouragement is being given to promote a cause.

Convenience sampling, or a selection of readily available people (Polit & Beck, 2012), was partially used to invite study participants. In order to follow protocol among the Indigenous peoples of the community, I sought direction from the IES and the IHC in regards to individuals that were available to assist with this study<sup>1</sup>. When I arrived in the community to conduct the data collection, the IES and the IHC facilitated the meetings with each of the participants. It is possible that purposive sampling may have also been utilized by the IES and the IHC in finding participants for this study. Polit and Beck described purposive sampling as those participants selected who were most informative about the study topic.

Initial recruitment of the IES and the IHC occurred when I contacted them to request permission to do research within their organizations. Since these two organizations do not have their own Ethics Boards, the Trinity Western University Research Ethics Board required me to obtain Letters of Permission from the IES and the IHC (which outlined permission to do the study with them). Following ethics approval from Trinity Western University (see Appendix C), a Letter of Introduction was sent to each organization outlining the study (see Appendix D). The organizations then forwarded the letter to individuals who worked within their respective offices, or were connected to them through previous relationships (for example: parents of former graduates). Individuals who were interested in assisting with the study were asked to connect with me. Eight volunteers asked to participate, and all met the inclusion criteria

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<sup>1</sup> In line with Indigenous Decolonizing research concepts, it was important to follow the guidance of the community. As a non-Indigenous individual conducting research with Indigenous peoples, I exhibited sensitivity, respect and reciprocity, and understood that trust is constantly renegotiated (Smith, 2012).

of the study. These individuals were interviewed for the study, and they will be described in the next section.

**Description of sample.** Eight individuals were interviewed for this study. I will describe these participants in two ways: initially, I will describe them as a group, and then I will differentiate between them to fit the criteria outlined in the research questions and the Research Ethics Board (REB) approval.

To describe the sample as a group: three participants were from the IHC, and five were associated with the IES. Of the three from the IHC, one was a Registered Nurse, and two were Licensed Practical Nurses (LPNs). The two LPNs were also former graduates of the IES. Each of these three participants was working in community nursing roles with the IHC. Of the five participants from the IES, one was an Administrator, one was an English instructor, one was a retired LPN instructor, one was a former Health Care Assistant (HCA) graduate, and one was a parent of a former HCA graduate.

As outlined in the research questions and the REB approval, the purpose of this study was to speak with both community stakeholders and Indigenous students (including graduates), therefore, it was necessary to identify how the participants fell within these two groups as well. The community stakeholder group was composed of a Registered Nurse from the IHC, two instructors from the IES, the Administrator from the IES, and a parent of a former HCA student. The student group was made up of two former LPN graduates and one former HCA graduate, all of whom took their healthcare education at the IES. In this study, the data will be described as originating from either the community stakeholder group, or the graduate group.

All participants were female, and their ages ranged from 21-73. Two participants

were Caucasian while the remaining six identified themselves as First Nations, Aboriginal, or by the name of the [First] Nation to which they were born into. Six of them were originally from Northern BC, one grew up in the Interior of BC, and the other one was from Ontario. Refer to Table 1 for the demographic data for the participants.

Participant	Demographic Data	Community Stakeholder or Graduate Group?	Ethnic Background
1	>71 years Female	Community Stakeholder	Caucasian
2	51-60 years Female	Community Stakeholder	First Nations
3	21-30 years Female	Graduate	First Nations
4	31-40 years Female	Community Stakeholder	*Name of [First] Nation she was born into
5	41-50 years Female	Graduate	*Name of [First] Nation she was born into
6	61-70 years Female	Community Stakeholder	Caucasian
7	51-60 years Female	Graduate	Aboriginal
8	51-60 years Female	Community Stakeholder	*Name of [First] Nation she was born into

\*Name of Nation not listed here for anonymity and confidentiality purposes.

Table 1. Participant Demographics.

All of the participants were either former healthcare graduates, had been involved with healthcare students during their education at the IES, or were family members of former healthcare graduates. The healthcare programs that were delivered at the IES were community-based programs in partnership with PPSIs.

**Data collection.** Face-to-face semi-structured interviews were chosen as the method of data collection for the eight participants. Tod (2006) submits that through

interviews, there is a “capacity to describe, explain and explore issues from the perspective of participants” (p. 338). Furthermore, semi-structured interviews readily allow sharing of information (Mishler, 1989). In addition, I felt I could best establish relationship and trust with the participants in a one-on-one situation. Finally, I also wanted to create an environment that was open to conversation and storytelling within the interviews, and a semi-structured approach allowed for that to occur.

Together with my Supervisory Committee, a set of seven interview questions was developed (see Appendix E). Within these questions were prompts to invite further detail, and such prompting responses were utilized on occasion during the interviews. After conducting the first interview, the transcript was reviewed with my Thesis Supervisor, Dr. Barbara Astle. At that time, it was determined that no changes needed to be made to the interview script as the questions appeared to be capturing the scope of the research topic. After conducting two more interviews, contact with my Supervisory Committee occurred again, and once again, it was determined that the interview script could remain as written and that adequate data was being obtained from the interview questions. Due to my status as a novice researcher, my Supervisor encouraged me, however, to utilize more use of prompts to ‘dig deeper’ into the participants’ responses, and this was an area of growth as the interviews progressed.

The interviews took place over a ten-day period at the end of January, 2014 in a northern BC community. Interviews were arranged at mutually convenient times and places, and took place in office settings and homes. I made an effort to ensure privacy in each instance, so that participants could speak freely. Several interviews took place in nearby remote villages that required a 20-30 minute commute. Such commutes took me

through quiet, undisturbed heavily wooded and snowy areas, with numerous rivers and bridges that connected the villages to each other. Picturesque mountain peaks towered over the entire area.

Prior to the commencement of each interview, the purpose of the study, methods and confidentiality were discussed with each participant. Each participant was then asked to sign a Consent form (see Appendix F). Demographic information was also gathered from participants at the start of each interview for the purpose of obtaining information about age group, current professional role, and ethnic background.

Participants were encouraged to ask questions prior to and during the interviews to seek clarification of any kind. The interviews were recorded on a digital recorder, as well as on a laptop computer. Participants were advised that the recording could be stopped at any time during the interview if they wished.

The length of the interviews ranged from 45 minutes to over two hours. Of the eight participants, I had a previous working relationship with six of them, thus a rapport was already established. The tone for those interviews was conversational and friendly. For the two participants that I had not previously met, I established rapport by sharing how I knew the community and how I found myself to be doing research within it. Understanding and a warm welcome followed my explanations with those two participants. Due to being a novice researcher, I followed the interview script carefully, and later realized that I could have elicited further information in several areas. Some interview skill development did occur throughout the series of eight interviews in that regard. Several interviews took on a conversational feel and participants chose to tell stories to express their responses. When I did not understand the direction the participant

was taking in the interview, I sought clarification so that I would have a clearer picture of the story being shared.

Each interview ended when the participants did not appear to have anything further to add to the topic, and they did not have any further questions for me. In a few instances, subsequent conversation followed the end of the interview, and the content was meaningful and connected to the interview questions. In such cases, I asked the participant if I could turn the recorder back on to capture such additional thoughts. In each case, the participants consented, and additional information was shared.

Following each interview, debriefing questions were asked to hear the participants' experiences about the interview process, and whether there was anything that should be amended for future interviews. In addition, I outlined the benefits of participating in the study and how it may influence future Indigenous community-based healthcare programs. At the end of each interview, participants were reminded that they could withdraw from the study at any time in the future, and I provided them with my contact information. A \$10.00 Tim Hortons gift card or an oil-burning candle was given to each participant as a thank-you gift.

**Data analysis.** I transcribed each interview verbatim, from the audio recordings, in the weeks following data collection. Because the interviews all took place within a short period of time, it was not possible to transcribe each interview immediately before doing the next interview (with the exception of the first one). I was, however, able to listen to each recording prior to initiating the next interview, and write some reflexive notes about each participant meeting. The purpose of such reflexivity was to self-reflect, and to examine any kind of influence that I might have had on the study (Streubert &

Rinaldi Carpenter, 2011). As a novice researcher, as a Nurse Educator of Indigenous students, and as a non-Indigenous individual conducting research with Indigenous peoples, it was also important to practice reflexivity to prevent clinging to assumptions of my previous knowledge (Thorne et al., 2004), and to remain open to new concepts that emerged.

After all eight interviews had been transcribed, I immersed myself fully in the data. I coded one transcript, and shared it with my Supervisor to check for validity of my work (O'Connor & Gibson, 2003). My Supervisor assisted in the development of a preliminary code book and I then proceeded to code another two transcripts. My Supervisor and I then met again to refine the code book based on what I was seeing within the data (see Appendix G for the code book). I was then given the go-ahead to code the remaining transcripts. Thorne et al. (2004) advised against coding too early and so I proceeded slowly and methodically, looking at smaller categories in the data, such as “don't have to move” and “presence of family support” rather than rushing to label the data with broad categories (Thorne, 2008). As I proceeded to analyze the data, the smaller categories were eventually linked into broader categories such as ‘influence of...’ and ‘making choices’.

Through careful thematic analysis, with my Supervisor, the data was organized into categories that had similar patterns, themes or meanings. I asked myself many questions during this stage such as: ‘what is being said here?’ or ‘what relationships am I seeing?’. Such questions assist in preventing researcher bias. At this deeper level of analysis, I frequently moved between the data, and previous research and theory (Polit & Beck, 2012). The categories that resulted from this stage of the analysis were then

organized into relationships, to interpret meaning. A thematic analysis diagram was developed to help explore the themes as they were discovered. This process of analysis required extensive immersion with the data, and included several discussions with my Supervisor to ensure that validity of the study was upheld. To conclude this process, a secondary literature review was conducted to compare the study findings with that of previous research. This inductive iterative approach allowed for a thorough exploration of student success in community-based programs.

Through analysis of the data, the core theme of *courage*, and the categorical themes of *nurturing the learning*, *owning the learning*, and *discerning success for learning* emerged. In the analysis process, the findings were organized and re-organized to explore the descriptions and experiences of success. This allowed for an extensive set of findings which will be described in Chapter 4.

**Scientific quality.** Credibility refers to the confidence in the data, and the researcher's interpretation of that data (Polit & Beck, 2012). A variety of steps were taken to enhance the quality in this study. As an educator who had previously worked with the IES in this study, it was important to acknowledge my biases and how they were explored and reflexively bracketed (Jootun, McGhee, & Marland, 2009; Polit & Beck, 2012). Streubert and Rinaldi Carpenter (2011) define bracketing as a "cognitive process of putting aside one's own beliefs, not making judgments about what one has observed or heard, and remaining open to data as they are revealed...this activity is carried out throughout data collection and analysis" (p. 27). Initially, a reflexive journal was maintained to continuously evaluate how my own knowledge and beliefs were influencing my interpretation of the data. I also maintained frequent contact with my

supervisory committee, and was open to their critiques of my work.

In addition to reflexive notes, I also wrote field notes after each interview to analyze the interview process (Polit & Beck, 2012). Such notes included thoughts such as the setting, tone and outcome of the interview, personal reflections, participant responses and any main ideas that were evident during the interview. These field notes were included during the data analysis, and provided helpful reflections during the early analysis stages.

An audit trail was also kept in regards to decision-making throughout the study. Polit and Beck (2012) describe an audit trail as a collection of information that would allow an external researcher to make conclusions about the data. Decisions made during the course of the study were reviewed and discussed extensively with my Thesis Supervisor, Dr. Barbara Astle.

Another strategy I employed was the use of triangulation of data sources. Person triangulation enhances credibility, and involves obtaining data from different types of participants (Polit & Beck, 2012). This was accomplished by interviewing healthcare professionals, educators, graduates, an administrator, and a family member of a graduate.

Furthermore, the use of the interpretive description methodology required a carefully thought-out frame of reference, an attitude and communication style designed to build rapport, an encouragement of depth, and an allowance for correction in the researcher's initial interpretations (Thorne, 2008). In addition, Indigenous decolonizing concepts required the honouring of Indigenous knowledge, reciprocity within the relationship, and an awareness of the influence of power (Smith, 2012). I was well-positioned to conduct these interviews due to my previous experiences, relationship, and

permission from the community to complete the study in their midst.

***Limitations.*** While I attempted to maintain the scientific quality of the study, some limitations remained. The first limitation was related to the sample size. Because the sample was made up of only eight participants, and was restricted to only one community, transferability of the findings may be limited. Transferability, as defined by Polit and Beck (2012) is the extent to which findings can be transferred to other settings or groups of people. In addition, the study participants were all female, thus limiting the variability of the sample. Having a larger sample size from more than one community may have enhanced the validity and variability of the study.

The time-frame for conducting the interviews was very condensed, with eight interviews taking place over a ten-day period of time. The community ‘gifted’ this period of time to me to complete the data collection, and I did my best to honour that timeframe and not request additional time. While I was able to complete some reflexive notes and field notes following each interview, they could have been more extensive had the interviews been spread further apart. I did, however, maintain ongoing contact with my Supervisor who provided me with guidance with the data analysis during the data collection phase of the study. Thorne et al. (2004) recommended data analysis between interviews and this was challenging given the tight interview schedule. While I was unable to transcribe each interview prior to conducting subsequent ones, I did listen to each recording before doing subsequent interviews, which assisted in identifying areas where additional data could have been obtained.

Another limitation was that the study consisted of interviews as the sole method of data collection, which results in self-interpretation and self-awareness in the

participants. Adding focus groups could have mitigated this limitation, as well as sharing my impressions with the participants for additional insights to what I was finding in the data.

My status as a non-Indigenous individual conducting research with Indigenous peoples was also a limitation. Even though I have been working with Indigenous peoples for several years, it was still important to consider whether I had “the cultural knowledge to accurately interpret and validate the experiences...within the context of the phenomenon under study” (Tillman, 2002, p. 4). Juntunen et al. (2001) and Browne and Varcoe (2006) cautioned that the topic may be misunderstood by the majority culture when conducting research with participants from another culture. In this study, it is possible that I may have unconsciously interjected my bias into the data analysis and study method. Reflexive research practice and involvement of my Supervisor assisted in this process to ensure that accurate meaning of the data was captured.

Furthermore, trust and the perception of power may have played a part in full disclosure during the interviews, and this may have had an impact on the findings. Bishop (2005) stressed the importance of “establishing and maintaining relationships that address the power of the participants for self-determination” (p. 126), and it was with this goal in mind, that I conducted the study. Power will be addressed further in the next section.

**Ethical considerations.** Ethics approval was received through Trinity Western University’s Research and Ethics Board for this study (see Appendix C). In addition, as the IES and HIS do not have Ethics Boards, I obtained Letters of Permission from those organizations allowing me to conduct the study with them. Prior to the commencement

of each interview, I outlined the purpose of the study to the participants, each of whom was also asked to voluntarily sign a consent form. Such dialogue about study intentions is required throughout the study in order to create an ethical space (Canadian Institutes of Health Research, 2008). Participants received a copy of the study purpose, the objectives, the consent form and my contact information. Participants were also advised that they could withdraw from the study at any time. Participants were assured confidentiality, and pseudonyms were used to identify them throughout the study. Electronic files of the research documents are stored on password protected files and computers, and any applicable paperwork is being stored in locked secure areas. My Supervisor reviewed the transcribed data, but did not have access to the interview recordings.

In addition to the above logistics, I also reflected on whether I was adequately protecting the Indigenous peoples. Indigenous research guidelines emphasize that values “are as much about personal integrity as they are about collective responsibility, and as much about research as they are about education and other forms of engagement” (Smith, 2012, p. 125). The Government of Canada’s Research Ethics Department Tri-council Policy Statement involving Aboriginal peoples (2013) states that the purpose of the framework for ethical conduct of research involving Aboriginal peoples is premised on respectful relationships. It encourages collaboration and engagement between participants and the researcher. The Tri-council Policy Statement further asserts that many Indigenous communities have adopted research protocols “based on principles of Ownership, Control, Access and Possession of research processes and data (OCAP)” (p. 7), where the adoption and interpretation of these principles are at the prerogative of the

community that is engaged in the research. The overarching goal of the OCAP principles is to promote community self-determination within the research (Government of Canada). While the community in this study did not formally require the implementation of the OCAP framework, I was, nonetheless, aware of the importance of research self-determination. Throughout the study, I collaborated closely with the community and followed their guidance, and such consultation with the community will continue in relation to the future dissemination of the findings.

As mentioned earlier, as a non-Indigenous individual conducting research with Indigenous peoples, power perceptions may have been present. In addition, as a Nurse Educator at an Indigenous post-secondary institution, I may have been perceived as having a position of power. I employed several strategies with which to counter any possible power perceptions. By conducting this study, I was striving to give a voice to community members about how they described success of Indigenous healthcare students. Earlier, in the Literature Review section in Chapter Two, I spoke about the importance of cultural safety. Cultural safety applied here as well in that it shifts the focus to power relations rather than ‘Othering’ (Stansfield & Browne, 2013). Power balance can be achieved by embracing cultural safety, and by empowering a community to have a voice which can share knowledge with the wider Indigenous community (Smith, 2012). It is my hope that the study will not only benefit me, but also the community in the study (and other Indigenous communities in the future). It is also my hope that respectful, reciprocal, and genuine relationships existed at the heart of this study and my work within the community, as described by Smith about Indigenous decolonizing perspectives. One way to ensure that I followed such research expectations

was to practice reflexivity, and also through the process of debriefing with study participants after each interview.

### **Chapter Summary**

This chapter has described the research process for this study. A qualitative approach was chosen as the most appropriate method to explore how to describe success in a community-based healthcare program, and how to foster the success of Indigenous students. After receiving ethics approval and gaining permission from the community to conduct this research with them, eight participants were interviewed for the study. After the interviews were transcribed, coding took place. Extensive data analysis revealed categories, relationships and themes. Scientific quality was upheld through the maintenance of field notes, reflexive notes, an audit trail, person triangulation, and frequent contact with my Supervisor. Despite best efforts for scientific quality, limitations existed surrounding the small sample size, my status as a novice researcher, and the condensed timeframe of the data collection.

## Chapter 4: Findings

The purpose of this study was to explore how success was described in community-based healthcare programs, and how to better foster the success of Indigenous students. The intent was to develop insights to better inform community-based healthcare curricula and program delivery. The data analysis revealed one core theme and three categorical themes. *Courage* was seen as an essential trait within students in order to achieve success, and this became the core theme. The three categorical themes of *nurturing the learning*, *owning the learning*, and *discerning success for learning* emerged as descriptions of success, and how to foster it, in community-based healthcare programs. See Figure 1 for a thematic diagram portraying the categorical themes and the core theme.

*Theme One, Nurturing the Learning*, included factors that promoted learning such as: *a whole-person approach*, *supporting learning*, and the *contextual learning environment*. *Theme Two, Owing the Learning Path*, addressed the personal ownership that students take for their learning, and explored the importance of students *making commitments* and *making choices* while on their educational journeys. The final *Theme Three, Discerning Success for Learning*, revealed descriptions of success in healthcare programs including: the effect of *previous educational experiences*, *program completion or non-completion*, the *benefit to the community*, and the *benefit to self*. The need for courage was evident in each of the three themes.

This chapter will be organized into a discussion of the core theme of *courage*, followed by the three categorical themes: *nurturing the learning*, *owning the learning*, and *discerning success for learning*. A summary of the findings will end the chapter.

Figure 1.

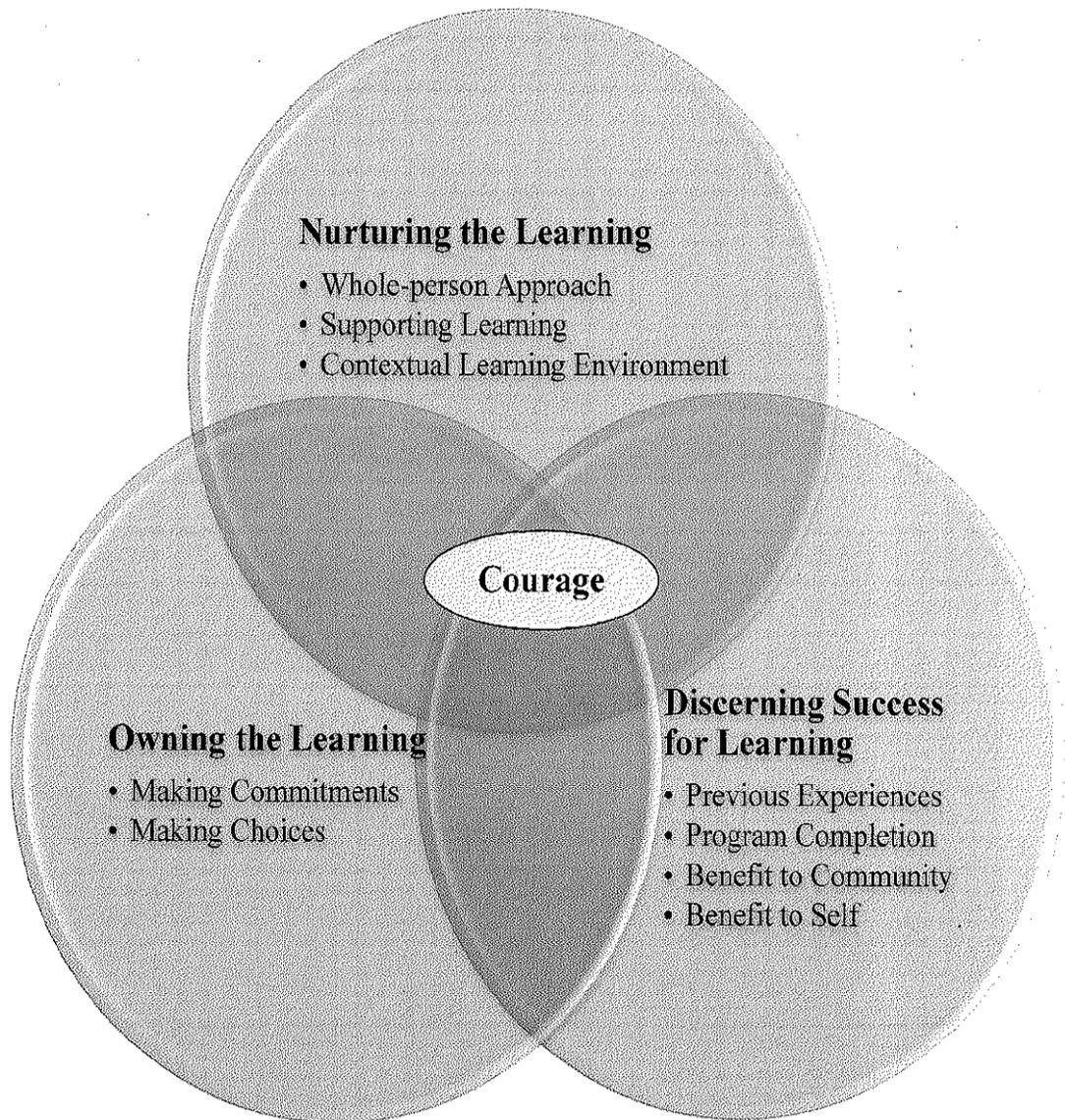


Figure 1. Discerning Success Thematic Diagram.

As mentioned in the previous chapter, the research questions and REB approval identified two groups of participants: community stakeholders and Indigenous students (including graduates). The following describes the composition of these two groups within this study: the community stakeholder group included a Registered Nurse from the IHC, two instructors and an Administrator from the IES, and a parent of a former HCA student; and the graduate group consisted of two former LPN students and one former HCA student. The data in this chapter will be described as originating from either the community stakeholder group, or the graduate group.

### **Core Theme: Courage**

During the data analysis, a strong core theme of *courage* emerged from the majority of the participants. Both community stakeholders and graduates expressed the importance for students to have courage to become educated, to no longer rely on Social Assistance (SA), to leave abusive relationships, and to move forward to a life where they were independent and ‘able to stand on their own two feet’. Participants spoke about the courage that it took for students to make the necessary decisions to overcome barriers in their education journeys. Initially, these decisions involved actually becoming students and then, eventually, to graduate from healthcare programs. This core theme of *courage* is integrated throughout this chapter, and will be discussed again in Chapter 5.

### **Theme One: Nurturing the Learning**

*Nurturing the Learning* was a key theme that emerged in the data. Understanding how to better foster success of Indigenous students in community-based healthcare programs required understanding, by educators, of the factors that created a context for learning to flourish. Such an understanding may, in turn, provide educators with

additional knowledge and ways to promote student success. Both graduates and community stakeholders spoke about several aspects which influenced student success in healthcare programs.

**Sub-theme: Whole-person approach.** The consideration of student circumstances, from a whole-person approach, and how this nurtured the learning of students, emerged frequently in the data. One community stakeholder referred to the Indigenous Medicine Wheel and how the IES worked towards developing “balanced, healthy students” (8). The various types of student circumstances, and how they were accommodated, will be outlined in this section.

All of the participants spoke about the length that the IES went to in order to acknowledge student circumstances, and suggested that assisting students with those circumstances was key to the learning process. A community stakeholder shared “once you take care of the basic needs of these students, then the learning happens...they’ll [the IES] take care of everything from there, basically” (4). This same stakeholder explained that the IES would help students “get funding, childcare, even when it comes to getting scrubs, nursing shoes and things like that” (4). Another community stakeholder shared that a free meal program, transportation, time management, stress management and money management workshops, and access to a clinical counselor for personal issues (8) were some of the ways the IES supported students. This same stakeholder further asserted that there were many personal issues among the students that required the support of the counselor, and that the role of the IES is to “build up people” and “mend the broken down spirits” of the students. When students come through the front door at the IES “that’s the beginning of trying to nurture that spirit, and letting them know

‘you’re okay’” (8). One graduate spoke about arriving at the IES as a fearful student, and how she built capacity during her program. She referred to the program as ‘feeding’ her needs, and how she had to take baby steps into “education so that you can reach wherever you’re meant to be” (5).

The IES was also described as supporting students academically. One community stakeholder described the IES as going the extra mile for students, and stated: “I spent extra time coming in for her to study with her, to go over it with her, to write the exam, and really worked hard to help her get through” (1). One of the graduates confirmed such an experience at the IES, and stated:

...we could stay all day there and get everything that we needed that would help us succeed...it had to do with the instructor. She didn’t really...like she wanted us to succeed, so she stayed. One time, we stayed there till 8 at night, doing our nursing skills. (3)

In addition, emerging from the data was the issue of students’ finances to cover the cost of their program tuition, and how accommodating the IES was about this. A community stakeholder referred to a student who didn’t have the finances to pay his tuition at the start of the program. She stated “it was the end of the year before he paid. So, that was nice because they [the IES] didn’t hound him or anything. They were trusting that he was gonna pay sooner or later” (6). Another stakeholder reaffirmed this experience when she stated:

We had students come and a couple of them didn’t have money, and had applied for student loans, and they applied for transitions through UIC [Unemployment Insurance Canada]. So I told them ‘well, just come, and when your tuition money

comes through, you could then make payments. If you don't have any other resources and you're working part-time to survive because you wanna do this course, you could sign an agreement with us and don't worry about the tuition.

When you get a job, then you pay off your debt.' (8)

Similarly, a graduate shared that she had been unable to arrange her funding in time to start the program. She had given up on attending when the IES contacted her and told her "we got you this funding. 'Can you come in tomorrow?' They [the IES] got me funding without me knowing!" (3)

**Sub-theme: Supporting learning.** The data revealed that, in addition to the IES accommodating student circumstances through a whole-person approach, support from others also nurtured learning. Several participants stressed the need to have someone express belief that the student could be successful in his/her education. One of the graduates shared "having somebody believe in you...just one person...then from there, you've gotta believe in yourself that you can do it. 'Cause if nobody believes in you, then you don't believe in yourself. You're gonna stay where you are, if you don't believe in yourself" (7). Another graduate expressed that she believed that the IES staff had faith in her abilities, which led to a feeling of confidence in herself, and she reflected "the lady in charge at the school, she believed in me when I started, even when I didn't believe in myself...I always felt like the instructors wanted me to be successful. I think they were always thinking about how they were going to help me get to the end" (5).

Likewise, several community stakeholders were passionate about the need for students to feel that teachers believed in them. One community stakeholder, recalling her own educational experiences, proposed "it could take just one teacher...one teacher who

really believes in you. I think it could change the whole course of your ability to succeed” (4). Another stakeholder shared a story of how she expressed belief in a student and encouraged the student to continue with her schooling: “You’re very smart. I believe that you can do more with your life...you could be the first in your family to graduate...if you work your buns off, I could see you graduating. And then from there, you’re going to move forward” (8).

All of the graduate participants stressed the need for family encouragement. One graduate credited the support she received from her spouse: “my partner really supported me: ‘you can do this’” (7), an encouragement that kept her going. Another graduate credited her mother as her biggest supporter: “I think my success came from the encouragement from my mother. Getting that education...having the will...having the strength within myself to believe that you can do it...” (5).

Similarly, encouragement from teachers appeared to carry great importance in promoting educational success. One graduate spoke about the positive experiences with her instructors:

You build that bond with them. I just think that sharing and opening up and being able to communicate to say what’s really here in your heart, and what you’re going through, and how you’re gonna succeed in that test; I could go to her anytime and talk about stuff. She would always be encouraging and keep me going. (5)

One community stakeholder indicated that one of her main roles was to be an encourager. She urged students to aim higher in their educational dreams, and told them “I don’t know if anybody’s ever told you this, but you can actually be anything you want

to be, like anything” (4). She believed that students from her community settle for basic career choices, for example, hairdressing or cooking, but they rarely dream about bigger careers that required a university education. Another community stakeholder stated that she offered encouragement by “just being there” for the students, “listening, offering extra tutelage if they need it. But definitely encouraging them to reach out, and to try things” (1).

**Sub-theme: Contextual learning environment.** In addition to encouragement from others, there were contextual influences of safety and comfort that also nurtured learning. This sub-theme referred to several types of safety that emerged in the data: the welcoming and safe environment at the IES, the familiarity of learning in one’s home community, personal safety, and safety in relationships.

**Safety: Welcoming and safe environment.** Participants spoke about open-door policies at the IES where students were always encouraged to seek support if they needed it, and the safe and welcoming atmosphere offered to students of varying cultures. One community stakeholder directly connected the environment to nurturing learning, and stated: “the one thing that students really appreciated about this school specifically was its environment and its atmosphere, and how they felt safe and comfortable here. When you’re safe and comfortable, you know, learning kind of happens” (4). This stakeholder shared a story about a student who had previously disliked school, and commented “he comes here, he feels welcomed here, and he feels safe here” (4). One graduate further emphasized:

Open doors are so important. In that school, there are never closed doors; they’re always open. All of them. And very cultural [referring to Indigenous culture],

relevant work in the courses. Even where you see pictures of prior grads and culturally relevant writings and paintings. It feels like home. It feels like this is where I belong. (5)

***Safety: Familiarity of learning in one's home community.*** With community-based programs, students do not have to move away from their communities to pursue higher education. All of the participants made reference to this as being a key aspect in the delivery of the program. One graduate commented:

That's why when the program is offered in our community, for people like me who have small children, it's easier to have it here 'cause you have the support of your family, and you don't have to move. Like when I went to school in the past and I had to move away, I had no support there, and it was really hard for me to finish my education. But I still got it done, but I felt the difference here. (3)

The community stakeholders agreed that students benefitted from not having to move away, and being close to home during their healthcare programs. They acknowledged that many students were in no position to move away to take the program elsewhere, due to responsibilities such as: having young children (1 and 8), or having cultural obligations within the community (8). Cultural obligations include participating in the potlatch system, attending cultural events, and supporting family members (these elements will be expanded upon in the following theme).

Another graduate explained that the current IES building had formerly housed the local high school, which she had attended as a child. She portrayed the IES as being a place where she felt 'at home' and stated

...this is where I belong. I went to high school there...this is part of me...this is

where I failed, but this is also where I found success. This is part of where I feel ...it's a place of knowledge, a place of learning, place of where I belong, a place of success...so many different faces of what I was feeling, and how I experienced it. (5)

**Safety: Personal safety.** A few community stakeholders referred to situations where students lived in abusive environments at home. In addition to providing an environment where learning was nurtured, the IES also strove to improve those difficult home situations by building capacity, courage and balance within the students. One community stakeholder shared how she encouraged students:

‘Now you’re in a position to make the change. You couldn’t as a kid, but now you have a choice to make, and you can make that change. You can break away from that man if you need to because of how abusive he is. You don’t have to be beaten every weekend. And you don’t have to be living in fear every damn day.’ (8)

Another community stakeholder shared a story about a student who had five children at home, and “she came in one day and spoke to me about an incident that had happened in her home. And I said ‘do you need somewhere to stay?’ ‘No’, she said, ‘I’m not quite there yet’” (1). The community stakeholder made the student aware of the support that was available, and that she just had to reach out for it when she was ready. The stakeholder continued the story “a few weeks later, she [the student] came in in the morning, and she said to me ‘can you tell me the number for a transition house?’” (1). The student moved to the transition home where she gained the capacity to speak with her husband about their home issues. Eventually, the student was able to resolve the

situation with her husband and return to live with him in their family home.

***Safety: Safety in relationships.*** A few participants also alluded to safety in terms of their relationships with those around them and experiences at the IES. One graduate described a positive relationship with her employer at the hospital: “when she hired me, non-Native woman....I built a really good relationship with her. A lot of people were intimidated by her, but I didn’t see that in her. I saw a person” (5).

One community stakeholder emphasized that students from varying cultures were welcome to attend the IES. She said “our doors are open to anybody. Just because we’re a First Nations institute, doesn’t mean that we’re dealing just specifically with Aboriginal people” (8) and went on to list several graduates who were from the non-Indigenous population of the community. She further stressed that, at the IES, “we care for each student as a person. To me, that’s the key” to making a difference in students’ lives (8).

However, this same stakeholder also drew attention to challenging relationships with community members in regards to the public image of the IES. She shared that she hears things that people say about the IES, that it “isn’t a real school. They don’t have credits. Those people [the instructors] aren’t certified. They’re not even a real school. Those poor students – they’re just wasting their time. It’s just a social program” (8). She added that the IES continues to work on building relationships with the non-Indigenous people in the community, in hopes that bridges can be built between all cultures in the community.

In summary, what emerged under Theme One was that learning was nurtured through: a whole-person approach, support from others, and the contextual learning environment. Four types of safety emerged within the contextual environment: the

welcoming and safe atmosphere at the IES, the familiarity of learning in one's home community, personal safety, and safety in relationships. As described by the study participants, such factors appeared to influence and promote the success of students in community-based healthcare programs.

### **Theme Two: Owning the Learning**

While *Theme One* concentrated on the influence of others and the contextual environment, and how they contributed to success, this section explores the journey that students took during their healthcare programs. *Theme Two* has been entitled *Owning the Learning* as the data revealed that a big part of the educational journey was a personal experience, and required students to take ownership of their learning. What this means will be explored in this section.

**Sub-theme: Making a commitment.** The concept of *commitment* emerged frequently in the data, where both community stakeholders and graduates spoke about the need for students to fully commit to their education. Commitment referred to students being dedicated, and trying not to let other events disrupt their learning trajectory. When such a commitment was made, the participants implied that a positive outcome was more likely on students' educational paths.

One community stakeholder shared a story about a student who continued coming to classes despite having to move to a transition house (for example: a safe home for women who are in abusive relationships) partway through the healthcare program. The transition home was one hour away, but the student "didn't miss any school. She came all the way to school" (1). The stakeholder expressed that the student persevered and insistently stated: "I'm keeping up. I'm doing this. I'm getting this. I'll be

independent...if this [situation at home] doesn't get resolved, I can support myself and my girls'" (1). The community stakeholder praised the student's determination and commitment to the program.

When students were committed to their schooling, and put in the effort to meet program requirements, the IES staff indicated that they were also more likely to support students if needs arose for them. Likewise, if the IES worked hard to support students, they expected students to put effort into their schooling. A community stakeholder said "we will bend over backwards for students if they're serious. But they have to be serious" (4) about their education.

From time-to-time, cultural obligations occurred in this Indigenous community that prevented students from coming to school. Cultural obligations were associated with events such as deaths, weddings, the birth of babies, or health crises. Individuals closely related to people experiencing such events were expected to attend to family needs, and set aside all other responsibilities during such times. The purpose of tending to cultural needs is to share resources and provide support to others in times of need. The length of time that students could be away from their schooling for cultural obligations could vary from a few days to a few weeks. A community stakeholder shared what occurred at the IES when a student returned to school after being away for cultural obligations:

We think about what we need to do to help the students move forward. The instructors are willing to stay late and help. One of the teachers is here till 9 most nights. We'll order supper, and give students rides home. So it's up to the student – are you willing to put the time in to get caught up? The student has to be committed [too]. (8)

Such a requirement for commitment was echoed by the graduates, although they had not always come to that realization right away. Two of the graduates had been unsuccessful in a previous community-based healthcare program, and returned to take the program again. Rather than getting credit for the courses she had previously completed, one of the graduates chose to repeat the full program, insisting that she wanted to learn the material well, and was committed to doing so (3). The second graduate who returned to retake the program realized what she needed to do differently the second time and reflected “I had to make a commitment. But the good thing about that was this taught me ‘yeah, you’re gonna work for this. You’re gonna get to where you need to be’” (5). Both of these graduates met the program requirements on their second attempts, and were working as healthcare professionals at the time of the interviews.

**Sub-theme: Making choices.** The sub-theme of *making choices* and the previous sub-theme of *making a commitment* appeared to be connected in the data in regards to how participants described life as a student. However, while there was some overlap, *making choices* as a separate sub-theme was emphasized in the data as another important step towards students owning their learning. Both the graduates and the community stakeholders repeatedly mentioned students having to choose one path versus another, both in life and in education choices. Some examples of choosing a path were: coming to school versus missing classes, attending school despite living in an abusive environment at home, and remaining on Social Assistance versus getting an education and subsequently becoming employed. The participants also spoke about taking control of their own lives as opposed to being restricted by other influences (for example: individuals being on Social Assistance and being required to attend courses that they

were not interested in; or being on Social Assistance and not having the finances to improve the living conditions of their families). Finally, participants spoke about choosing to be a positive role model for others. These areas: choosing a path, taking control of their lives, and being a role model all required great courage from the students and will be addressed in this next section.

One community stakeholder told a story about choices made by two former students who had completed the program, but failed the national licensing examination, and, as a result, they were unable to work in the healthcare field. After failing the examination, the stakeholder said the IES

encouraged them, offered them help, offered that they could come in and sit in on the next group of students to kind of refresh, but neither one of them took us up on it. And they both failed [the examination] the second time, and they both decided not to try the third time. (1)

This stakeholder thought that those students could have passed the licensing examination had they chosen to accept the offered assistance from the IES.

Another community stakeholder shared a story about a student who had not committed to her schooling, and had become distracted by various life events. The stakeholder met with the student and firmly gave her advice about making choices in life:

You need to really be mindful, and try your very best to make the right choices.

We all make mistakes, and we have to live with them...the choices that you make today are gonna affect you long-term...you need to decide which road you are going to take. Because if you don't choose the red road, and you decide you're going on the black road because you wanna be cool, in your late 20s or early 30s,

you're going to say to yourself 'oh my God, she was right!' (8)

One community stakeholder summed it up this way when she said that only students “can make it work. Not the instructors, not your fellow students. You” (1). One graduate agreed that ultimately it was she who had to make the choice to delve fully into the healthcare program. She shared that she had encouragement that got her through the front door at the IES, “and then I did the rest” (7).

Another graduate shared how her choices benefitted her in the long-run. After not meeting the healthcare program requirements on her first attempt, she returned to the IES to re-attempt the program. This participant credited her young children as being the reason she chose to come back to school, and stated:

After my kids came, they really pushed me. Really gave me the drive and everything to continue, like they gave me a reason to live and give them a better life, and pushed me in the right direction. And my kids – I had to get a voice for them, and I had to provide for them, and I wanted them to have a life that I had. I didn't want them to grow up poor because when they first came, I was on welfare. (3)

Another graduate, who had also not met the program requirements on her first attempt, struggled with the thought of returning to school. She described a fear of failure that blocked her courage and kept her from moving forward. As she wrestled with the thought of attempting the program again, and her desire to “work for our own people” (5), she made a choice to conquer the fear. As she started the program, she told herself:

No fear. I'm not going to fear whatever is coming, or whatever I have to learn.

This experience is going to be good. I'm just going to go with it. 'Cause I'm tired

of being fearful. I gotta go for this, and enjoy the experience. And I remember going back and telling myself ‘this is a real adventure.’ (5)

When students made choices in regards to their educational programs, their actions propelled them into the status of being role models in the community. One graduate stated:

A lot of the students have graduated and they’re working here in the community. They’re working with the people and they’re showing others that they can be successful with education, and provide for their families instead of living on welfare or just living in poverty altogether...because a lot of people in our communities do live in poverty. (3)

However, being a role model can also be difficult, and participants stated that it took a lot of courage to take the next step of their lives. Sometimes this meant big changes in their personal lives, changes in their educational plans, or sometimes both. One community stakeholder shared a story about a student who struggled with which path to choose - the old one which he knew well (which included being on Social Assistance and always dropping out of courses in previous attempts), or the new path which included finishing his schooling and pursuing further education. The student had excelled in his schooling at IES, but quit one week before graduation. The stakeholder described the student as having a fear of success and being afraid of what further education would be expected of him. The stakeholder knew that the student would be the first member in his family to graduate, and she encouraged him: “you need to be the first. They [his family members] won’t graduate unless you do. You be the first” (4). She challenged the student to be a role model for his children, stating:

if you want your children to lead successful lives...with every opportunity that life has to offer them, you have to take the first step. You have to demonstrate to them that they can achieve success if they try and if they really want it. (4)

The student did return to classes and graduated from the program. At his graduation, it became evident what a role model he had been to his brother. The brother said to the community stakeholder ““now I have to do it [graduate] too. He did it, now I have to do it”” (4).

Another community stakeholder insisted that choosing the correct path is not necessarily all about academics. She stressed that students must discover what their gifts are before choosing a path that they intend to travel. For example, one student was gifted in music and the IES staff encouraged him to venture down this path, providing him with support along the way (8). The importance of discovering gifts will be discussed more in *Theme Three*.

Two graduates also discussed the concept of needing to choose a path so that they could move forward with their lives. Both of them referred to the many families that lived on Social Assistance (SA) in their community. Prior to attending the healthcare program and becoming employed, this had been their reality too. One graduate left a former way of life, in which she relied on SA and lived in poverty, when she took the healthcare program. The education provided her with the opportunity to stop relying on SA so that she could be successful. She reflected on her journey: “for me, I’m just happy that I did something with my life. I was on Social Assistance...success is getting yourself on your feet and going the right path” (7). Another graduate spoke about her struggle about which path to choose, between her responsibilities to her family and her

desire for an education:

I had a fear of success, a fear of not being able to do it, and all these fears. But I kept on saying ‘no, I have to do it. I have to do it to make a living for my children. I have to do it’. There were a couple of times where I wanted to drop out. There were a couple of times where I was so tired and frustrated, and trying to be a mother, and a wife, and a daughter, and trying to be everything. And I got to the point where ‘I gotta give some of this stuff up. I gotta just focus on school.’

(5)

What became apparent through the interviews was that participants identified the importance of taking control of their lives. The participants spoke about factors in their lives over which they had no control, and the effect that this had on them. For those students who were previously on Social Assistance, the amount of the monthly cheques was so small that they were unable to provide for their families and there was no real way that they could see to improve their lives. Others spoke about living in abusive situations at home, and not having the knowledge or the abilities to improve their environments.

Earlier, I shared a story about a student who lived in an abusive environment at home, which affected her schooling. The IES offered to make a referral to a safe home for the student, and after considering it, the student “said to me ‘can you tell me the number for the transition house?’” (1). The student accepted the offer of assistance and took her life down a different path than the one she’d been living. The student continued her schooling and became employed in the healthcare field.

Another community stakeholder believed her role at the IES was to “strengthen that student, strengthen that woman to be able to stand up to the spouse to say ‘no, I need

to do this. I want to do this” (8). This same participant encouraged those students who were being abused at home to use the self-esteem skills they were learning at the IES to raise themselves up and take control of their lives:

The only way that you can do that is if you're standing on your own two feet.

And the only way that you can stand on your own two feet is to get your education, and to get your tickets. That's the only way that you can do this.

That's the only way out of it...the critical message is that you can change it [the living situation at home]. (8)

Students also took control of their lives in other ways, such as taking care of their own financial needs. With tears in her eyes, one graduate shared that prior to going to school:

I lived with my mom, I had my kids, and I lived on welfare [Social Assistance], but now I live in my own house, and I pay my bills, and I work, and I provide for my family. I actually just thought about that the other day... 'wow, I'm providing for myself, for the first time'... it's a really big deal for especially someone in this community. (3)

Another graduate spoke about taking control of her life in a psychological way. She indicated that prior to taking the healthcare program, her fears got in the way of her moving forward in life. She mused:

I feel that it's only us that puts us in that situation to feel that way, but when you give yourself the permission that you can go further, that you no longer have to fear those things, it slips away and you slide into the next step, whatever the next step is. And that fear melts away...I think the only person that's gonna stop you

is yourself. And I really believe that if you believe you can do it, then you can – you can do it. You're gonna be successful. (5)

*Theme Two* drew attention to the personal journeys that students took during their healthcare programs. Having students *own their learning* path, and all that it contains, appeared vital to the educational outcome. Several components were emphasized in the data, from the necessity of *making commitments* to the healthcare program, to *making choices* along the way. These choices included which path they were going to travel (both in their personal and educational lives), and how they were going to take control of their own lives. Many of the participants made connections between students owning their learning, having the courage and the capacity to make choices along the way and how this influenced their success in the program. Attempting to understand that success is critical to delivery of healthcare programs in community-based settings, and this will be further developed in the next section.

### **Theme Three: Discerning Success for Learning**

*Discerning Success for Learning* was another key theme that emerged in the data. Exploring success in terms of how it is described in a community-based setting was central to this study. What emerged from the data was that success could be discussed within several sub-themes: the effect of *previous educational experiences*, *program completion or non-completion*, the *benefit to the community*, and the *benefit to self*.

**Sub-theme: Previous educational experiences.** Both groups of participants described the effect that previous educational experiences had on them, remembering both positive and negative outcomes. Participants reflected on the impact of those previous experiences, how they affected their view of education as a whole, and how it

was possible to grow beyond those encounters. A graduate spoke about her high school years, and how they left her fearful:

As a young person growing up in this community, going to high school, I remember feeling like I wasn't good enough...my self-esteem was low...I remember having that block, not having that vision of success, not having that support...And I failed. I only got to grade 11. When I was going into grade 12, I thought 'there's no use for me, succeeding and going to graduate'...So, I think through my personal experience, that fear was always there of success. (5)

However, this participant also shared memories of an unforgettable teacher from her younger years, who kept in touch with her and always encouraged her to return to school. She reflected about that teacher: "I think when you have people encouraging you ...and being in touch with you, right from when I was a child up to now....it's just great respect that I have for her" (5). While this participant had negative high school experiences that affected her educational choices for many years, she also had a positive experience from which to draw strength. When she was finally able to take control of her life, and be held up by others' encouragement to return to school, she felt she had achieved success.

A community stakeholder described her own grade school experiences that stayed with her for many years:

When I was in elementary school, my teachers didn't have faith in me....so I spent years trying to impress them, to get them to have that same faith in me that they had in my peers. And it was unsuccessful. So, I did that again in high school. I was always trying to be a really high achiever. I joined all the sports

teams, and still I didn't feel the same type of faith...so then I kind of just felt 'you know what? It doesn't really matter'...then I stopped having faith in myself. (4)

It wasn't until years later, after several years of university, that this participant was inspired by a university professor and she began believing in her academic abilities.

Stories of past educational experiences also took on another form. A community stakeholder shared stories about teachers pushing Indigenous students into courses based on assumptions about their abilities. For example, some Indigenous students were not encouraged to take Physics courses because:

As Aboriginal people, we already feel like we're not good at Math, and we're not good at Sciences because that's what we've been told. That's what we've been taught. You know, your people are just not good at those things. So you should go this way, or you should go that way. Or, you guys are so artistic, or ....things like that, you know. And some First Nations students, they have no interest in art... (4)

Rather than seeing all Indigenous students as uniform, a community stakeholder stressed that it's important for educators to encourage students to discover their own unique gifts. She tells students "base your education choices on your gifts, and base your career on your gifts, because your gifts will bring passion to the job, and if you have passion for your job, you're going to love what you're doing. And you're going to be happy" (8). Several participants referred to this discovery of gifts as a flower that is blossoming, and a community stakeholder commented: "we're trying to build, or at least be part of having a person blossom" (8). A graduate used the same analogy, explaining that children (and adults) are all *majagalee* (her [First] Nation's word for flower) and that everyone is

meant to bloom “into the person that they’re meant to be” (5). When students discovered their gifts, and the *majagalee* bloom, it was truly a success.

The data also revealed that when students achieved success in one educational experience, it gave them confidence to attempt further education. One graduate shared that after years of being on SA, she took and passed her air brakes test (to drive an 18-wheeler truck). Reflecting on that experience, she said it was a success, and she was proud of what she had accomplished. At that time, she realized “I can do more. I can become more. It gave me the confidence” (7). She then took a healthcare program, and is now looking ahead to further education. Other graduates echoed the above experience: “getting the Health Care Assistant program, because I succeeded at something...even though it was small, it gave me confidence to get more education” (3), and learning “is like an addiction...you think ‘that felt good. I think I wanna do it again’” (5).

One community stakeholder acknowledged the above experience in her students. She stressed that the most important step in a student’s education was getting them through the front door at the IES, and then after they’ve completed their first course, they have that “first success, it gives them the inspiration or the belief in themselves that they can go out and succeed in other areas as well...because they succeeded once, they can succeed again. And they know it, because they succeeded that once” (4). It appeared that students become empowered once they experienced success the first time, and it gave them the confidence to take another step towards further education.

**Sub-theme: Program completion.** In the conventional view of success, a ‘successful’ outcome seems to be one where students complete an educational program and graduate. When reviewing the data, there was some variation in the responses in

regards to program completion and the accompanying descriptions of success. One of the community stakeholders, who was perhaps the most conventional in her response, insisted that “success means that students complete the program and work in the field” (1). She indicated that students should try working in the field to see if they might like it before moving on to something else. Another stakeholder broadened the view of success, and mused that some students may not have been successful in one program because they weren’t meant to be on that path, and those students were still a success because they had the courage to attempt a program. She shared that sometimes students who were unsuccessful in one program were successful in another program because that’s “where their interest was to begin with” (4). She concluded “if you’re gonna be successful at something...it has to be something that you really really want, and you’ll do anything to get it” (4). Along a similar thread, another community stakeholder believed that program completion was key, so that students have tried something and were able to accomplish it. After the program is finished, she indicated, students can attempt other programs if they feel they were not well suited to this one (6).

Each of the graduates indicated that their perception for a successful outcome would be program completion, which differed from the perceptions of some of the stakeholders above. Two of the graduates, for example, had not completed the healthcare program on their first attempt. Both of them described their first attempts as a ‘failure’, but added that the experience really motivated them to complete the program on their second attempt. Both of them indicated that the unsatisfactory result made them ‘want it’ (a career in healthcare) so much more (3 and 5). Another graduate implied that success was the feeling of pride and accomplishment that she had at the end of the program.

Completing the program and celebrating it gave her confidence that she had not experienced before (7). The difference in perception between these responses suggest that discovering students' gifts and passions is vital before entering an educational program, and this will be discussed further in Chapter 6.

**Sub-theme: Benefit to community.** What emerged from the data was that one of the reasons for delivering community-based healthcare programs was to educate local people who would work as healthcare professionals in the community after they graduated. Participants spoke extensively about graduates now meeting the needs of the community, and how this was viewed as a success for the community. A community stakeholder, who organized home health services in the community, described work by the IES healthcare graduates who were employed in her clinic. These graduates were responsible for providing wound care, diabetic teaching, foot care and many other services to clients. She described success as “what we can give to the community....so that the community gets all of the services” (2). She added that when feedback from clients is positive, that is also considered a success. Another community stakeholder said that having healthcare professionals who “can speak to the Elders in their own language” is a huge success (4).

Graduates also indicated that one of their reasons for taking the healthcare program was to work for “our own people” within the community (5 and 7). A community stakeholder and a graduate respectively stated “it’s not our cultural way to be plopping the Elders into old folks’ homes” (8), and “if we see somebody who is going without, then we help” (5). Meeting the needs of the Elders in the community appeared to be a desire that was voiced by several participants.

Also evident in the data was the desire for the community to work together in order to meet each other's needs. Study participants spoke about the IES doors being open to students from varied cultures, even though they are an Indigenous Education Society. One community stakeholder stressed that it was important for the "non-Native community to have respect for us" and that through the healthcare programs "we've been able to build bridges with that community" (8). This same stakeholder explained that when they educated non-Indigenous students "we were bridging that cultural gap and we were educating them [non-Indigenous students], and they saw us in a different light where we weren't just junk welfare bums" (8). Another community stakeholder emphasized that both Indigenous and non-Indigenous healthcare workers are employed at the IHC (Indigenous Health Center) and it is important that "we all work together" (2) to meet the needs of the community.

In addition to meeting community needs, a few graduates also stressed that when they completed their programs and became employed as healthcare workers, they were then able to provide financially for their families after living in poverty for years (5). This "is a really big deal for someone in this community" (3). A community stakeholder concurred that "wanting more for their [the students'] children", and meeting the needs of family, was a true success (4).

Finally, a community stakeholder described the success of the community-based healthcare programs as a collective success. She explained that because the preceptorships and practicum experiences all occurred within the community, the education of the students was visible to the entire community. When students graduated, the community "celebrated the success" (8) with them. It appeared that the community

took ownership of ‘their’ new healthcare graduates, and it became a joint success, not just a success of the individual students.

**Sub-theme: Benefit to self.** Beyond program completion, and beyond benefit to the community, what was most emphasized in the data was the personal growth and development of the students as an indicator of success. Many of the participants focused on personal growth as a primary description of success. These descriptions of growth had some variation to them, and they will be outlined in this section.

As mentioned earlier in this chapter, one community stakeholder drew attention to the Medicine Wheel. Referring to the wellbeing of students, she said success is “a balanced person...we want that person to blossom” (8). Another community stakeholder concurred that a successful student was one who is balanced and living a healthy lifestyle (6). The former community stakeholder expanded on her description, with an analogy of a carpenter and how success is:

the building up of people like a house with a solid foundation and the walls are solid brick. That would be their confidence, their self-esteem, their academic knowledge. And just feeling good about themselves, knowing that they can do it...success is the people that we’ve built up, the broken spirits that we’ve mended. (8)

This same stakeholder concluded that success was when students stood “on their own two feet, able to change their predicament” (8) (referring to those with difficult home lives), implying that confidence, independence and self-esteem are part of the growth that occurred in students.

The graduates confirmed those comments. One graduate stated that success is “being confident, being independent, having self-worth. Because I was on Social Assistance, I didn’t believe I could do anything” (7). Another graduate stressed that finding and “believing in yourself” (5) was integral in her journey to success. Similarly, finding happiness and “being happy with where they’re at” were also descriptions of success used by the graduates (2, 5 and 7). One graduate said, “success is getting yourself on your feet and going down the right path, finding what makes you happy and feeling confident” (7). What emerged from the data was that confidence, self-worth, feelings of independence and overcoming fears were results of the graduates achieving success in their educational journeys.

In *Theme Three*, I have summarized how the participants described success in community-based healthcare programs. Experiences during previous educational programs appeared to be very important, as they may have given students feelings of failure or, conversely, gave them confidence that they could succeed in another program. Program completion versus non-completion was also explored, revealing a difference in perception between the community stakeholders and the graduates: some of the community stakeholders indicated that students who do not finish a program could still be considered successful if the journey assisted them in determining their true gifts, whereas graduates indicated that program completion was required in order for success to be achieved. The varied benefits to community as a whole, and to family, were also explored. It was also shown that graduating was seen as a community success. And finally, success was described in terms of extensive personal growth, and how students’ lives changed and evolved during the course of a healthcare program.

### **Chapter Summary**

The goal of this study was to explore how to describe success in community-based healthcare programs, and how best to foster the success of Indigenous students. The data revealed that there are many factors associated with, and many ways to describe success of community-based healthcare students. Study participants shared that learning was nurtured through a whole-person approach. Some stakeholders spoke about wanting to ensure that students were balanced, healthy people so that they could best focus on their schooling.

All study participants also shared that support and encouragement received from family and teachers was vital during students' educational journeys. In addition, the contextual environment of the program was a factor that influenced success, and encompassed various descriptions of safety: a welcoming learning environment, the familiarity of learning in one's home community, personal safety, and safety in relationships.

In addition to factors that nurtured learning for students, the data also revealed the importance of students personally owning their learning. By making courageous choices to become students, and being dedicated to their schooling, students gained skills to become independent. Some participants made connections between students owning their learning and success in healthcare programs.

And finally, the data revealed several descriptions of success. Participants shared that success was influenced by previous educational experiences, in both positive and negative ways, and left some students with fears of failure, fears of success, or sometimes extra confidence to approach further education.

Participants shared that both program completion and non-completion were considered as successes. Some stakeholders expressed that if students ‘failed’ a program, but were able to discover their gifts through such an experience, and move their life/schooling in that direction, then the experience had been a success. However, the graduate participants indicated that program completion was required to be successful.

The data also revealed much about success and what it meant to the participants. While some participants described success in traditional terms of completion, graduation and employment in the healthcare field, other responses took quite different approaches. Success was described by many participants in terms of personal growth, and how students’ lives changed during the course of a healthcare program. Chapter 5 will revisit these findings and compare them with previous research.

## Chapter 5: Discussion

This chapter provides a discussion of the themes that emerged from the data as outlined in Chapter Four. When analyzing the categorical themes of *nurturing the learning*, *owning the learning*, *discerning success for learning*, and the core theme of *courage* (as portrayed in Figure 1 in chapter 4), it became apparent that there were three main concepts that emerged from the data. Those concepts include: the importance of taking a whole person approach, the importance of support and encouragement, and the importance of partnerships with community, and formed the structure of this chapter. Interwoven with these concepts is the recent framework from CASN (2013), entitled ‘Educating Nurses to address Socio-cultural, Historical, and Contextual Determinants of Health among Aboriginal Peoples’. The framework draws attention to the need for culturally competent and culturally safe education in Indigenous educational programs. While the findings in this study did not encompass all aspects of the CASN framework, the key elements of relationships, relevancy in programs, and a safe and supportive classroom will be addressed in this chapter.

In addition, the findings will be analyzed through existing theoretical frameworks and concepts, such as postcolonial theory, cultural safety, and the Indigenous Medicine Wheel. The core theme of *courage* is interwoven throughout the chapter. The chapter ends with a discussion on program completion versus non-completion. While program completion was not a major finding, it bears discussion as it identifies differences in perception about success. A review of the First Nations Holistic Lifelong Learning Model proved beneficial in that discussion.

The interpretive description methodology, together with underlying Indigenous

decolonizing concepts, was utilized throughout this study, and was the foundation of the analysis phase of the study. Throughout the analysis, I strove to uncover opportunities to deconstruct prior knowledge and to generate new insights into the study topic, as encouraged by Thorne (2008) in the interpretive description methodology. I was acutely aware of the experiential knowledge of the participants, their contexts, and the possibility of multiple realities (Thorne). Furthermore, following decolonizing concepts, I maintained an awareness of colonization (Martin, 2012; Wilson, 2008) and sought to hear the voices of the Indigenous peoples in this study. In addition, the analysis required the search for meaning within stories in the data, thus placing value and honour in the Indigenous way of sharing knowledge (Smith, 2012). The interpretive description methodology, together with underlying Indigenous decolonizing concepts, provided guidance for the analysis stage.

### **The Importance of a Whole-person Approach**

The majority of the study participants spoke about the Indigenous Education Society (IES) going to great lengths to ensure that students were supported through a whole-person approach so that students could be successful in their education. The data also revealed that some of the experience of the student as learner was embedded in context of the learning environment. In addition, participants spoke about the need for students to be balanced, healthy individuals, so that learning could take place. On several occasions, participants referred to the Indigenous Medicine Wheel as a model to follow for students' wellness. This section will begin with a comparative discussion about existing literature relative to a whole-person approach, followed by the integration of the Indigenous Medicine Wheel.

**Comparative discussion with literature.** When reviewing the existing literature, it was apparent that previous research had highlighted the importance of supporting students through a whole-person approach as well. Usher, Lindsay et al. (2005) researched a remotely-run Indigenous nursing program in the Torres Strait Islands. They spoke about the need to have a committee made up of “local stakeholder representatives” that could “provide guidance on issues relevant to Indigenous student needs in that region” (p. 440). When those relevant needs were identified, operational strategies were then implemented to address student issues. Malatest (2010) drew attention to Aboriginal students having “social needs that, if not met, will seriously impede academic program completion” (p. 73). The First Nations Education Steering Committee (2008) had similar findings in their review of Aboriginal post-secondary institutes in B.C. They stated that “a large proportion of the students must deal with significant emotional, financial, and family challenges while attending school, so Aboriginal institutes must meet not only academic but also a variety of personal needs if their students are to be successful” (p. 16). They further stated that “some students require special support because of personal and home issues, and because of the unique issues facing Aboriginal communities generally” (p. 23).

**Influence of the Medicine Wheel.** The concept of balance, in relation to the Indigenous Medicine Wheel, emerged in this study. Participants referred to the need for students to achieve balance in their lives in order to facilitate learning. The Medicine Wheel has been used frequently as an educational model for cultural responsiveness to support Indigenous students (Assembly of First Nations, 2012; Pewewardy, 1999; Pijl-Zieber & Hagen, 2011). The basic framework of the Medicine Wheel represents the

“struggle for healing and self-development among Indigenous peoples and the need for community development as part of holistic, cultural, health promotion” (Pewewardy, 1999). There are many versions of Medicine Wheels, and I have included a few visual depictions from internet sources in Appendix H.

Traditionally, the Medicine Wheel incorporates four equal, or balanced, planes of experience: mental, spiritual, emotional and physical. Educators should engage each of these planes to promote healthy, well-balanced students (Pewewardy, 1999), and to nourish the learning spirit (Anuik et al., 2010). When holistic teaching is based on the Medicine Wheel, and each plane of experience is considered, students have the “opportunity to develop him/herself as a whole person” so that they are empowered “to undertake the learning necessary for their continued growth and development” (Hill, 1999, p. 97). Similarly, hooks (2003) spoke about an engaged pedagogy where mind, body, and spirit are all included within the learning experience, adding that students want an education that is healing to the spirit. The Native Women’s Association of Canada (2009) asserts that

success in education and training is dependent on, not merely influenced by the conditions experienced by the individual related to their housing, their health and their ability to meet their basic physical and social needs. Any measures implemented to improve educational outcomes must address linkages between these outcomes and the basic human needs of the individual (p. 2).

Words from the above researchers appeared to mirror the desires expressed by the participants in this study when they spoke about wanting to have balanced students, who exhibited wellness in all dimensions of their lives.

It is important to acknowledge that Indigenous student circumstances are unique, and are subject to “complex variables (socioeconomic, cultural and geographic)” (Malatest, 2010, p.25). In the 1996 Royal Commission on Aboriginal Peoples (RCAP), Aboriginal programs were acknowledged to strengthen identity and self-esteem among students. The RCAP further asserts that Aboriginal programs “begin to heal the wounds the individual has accumulated over years of failed schooling, and they establish a stronger basis for the individual to pursue further training and education” and therefore, “Aboriginal adult programs must have the resources to include these components” (p. 467). Having not only the resources, but also the educators to facilitate such healing appears necessary. However, some educators may not have the cultural competence or knowledge “to employ culturally responsive techniques to address the needs of culturally different populations” (Pewewardy, 2002). Having culturally competent educators who can not only assess, but also address, student circumstances appears vital to Indigenous students’ success in community-based programs.

When the Medicine Wheel is used as guide, teachers are seen as healers, and they are required “to be introspective, to link awareness” (Pewewardy, 1999, p. 28) into their teaching practice. When educators teach from such a perspective, they would more likely be aware of individual student circumstances as they arise. Battiste (2013) stressed the need for holistic and humanistic connections, with educators being ever attuned to their students. Battiste further urged educators to “make educational opportunities for students that nourish their learning spirits and build strong minds, bodies, and spirits” (p. 100). Other researchers shared similar thoughts in relation to nurturing balance in students’ lives: Boyer (2002) asserted that First Nations students not only seek spirituality in their

university experience, but also “balance, and harmony” (p. 27). hooks (1994) challenged educators that teaching “in a manner that respects and cares for the souls of our students is essential if we are to provide the necessary conditions where learning can most deeply and intimately begin” (p. 13). While some educators may naturally teach from a perspective of such awareness, others may require guidance and mentoring in this regard, and this will be discussed further in Chapter 6.

**Influence of contextual learning environment.** In addition to the whole-person approach discussed above, the data also revealed various contextual aspects of safety and comfort that nurtured learning. In particular, the familiarity of learning in one’s home community, personal safety, safety in relationships and cultural safety will be analyzed in this section.

In the CASN (2013) framework, a contextual determinant of health is identified as a key component in delivering culturally safe and culturally competent nursing education. To achieve such an educational environment, one of the identified approaches is to “bring society, culture, history, and context alive throughout the program” (CASN, p. 9). Because of the ability to become educated in their home community, a few graduate participants in this study referred to the meaningful and culturally relevant teachings and environment that were part of their programs. In their Education Partnership Toolkit, IAHLA (2011) stressed that community-based programs are very important, as opposed to removing students from the community to attend school elsewhere which can be “personally and culturally isolating” (p. 6). Malatest (2010), who researched Aboriginal students in Ontario, had similar findings, and suggested that with community-based programs, culture shock and isolation can be avoided, and

“students continue to stay with their families and communities and are thus able to access their support” (p. 66). Findings from this study mirrored that of those researchers.

In this study, there were several stories about students needing support in regards to their personal safety. References to personal safety were not plentiful in the literature, although Malatest (2010) referred to an “awareness that Aboriginal students, particularly women with children, have social needs that, if not met, will seriously impede academic program completion” (p. 73). The First Nations Education Steering Committee (2008) also suggested that “some students require special support because of personal and home issues, and because of the unique issues facing Aboriginal communities generally” (p. 23), and it is more likely that such support can be provided through community-based programs. The CASN (2013) framework identifies “a safe and supportive classroom environment for students” (p. 9) and called upon educators to adopt approaches such as openness, respect, social justice, and inclusiveness to achieve this. In this study, acknowledging students’ circumstances, and advocating for their personal safety appeared to be a particularly necessary aspect towards students’ ability to become educated.

In addition to personal safety, cultural safety also emerged in the data, although it was minimal. Cultural safety emerged most significantly in regards to the IES (Indigenous Education Society) as an institution, and its relationships with the surrounding community. Cultural safety is becoming increasingly acknowledged as a very important element with respect to Indigenous healthcare education (ANAC, 2009a; ANAC, 2009b; CASN, 2013; Smye et al., 2010). If educators are to understand the success of Indigenous healthcare students in community-based programs, then cultural

safety must be assessed. In this study, participants referred to a connection between safety and comfort followed by learning. How can this be encouraged further?

As stated earlier, CASN (2013) stressed that nursing programs must create a “safe and supportive classroom environment”, and must bring “culture, history and context alive throughout the program” (p. 9). Safety and curricular relevance appear to be key elements to Indigenous student success. In a culturally safe environment, the perspective of Indigenous individuals is acknowledged first (Ramsden, 2002), and it is one where “alternative perspectives” (for example, culturally diverse approaches to tasks or activities) (Kulig et al., 2010, p. 99) are welcomed. Once the Indigenous students’ circumstances and viewpoints have been understood by educators, classroom concepts can be delivered in a safe way. In their work with developing supportive environments for Indigenous students, Minore et al. (2013) stressed that content about Aboriginal health often focuses on deficits, rather than strengths, and that cultural safety and balanced curricula is required in the classroom. Cultural safety is a student need, and further training for educators appears necessary to continue to move towards a future where it is present in all classrooms.

### **The Importance of Support and Encouragement**

Throughout this study, it was evident from the data that support and encouragement from others was a necessary component in students’ educational journeys. While not all students traveled identical learning paths, there were similar patterns through the stories that participants shared. Various stages of students’ learning experiences were explored, specifically: the effect of previous experiences, encouragement and commitment from others, and finally, believing in self and

experiencing personal growth. The core theme of courage was unmistakable throughout these journeys.

**The effect of previous experiences.** One of the subthemes in the findings was that of the effect of previous educational experiences. Previous research has addressed grade school experiences of Indigenous students and their impact on students' educational choices later in life, and several of those studies will be integrated into this discussion. The CCL (2009) identified grade school as a pivotal experience in the lives of Indigenous learners, and that it instills "a love of learning, a sense of responsibility, community values and citizenship" and sets students up for a "foundation for lifelong learning" (p. 38). What happens when such positive experiences do not occur in grade school?

While participants in this study made very few direct references to residential school, residual effects of it were evident in the transcripts through the lack of parental encouragement for school-aged children to attend school. Several of the graduate participants spoke about receiving support from their families to attend college as adults, but they had not received encouragement to remain in high school when they were younger. As such, several of them had not completed high school as children, citing reasons such as lack of confidence and lack of belief in self. These graduates had to return for high school upgrading in their adult years.

Furthermore, because of the history of the residential school system and separation from family, Indigenous students may be fearful of seeking an education away from home (Holmes, 2005; Stonechild, 2006). For this reason, community-based programs may be seen as a much more favourable option for education due to students

not having to move from their communities to attend school.

Smith et al. (2005) argued that there are continued intergenerational effects of the past residential school system on Indigenous peoples' mental, social, and physical health, resulting from the separation of parents and children, the suppression of language and culture, and widespread physical and sexual abuse. In their overview of the effects of residential schools on Indigenous peoples, Waldram et al. (2007) indicated that "many children...became 'deculturized,' losing both their ability to be culturally 'Indian,' and the ability to provide good parental role models to their own children as they reached adulthood" (p. 15). The inability of parents to encourage their children to remain in high school, the lack of self-esteem and self-confidence in grade school result in children who are less likely to succeed in school (Malatest, 2004), and each of these factors can be linked to the generational effects of residential school (RCAP, 1996). Other researchers concurred that historic or cultural trauma continue to affect subsequent generations (Simon & Eppert, 1997; York, 1990) and that residential schools are a "historical continuity – that is, the schools created a veritable wave of suffering that continues to wash over generation after successive generation of Aboriginal people" (Gregory, 2005, p. 12).

Previous researchers have urged educators to teach from a trauma-informed perspective, with an awareness of the history of the intergenerational trauma and its effect on student behaviours and educational efforts (Collins Sitler, 2008; Mordoch & Gaywish, 2013). Browne et al. (2012) explained that being trauma-informed does not mean that trauma histories need to be elicited, but rather that strategies are in place to actively minimize re-traumatization, and that the learning environment is safe for students, with

an understanding of the effects of the trauma. By establishing an environment based on empowerment, relationship and hope (Mordoch & Gaywish, 2013), the desire is for healing to occur so students can reach for higher education.

***Fear of success and fear of failure.*** Several participants of this study described a fear of success and a fear of failure as a barrier to proceeding with education. The fear of success in education caused anxiety about future educational demands. What would be expected of students in the future? As described by community stakeholders, many of the students had never dreamt about a higher level of education, and thus they were entering foreign territory. In addition, because a few of the graduate participants had not successfully completed high school as children, they also had fear of failure when they were considering further education, feeling that they would not be successful. Participants described the courage it took for students to overcome those fears and to move forward in their education. In her study of American Indian nursing students, Evans (2008) found that students expressed fears of failure, but in addition, they also expressed fear of admitting when they needed help in their studies. Similarly, in this study, students appeared to hesitate prior to accepting help to work through personal issues in their homes. The CASN (2013) framework for nursing education indicates that building respectful relationships, and creating “a safe and supportive classroom environment for students” (p. 9) is necessary in learning environments. A continuing awareness of students’ fears appears vital for educators to support and encourage students in their educational journeys.

***Encouragement and commitment from others.*** Both community stakeholders and graduates stressed the need for the support of others to promote student success.

These results were supported in several previous research studies, although few of them were specifically related to nursing students. Waterman (2007) interviewed Haudenosaunee Iroquois college graduates about their journey to degree completion. Those graduates confirmed that family was their greatest support. Juntunen et al. (2001) studied Northern Plains American Indian college students who also indicated that encouragement from family was vital during their education. In another study, IAHLA (2009) interviewed adult Indigenous students from various BC programs, and found that support and encouragement from family was important to student success.

In regards to faculty support, Fleet and Kitson (2009), who researched Indigenous peoples pursuing early childhood teaching degrees, found that students valued the encouragement from instructors and felt “supported and understood by them” (p. 409). They also drew attention to students having to miss classes due to ‘Indigenous issues’ [for example: death in the family, birth of a child, ill family member], and how the instructors were “understanding and flexible” (p. 409). In her study about a Native nursing program in Alaska, Rearden (2012) drew attention to the importance of instructor support and encouragement, with participants stating it had a very positive effect on their learning. Such findings, both in relation to family and faculty support, were similar in this study as well.

In addition to support and encouragement, several study participants also indicated it was important for students to know that others believed in them and were committed to walk alongside them as they became educated. Several participants indicated that if just one person believed in the student, that was enough to encourage the student to pursue further education. In support of this finding, in the CASN (2013)

framework, educators were advised to “build respectful relationships” (p. 9) with students. Instructor–student relationships appear to be vital in promoting student success. Anuik et al. (2010) and Doutrich et al. (2012) indicated that students are not on their learning paths alone, but rather teachers, counselors, and others join with students to achieve success together. While researchers have previously addressed the need for relationship between faculty and students as a means to promote student outcomes (Jackson & Smith, 2001; Kulig et al., 2010; Martin & Seguire, 2013; Rigby et al., 2011), the results of this study appear to indicate an even greater commitment is required by instructors.

Students need to know that instructors are “on their side” (Hampton & Roy, 2002, p. 5), and that they “actually cared about them” (Jackson, Smith, & Hill, 2003, p. 554). Rossetti and Fox (2009) further asserted that ‘presencing’ is required in the instructor-student relationship, where presence is described as ‘being there’ for the students, and that instructors need to work together with students. Anuik et al. (2010) also encouraged instructors to walk “alongside the learners, recognizing that they are beings with gifts”, and to recognize that students have “tremendous potential that can be achieved after the layers of feelings are peeled away so that the Learning Spirit may come through” (p. 75). Battiste (2013) expanded on these thoughts by challenging educators:

[T]o center [their] educational commitment to, and [their] responsibilities for, the enhancement of humanity and its infinite capacities. Each strategy taken to rebuild human capacity is a decolonizing activity that turns collective hope into insights, voices, and partnerships, not resistance, resignation, or despair. (p. 104)

From this study, it appears when there is “an atmosphere of realistic hope”

(Labun, 2002, p. 316) within the learning environment, and when students know that educators “have faith in students’ ability to succeed” (Griffiths & Tagliareni, 1999, p. 293), then students are encouraged greatly in their learning journey.

**Believing in self and experiencing personal growth.** Several study participants shared that when others believed in students, then eventually the students would start believing in themselves and their educational abilities as well. In this study, both community stakeholders and graduates expressed that students needed to own their learning (for example: make commitments and choices) to promote success. This led me to wonder whether there was a connection between students believing in themselves and owning the learning path.

Because of colonization and the assimilation of Indigenous peoples in the past, it was important to be aware of the challenges associated with students making choices and commitments towards educational journeys. While all study participants spoke about the need for students to make choices and commitments to promote success, they also spoke about how much courage it took for some students to make the decisions to remain in school. Battiste (2013) reminded readers that “Aboriginal students have been contaminated by an educational system built on false colonial and racist assumptions that target them as inferior, and create self-doubt among Aboriginal students” (p. 180). In their study about factors that affect students’ success, DiGregorio, Farrington and Page (2000) spoke about Indigenous students’ motivation and determination to become educated. They stated that Indigenous students are vulnerable and have difficulty when first entering college, and how “minor challenges, if unresolved, can accumulate to interfere with students’ study” (p. 297). Battiste further stated that learners must be

“nourished to succeed” (p. 180) until eventually learning becomes “a self-directed path” (p. 181).

A recurring element emerging from the data was that of students becoming courageously more self-directed in their educational journeys, coming to believe in their own abilities, and beginning to experience personal growth. As students are nourished and connected with their inner selves, they will then be able to “create their own spiritual, intellectual and emotional fire” (Denton & Ashton, 2004, p. 34). In this study, success was described by most participants in terms of personal growth, achieving balance in life, and how students’ lives changed during the course of a program. Graduates considered themselves to be a success because they gained confidence, self-worth, independence and a voice through the course of their education. Both community stakeholders and graduates indicated that if students were able to take control of their lives, change their personal situations and move forward, then success had been experienced.

A few previous research studies also addressed success in terms of students’ personal growth. Anuik et al. (2010) emphasized that students’ personal gifts may be buried under layers of past negative experiences, and those gifts must be discovered. They noted that “success for Aboriginal peoples is based on self-mastery and learning about one’s special gifts and competencies” (p. 67). Villegas (2009) and Juntunen et al. (2001) spoke about success as the importance of discovering self, and meeting one’s goals. In their study, IAHLA (2009) found that students gaining self-confidence was a sign of success. Furthermore, finding happiness in life (Juntunen et al., 2001), and quality of life (Council of Ministers of Education, Canada, 2010) were described as personal measurements of student success. In her thesis study about Navajo students,

Bowman (2013) found that students defined success as becoming self-sufficient and overcoming challenges. All of these findings were comparable with this study where participants described success extensively in terms of personal growth.

This section has critically examined the educational path of students as shared by the majority of the participants of this study. The effect of previous experiences, the encouragement and commitment from others, believing in self and finding self were all important factors in students' experiences of success.

### **The Importance of Partnerships with Community**

In addition to acknowledging students' circumstances, and the support and encouragement of others, the third major concept that arose from the data was that of partnerships and relationships with the community in which the healthcare programs were delivered, and how the community benefitted from the programs.

**Influence of postcolonial and cultural safety theories.** Although references to postcolonialism and cultural safety were minimal in the data, it was nonetheless important to acknowledge these concepts due to their prominence in Indigenous literature. Some evidence of these concepts was threaded through the relationships and interactions between Indigenous and non-Indigenous peoples in the community.

In order to understand the effect of postcolonialism on this study topic, it is important to define it first. Postcolonialism refers to theoretical and empirical work surrounding issues resulting from colonialism (Cashmore, 1996). Postcolonialism focuses on "the experiences of people descended from the inhabitants of those territories and their experiences within 'first-world' colonial powers" (Reimer Kirkham & Anderson, 2002). It also focuses on patterns of inclusion/exclusion in relation to race,

ethnicity and culture (Anderson, 2000). Postcolonial theories “have shed light on the unequal relations of power that are the legacy of the colonial past and the neocolonial present” (Browne et al., 2005).

Browne et al. (2005) further argued that postcolonial perspectives highlight the need for partnerships within Indigenous communities, and it was here where more parallels emerged from the data. In this study, partnerships and relationships within the community were referred to frequently. Participants alluded to power inequities between Indigenous and non-Indigenous peoples in the community, and spoke about the need to ‘build bridges’ between cultures. During the data collection for this study, I noticed many ‘physical’ bridges in the region that spanned rivers (see Appendix I for photos), and served to connect many small communities of people with one another. Symbolically, those bridges served as a reminder of the connections made between cultures and peoples within the region. Thiong’o (2006) urged readers to seek connections between peoples, so that differences, similarities and identities can be discussed. Thiong’o further emphasized that bridges need to be built across our cultural borders so that wholeness can be achieved within our society. As a researcher, I strived to build bridges, “to form authentic and mutually meaningful partnerships with Aboriginal people and their communities” (Gregory, 2005).

However, it was evident from the data that citizens from the community were endeavouring to forge relationships with one another as well, even though, at times, there appeared to be power differentials between the Indigenous and non-Indigenous peoples in the community. Stansfield and Browne (2013) argued that cultural safety orients us “away from describing the cultural practices of the ‘Other’” (p. 5). Rather than focusing

on the ‘Other’, cultural safety causes us to focus on power imbalances and possible discrimination (Browne et al., 2009). In this study, several participants spoke about the need for all cultures in the community to work together to meet the needs of the citizens. It appeared that the community was already taking positive steps towards building bridges between Indigenous and non-Indigenous peoples, and working together to help the community, as a whole, to survive. Such partnerships seem to promote success not only in the Indigenous Education Society (IES) healthcare programs, but also into the community and beyond.

**Benefit to community.** As stated in chapter 4, community transformation was part of the equation in measuring success for community-based healthcare programs. Meeting community needs was highlighted as being important by several participants in this study. Previous researchers have had similar findings, indicating that, post-graduation, successful students experience improvements in the quality of their own lives, but they also contribute to the needs of the community (Ambler, 2005; Anuik et al., 2010; Hampton & Roy, 2002; Juntunen et al., 2001). Battiste (2013) concurred, stating that educational programs should “focus on building community strength and capacity so that they [the students] will have the choice to remain in their communities and contribute to building collective successes” (p. 178). Such benefits to the community resonated with this study as both graduates and community stakeholders spoke about success meaning that community needs were being met.

Community partnerships and relationships, as well as benefits to the community emerged as an important element in describing success of community-based healthcare programs. The CASN (2013) framework identified the need to build relationships within

nursing education. In this study, the IES appeared to be actively involved in relationship building and partnering with the local community in order to build bridges between cultures, and successfully meet the needs of the community as a whole.

### **Program Completion or Non-Completion**

While it was not a major finding in this study, an interesting outcome emerged from the data analysis in regards to program completion versus non-completion. A few community stakeholders indicated that students who did not complete a program were not considered to be ‘failures’. The stakeholders suggested that if students were able to discover their gifts through such an experience, and move their life/schooling in that direction, then the experience had been a success. However, a few other participants, from both the student group and the community stakeholder group, described success in terms of program completion. These latter participants indicated that when students did not complete a program, they considered that to be a ‘failure’.

When searching the literature for the concept of program completion versus non-completion, the results were not plentiful. In her editorial, Ambler (2005) shared discussions that took place at a conference between educators, administrators and students in regards to measurements of success. Those individuals expressed that students are not necessarily considered to be successes even if they have earned honour roll grades, or obtained jobs post-graduation. Rather, success was viewed in combination with the transformation of the community after students graduate. The CCL (2007) insisted that current approaches to measure success focus on particular stages of education (for example: graduation and attendance rates), but do not consider the holistic lifelong learning that is considered essential in Aboriginal culture. Rather than merely

focusing on students finishing programs, the measurement of holistic learning, or “the development of the whole person...is integral to issues of cultural continuity, identity and, ultimately, successful learning” (CCL, p. 11). Following the Summit on Aboriginal Education, the Council of Ministers of Education, Canada (2010) concurred, stating that measurements of success beyond educational achievement are required for Aboriginal students, because “a holistic view of success is appreciated by First Nations, Métis, and Inuit peoples” (p. 15). The notion of measurements of success beyond educational achievements will be discussed further in the next section.

**First Nations Holistic Lifelong Learning Model.** As indicated earlier, sometimes definitions of success vary from person to person, as it did in this study in regards to program completion. When this occurs, it becomes a challenge to measure what students have learned, or to what degree they have achieved success. The CCL (2007) addressed the issue of varying definitions of success in their report entitled “Redefining how success is measured in First Nations, Inuit and Métis learning”. They stressed that it is important to “articulate a comprehensive definition of what is meant by ‘learning success’, and develop and implement an appropriate framework for measuring it” (CCL, p. 2). In their report, they presented a First Nations Holistic Lifelong Learning Model which can be used as a guide to measuring success in Indigenous learning<sup>2</sup> (see Appendix J for a copy of this model). This model was useful for comparison of some of the findings from this study.

While the data obtained in this study does not exactly mirror the model, there are

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<sup>2</sup> Since developing the First Nations Holistic Lifelong Learning Model in 2007, the CCL has closed the doors to their organization. After speaking with several of the partners who assisted in the development of the Learning Model, and after extensive internet research, it appears that the 2007 version of the Model is still the most current version and no further updates or revisions have been made to it since that time.

similarities, and those will be reviewed here. In the model, the roots represent the learning foundation that grounds students. In this study, it was evident that students had roots established within the [First] Nation in which they lived, the extended community, family, traditions and ceremonies (for example: through cultural events and obligations), and self. As discussed earlier, some students were not grounded in self until they learned to believe in themselves and were able to discover self. Once the students experienced personal growth, then they were able to flourish into the future. The rings of the tree demonstrate how learning continues to occur over a lifetime. In this study, a few participants spoke about the learning process from grade school and its progression onwards. Study participants spoke extensively about the importance of learning, and how students grow in knowledge from one stage in their lives to another.

The branches, which begin around the core of the tree, indicate the “four dimensions of personal development – spiritual, emotional, physical, and mental...where learning engages the whole person” (CCL, 2007, p. 18). Several study participants referred to the Medicine Wheel as an optimal state of balance and strived to assist students in achieving such a state, asserting that when students were balanced and healthy, then learning was more likely to occur. The leaves on the tree referred to students’ collective wellbeing, or their context in the community. Several references were made to the community context in the data, and it helped me to gain perspective into the students’ experiences and how their courage truly did make it possible for them to achieve success in their educational endeavours.

On the outside of the circular model, raindrops represent guides or supports for students. In this study, participants spoke about the IES counselor, family members and

teachers as being the primary support and encouragement for students. As a side note, I was interested that Indigenous Elders were not referred to in the data, and will discuss this again in chapter 6.

The learning model depicts “the cyclical, regenerative nature of holistic lifelong learning and its relationship to community wellbeing” (CCL, 2009, p. 11). While there are aspects of the model not discussed here, I have drawn attention to those dimensions that were clearly reflected in the findings of this study. The extent to which the findings related to the model was remarkable, and spoke to the importance of the community involvement and influence on the students’ educational journey. The interactions and interconnectedness with others that are depicted in the model were evident in this study, and are important for educators to be aware of when teaching in Indigenous community-based programs.

### **Chapter Summary**

The purpose of this study was to explore how success was described in community-based healthcare programs, and how to better foster the success of Indigenous students. This discussion is timely due to continued references in existing literature to the numbers of Indigenous nurses and the need to reduce attrition in educational programs.

Through the integration of the CASN (2013) framework, entitled ‘Educating Nurses to address Socio-cultural, Historical, and Contextual Determinants of Health among Aboriginal Peoples’, attention was drawn to needs in Indigenous healthcare classrooms. In specific, framework elements surrounding the need for relationships,

relevancy in programs, and a safe and supportive classroom were emphasized in this chapter as they aligned well with the findings from this study.

When reviewing existing knowledge in comparison to the findings of this study, several areas were meaningful. The effects of colonialism continue to be evident in this community in terms of power differentials between Indigenous and non-Indigenous peoples. Participant descriptions of bridge-building between Indigenous and non-Indigenous cultures spoke to the existence of postcolonial theories in action within the community. Continued efforts need to be made to nurture the partnerships between cultures within this community so that growth and survival of the community can occur.

While educational success was seen as a measurement of personal growth, it did not occur without great effort and courage. Students' educational journeys, as described in this study, involved students moving beyond previous experiences, pushing past fears, needing great support and encouragement, and finally, believing in self. In terms of acknowledging students' circumstances, the Medicine Wheel, and contextual elements were described by participants as necessary to promote students' success through a whole-person approach. Teaching that encompassed mental, spiritual, emotional and physical aspects were critical components within students' educational journeys. Such admissions may be useful for future curricular changes and educator preparation in working with Indigenous students, and will be discussed in the next chapter.

Finally, the data was compared to a First Nations Holistic Learning Model, which demonstrated the interconnectedness of students' learning success to the surrounding community. It is important for educators to be aware of the interplay of influences as

community-based programs continue in the future. Recommendations and conclusions that arose from these study findings will be discussed in the next chapter.

“To teach in a manner that respects and cares for the souls of our students is essential if we are to provide the necessary conditions where learning can most deeply and intimately begin” (hooks, 1994, p. 13)

### **Chapter 6: Conclusions and Recommendations**

The purpose of this study was to explore how success was described in community-based healthcare programs, and how to better foster the success of Indigenous students. This chapter will summarize the study, discuss why it is important to understand success, outline conclusions that were drawn from the findings, and examine recommendations for future community-based healthcare education and research. Critical reflections and study limitations concluded the study.

#### **Summary of Study**

As part of a qualitative study, eight participants from a northern BC community were interviewed about success in community-based healthcare programs. The participants were either: healthcare graduates from community-based programs, a family member of a graduate, educators from an Indigenous Education Society (IES), or nurses from an Indigenous Health Center (IHC) in the community.

*Nurturing the learning, owning the learning, and discerning success for learning* were the three categorical themes that were derived from the data, with *courage* as a core theme. The aim of this study was not to critique existing community-based healthcare programs, but rather to seek knowledge to better inform the development and delivery of programs in remote/rural communities and to hear the voices of community members in relation to such programs. After reflecting on and analyzing the responses of those voices, it is evident that discerning success is important, and recommendations for the future can be made.

### **Understanding Success in Community-based Programs**

Despite ongoing efforts to make curricular changes, the literature continues to reflect high attrition rates among Indigenous healthcare students (Anonson et al., 2008; Goold, 2006; Gregory et al., 2008; Martin & Kipling, 2006; Pijl-Zieber & Hagen, 2011; Smith et al., 2011; Usher, Lindsay et al., 2005; Wilson et al., 2011). Accordingly, recommendations to implement strategies promoting the retention of Indigenous students also continue to emerge in the literature (Cameron, 2010; CASN, 2003; Council of Ministers of Education, Canada, 2010; Reardon, 2012; Smye et al., 2010; Villeneuve & MacDonald, 2006). However, in response to those recommendations, very few research studies have taken place within Indigenous communities to explore how the success of students is described by community members. While the experience of success may never be fully understood, what emerged from the data provided insight into the concept. Cajete (2006) emphasized that “colleges must converse with communities...to forge a contemporary ‘theory’ for Indian education and how to develop curricula that reflect their educational process and experiences” (p. 56). Clear articulation about “what is meant by ‘learning success’” (CCL, 2007, p. 2) must occur, followed by the development and implementation of an appropriate framework for measuring that success.

In this study, the communal desire for capacity building was linked to the meaning of success. While it was important and rewarding for individual Indigenous students to achieve success, the larger and more sought-after hope was for success for the whole community. What does this mean? In one of their well-known articles, seminal Indigenous researchers Kirkness and Barnhardt (1991) explained that capacity building needs to occur, so that communities can “advance themselves as a distinct and self-

determining society, not just as individuals” (p. 5). They clarified that it is important for graduates to obtain jobs when finished their schooling, “but more as a means to an end, than an end in itself” (Kirkness & Barnhardt, 1991, p. 5). Gaining capacity within a community appears to be an important priority. When reviewing the British Columbia Assembly of First Nation’s Tripartite Health Plan (2007), the necessity for capacity building was also stressed through the urging of the “management and delivery of community-based services....in training, program development and knowledge transfer” (p. 4).

Through continued postcolonial relationship building and partnership with Indigenous peoples and communities, it is hoped that necessary changes can be implemented to healthcare curricula to promote such student success, not just for the students themselves, but for communities as a whole. Working together with Indigenous communities to build capacity and strive for self-determination may contribute to their success.

### **Conclusions**

The following five conclusions were derived from this study:

1. Finding the courage to overcome fears and barriers was instrumental in students’ educational journeys. Students often had to make life-changing choices that required great courage in order to advance in their education.
2. Receiving nurturing through a whole-person approach appeared to promote success in students’ learning journeys. Achieving balance and wellness in life appeared to be a sought-after outcome for students.
3. Students following their educational paths were fostered through the support and

encouragement from instructors and family members. Many participants implied that students would not be able to complete their schooling without the extensive support of those around them.

4. Students learning to believe in themselves was described as a key element of success. Discovering one's own abilities and gifts, and then blooming into the person one was meant to be was described as success.

5. When students were successful in completing a community-based healthcare program, the community was also perceived to be successful. Participants spoke about the importance of meeting the needs of the community, and hiring graduates into the roles of professional healthcare workers fulfilled those needs.

These conclusions led to recommendations that are discussed in the following section.

### **Recommendations**

The recommendations below focus on areas most relevant to this study: community-based healthcare education and research. The recommendations are reflective of the results and discussion from this study, but are also grounded in prior research.

**Community-based healthcare education.** The findings of this study contribute towards the understanding of success as perceived by students and community members of healthcare students in community-based healthcare programs. Some participants described students having a feeling of belief in themselves and confidence as they completed any kind of educational courses. Some participants also indicated that when students had experienced success in a previous course or program, then they were more likely to attempt further education due to the confidence they felt. Juntunen et al. (2001)

explored the meaning of careers for American Indian students, and found that meeting personal goals and recognizing accomplishments were among the rewards of the educational journey.

Based on the emphasis placed on the initial experience of success in this study, and how it affected subsequent educational experiences, the first recommendation is for nurse educators to promote ways in which Indigenous students can experience feelings of success in the early stages of their educational journey. Since one of the biggest obstacles for Indigenous students is “a lack of confidence” (Blanchfield, 2006, p. 40), a goal for new students might be to promote confidence and belief in self, and to create an educational foundation upon which students could build their future. Possible ideas to promote such feelings of success could include short courses, assignments, discussions or activities.

The second recommendation surrounds the concept of nurturing the learning, which was one of the main themes that emerged from the data. A possible consideration might be that instructors are provided with orientation sessions prior to teaching in community-based programs. According to Pewewardy (1999), teachers are seen as healers in the classroom, where they show awareness and introspection towards supporting the students. What can be done to encourage nurse educators to nurture the learning environment, and be culturally competent and trauma-informed enough to address the types of student circumstances that were described in this study? A few participants referred to personal safety situations in the home that affected students’ abilities to complete their education. Furthermore, participants stressed the need for students to feel safe enough to request support from the IES when it was needed.

Promoting relationship and trust between students and teachers appears vital in supporting students to achieve not only their education, but also wellness.

McDonald (2010) describes the vast role that nurses take on when they become educators and how they need to develop “knowledge about curriculum, evaluation, and teaching-learning strategies” (p. 131). Added to this responsibility in community-based education is the need for instructors to have culturally relevant knowledge as well. Hiring local instructors, who are respected by the community, is ideal, as recommended by Usher, Lindsay et al. (2005), as they might be more likely to understand the context within the community.

However, when local nurse educators are not readily available, how can temporary/contract instructors be prepared to teach in a community-based program? Because many community-based programs are delivered through partnerships between Indigenous Education Societies in a community and public post-secondary institutions, one idea might be to consider orientation sessions for instructors to discuss institutional and community expectations throughout the delivery of a program. Such orientation sessions would have to be approved by the IES to ensure that community needs are met within the educational program. The sessions could provide instructors with culturally relevant knowledge about how to approach teaching from a perspective of nurturing the learners. Martin and Seguire (2013) recommended educators attend workshops that teach them how to “implement student-centered approaches” (p. 208) with Indigenous students. Martin and Kipling (2006) further suggested faculty learn the history of Indigenous education in order to create healthy student-teacher relationships. In addition, educators should be “aware of the cultural and family issues which may impact on the progression

of Indigenous students” (Australian Nursing Federation, 2006, p. 2). Educators should also acknowledge potential power differentials related to historical colonial relationships between Indigenous and non-Indigenous peoples, and demonstrate cultural sensitivity and awareness to these. Providing educators with orientation sessions that promote both cultural competence and trauma-informed educational knowledge would be very valuable in order to nurture the learning of students in community-based programs.

The third recommendation is to engage with Indigenous students to discover their gifts prior to having them entering the educational programs. In this study, some community stakeholders spoke about the importance of students discovering their gifts so that they can pursue a career that follows their passions. Community stakeholders stressed that if students were unsuccessful in an educational program, but it assisted them in finding their gifts, then those students had been successful. The graduates in this study, however, felt that they needed to complete a program in order for them to feel they had been successful. This difference in perception is important; for those graduates who had previously been unsuccessful, the ‘failure’ was hard for them. Is it necessary for students to have to experience a difficult ‘failure’ prior to discovering their gifts? This difference in perception led me to wonder whether students’ gifts can be uncovered prior to students entering programs. If students were aware of their gifts, and had an idea of the direction they wanted to take in their lives, then perhaps they could avoid the ‘failing’ experience. It may be helpful to clarify expectations in regards to what students envision as success, or what their dreams are, at the beginning of the students’ learning journeys. An idea might be to consider having students take a variety of short courses that could point them in different career directions based on their passions and interests. Battiste

(2013) stated that “gifts unfold in a learning environment that sustain and challenge” (p. 18) the learners. The main goal would be for students to have access to a variety of options, and to encourage them to dream when it came to career choices.

In summary, nurses who are involved in community-based education may respond to these study findings by: promoting ways in which Indigenous students can experience feelings of success in the early stages of their educational journeys; providing (or participating in) orientation sessions for nursing instructors hired to teach in community-based programs that discuss the importance for nurturing the Indigenous student learners; and encouraging the engagement with Indigenous students to discover their gifts prior to having them entering educational programs.

**Research.** Several areas for further exploration in research emerged from this study. One of the major limitations of the study was the small sample size. Although the sample consisted of community stakeholders as well as graduates, all participants were female, and all were from a small region in northern B.C. One recommendation would be to seek a larger sample size and other geographical community areas in hopes of achieving greater variability in the data. From a gender perspective, it would be interesting to explore differences in gender responses to studies like this one. From a broader perspective, it would also be interesting to explore how community members from other provinces in Canada describe success in community-based programs. How these descriptions of success are then incorporated into curriculum development and program delivery may be helpful for educators in implementing community-based education.

A second recommendation is to explore experiences of nurse educators who teach

in community-based healthcare programs, how they prepare themselves to teach Indigenous students in remote communities, and how they promote success. While this study included two educators as participants, it would be interesting to develop a study where the sample consisted entirely of educators.

The third recommendation surrounds the concept of balance that was referred to in the data. Many participants spoke about the need for students to be healthy and balanced in their lives, so that effective learning could take place. In this study, I related balance to the Indigenous Medicine Wheel, but it would be helpful to explore the meaning and experience of the concept of balance among Indigenous community-based students.

A fourth recommendation is in relation to the lack of references made in this study to Indigenous Elders. Cameron (2010) stated that the mentoring and guidance of Elders can promote the retention of Indigenous nursing students. A future study into the influence and effect of Indigenous Elders on students' educational success would be interesting.

### **Critical Reflections and Limitations**

While limitations were previously addressed in chapter Three, I will consider them here again in combination with my reflections on the study as a whole. The most obvious limitation of this study is that of the small sample size. With only eight participants from a single region in BC, I was able to get some understanding of success, but caution would have to be used when attempting to transfer these findings to other populations. In addition, the sample consisted of only female participants, thus limiting the variability of the study. Having a larger sample size from more than one community

may have enhanced the variability of the study.

As a non-Indigenous researcher conducting a study in an Indigenous community, further limitations existed. While I had an existing relationship with the community, it was important to consider whether I had the cultural knowledge to correctly interpret the context of the stories that the participants shared with me (Tillman, 2002). It is possible that I may have misunderstood or unconsciously interjected my bias into the data analysis and the study method. What has been presented in the findings of this study is my perception of what the participants told me.

Trust and the perception of power may also have played a part in full disclosure during the interviews. As a nurse educator, I may have been seen as an authority figure by some of the participants. While I attempted to establish relationships that sought to address the power of the participants, it is possible that this may have affected the results of this study. Richardson (2010) reflected that “trust is created through the sharing of stories, as this is how we come to know who a person is and what is important to them” (p. 243). In this study, I carried the participants’ stories with me and, through a careful thematic analysis, began to understand the experiences of success in one particular community.

Throughout this study, it was important for me to be aware of the rhythm of conversation and how the telling of stories delivered meaning. Several participants used stories to answer interview questions, and I learned to be patient for the meaning to emerge. I also learned when to accept long pauses in the conversation as the participant gathered her thoughts before progressing, and when to interject with further questions. Sometimes this learning did not occur until later, when I was reviewing the interview

transcripts, and I realized where I could have altered my interview techniques.

In addition to story-telling, symbols also emerged in the data as carriers of meaning. Two symbols were particularly meaningful: *majagalee*, and the concept of students being like flowers that needed to bloom to become what they are meant to be; and the image of bridges which connected peoples, communities, and cultures. It is my hope that my work through this study will assist future students' *majagalee* to bloom. It is further my hope that the bridges that I attempted to build as a researcher, and those that the community has already built, will continue to create relationships and help the community to flourish.

### **Chapter Summary**

This study explored how to describe success in community-based programs, and how best to foster the success of Indigenous healthcare students. What emerged from the data was that success was promoted: when learning was nurtured through a whole-person approach, by receiving support from family and teachers, and through the contextual learning environment. Success was further promoted when students were able to own their personal learning path by committing to and making choices in relation to their schooling. In analyzing success, what emerged further was that previous school experiences had a significant effect on students, and that both program completion and non-completion was considered a success. Success was further described as an experience that affected the entire community, and that students experienced extensive personal growth during their schooling. Courage was a central trait that students exhibited to make changes, and to grow in their lives as they moved through their educational journeys.

During the data analysis and discussion, balance in life, as outlined in the Indigenous Medicine Wheel, was a goal for the students in this community so that they could focus on their schooling. The CASN (2013) framework for culturally competent and culturally safe nursing education aligned well with the data with respect to building relationships, bringing relevance to the program, and creating a safe and supportive classroom environment. Relationship building and partnerships with the community need to be encouraged further to build bridges between cultures in the community.

The five main conclusions were as follows: 1) Finding the courage to overcome fears and barriers was instrumental in students' educational journeys. Students often had to make life-changing choices that required great courage in order to advance in their education; 2) Receiving nurturing through a whole-person approach appeared to promote success in students' learning journeys; 3) Students following their educational paths were fostered through the support and encouragement from instructors and family members; 4) Students learning to believe in themselves was a key element of success; and 5) When students were successful in completing a community-based healthcare program, the community was also perceived to be successful. The recommendations for the future related to community-based education and research.

To summarize this study, it appears that students in community-based healthcare programs benefit from a nurturing learning environment through a whole-person approach, where encouragement is readily given. As students take ownership of their learning, they may begin to believe in their own abilities and move past previous fears of schooling. Ultimately, through the nourishing of the learning spirit, students can bloom into who they are meant to become, and it is then that success occurs.

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**Appendix A: Table Outlining the Literature Review**

<b>Date</b>	<b>Database Searched</b>	<b>Keywords Used</b>	<b>Results</b>
July, 2013, October, 2013 & May, 2014	Academic Search Premier	Aboriginal, student, success	110
		First Nations, student, success	238
		Indigenous, student, success	193
		Native, student, success	582
		Indian, student, success	429
		Aboriginal, nursing program	204
		Indigenous, nursing program	304
		First Nations, nursing program	134
		Native, nursing program	247
		Indian, nursing program	219
		Aboriginal, nursing program, retention	5
		Indigenous, nursing program, retention	8
		First Nations, nursing program, retention	8
		Native, nursing program, retention	11
		Indian, nursing program, retention	7
		Aboriginal, community-based	308
		Indigenous, community-based	560
		First Nations, community-based	184
		Native, community-based	482
		Indian, community-based	693
		Indigenous, community-based, nursing program	15
		Aboriginal, community-based, nursing program	7
		First Nations, community-based, nursing program	9
		Native, community-based, nursing program	18
		Indian, community-based, nursing program	19
		Aboriginal, nursing program, remote or rural	59
Indigenous, nursing program, remote or rural	76		
First Nations, nursing program, remote or rural	12		
Indian, nursing program, remote or rural	27		
		<b>(6 articles chosen for review)</b>	
July, 2013, October, 2013 & May, 2014	CINAHL	Aboriginal, student, success	7
		First Nations, student, success	3
		Indigenous, student, success	11
		Indian, student, success	18
		Aboriginal, nursing program	54

		Indigenous, nursing program	92
		First Nations, nursing program	15
		Indian, nursing program	65
		Aboriginal, nursing program, retention	7
		Indigenous, nursing program, retention	14
		First Nations, nursing program, retention	2
		Indian, nursing program, retention	7
		Aboriginal, community-based	89
		Indigenous, community-based	142
		First Nations, community-based	39
		Native, community-based	239
		Indian, community-based	152
		Indigenous, community-based, nursing program	4
		Aboriginal, community-based, nursing program	2
		First Nations, community-based, nursing program	2
		Native, community-based, nursing program	9
		Indian, community-based, nursing program	3
		Aboriginal, nursing program, remote or rural	14
		Indigenous, nursing program, remote or rural	23
		First Nations, nursing program, remote or rural	4
		Indian, nursing program, remote or rural (14 articles chosen for review)	6
	Course Articles	A few articles reviewed from previous TWU MSN coursework	
July, 2013, August, 2013, September, 2013, October, 2013 & May, 2014	Google Scholar	Aboriginal, student, success	91,500
		Indigenous, student, success	473,000
		First Nations, student, success	1,820,000
		Indian, student, success	1,270,000
		Native, student, success	1,040,000
		Aboriginal, nursing program, retention	9,270
		Indigenous, nursing program, retention	18,600
		First Nations, nursing program, retention	35,200
		Native, nursing program, retention	33,300
		Indian, nursing program, retention	31,600
		Aboriginal, community-based, success	33,300
		Aboriginal, community-based, nursing program	22,500
		Indigenous, community-based, success	117,000
		Indigenous, community-based, nursing	26,200

		program First Nations, community-based, success First Nations, community-based, nursing program Indian, community-based, success Indian, community-based, nursing program <b>(26 articles chosen for review)</b>	197,000 46,300 137,000 35,800
July, 2013, October, 2013 & May, 2014	Pubmed	Aboriginal, student Aboriginal, student, success Indigenous, student Indigenous, student, success First Nations, student First Nations, student, success Indian, student Indian, student, success Native, student Native, student, success Aboriginal, nursing Indigenous, nursing First Nations, nursing Indian, nursing Native, nursing Aboriginal, nursing, retention Indigenous, nursing, retention First Nations, nursing, retention Indian, nursing, retention Native, nursing, retention Aboriginal, nursing, remote or rural Indigenous, nursing, remote or rural Indian, nursing, remote or rural Native, nursing, remote or rural Indigenous, community-based Aboriginal, community-based First Nations, community-based Native, community-based Indian, community-based <b>(24 articles chosen for review)</b>	204 11 356 18 96 3 1,970 44 823 44 390 830 176 1,814 650 11 19 5 11 16 114 192 222 49 403 254 93 373 866
August, 2013, October, 2013 & May, 2014	Sage Health Sciences (searched all Sage content)	Aboriginal, student Aboriginal, student, success Aboriginal, student, success, nursing Aboriginal, student, nursing Indigenous, student Indigenous, student, success Indigenous, student, success, nursing Indigenous, student, nursing	4,020 1,687 263 564 16,368 7,620 623 1,320

	First Nations, student	737
	First Nations, student, success	334
	First Nations, student, nursing	144
	Indian, student	33,494
	Indian, student, success	14,165
	Indian, student, success, nursing	1,339
	Indian, student, nursing	2,861
	Native, student	42,827
	Native, student, success	19,231
	Native, student, success, nursing	1,692
	Native, student, nursing	3,633
	Aboriginal, nursing, retention	139
	Aboriginal, nursing program, retention	7
	Indigenous, nursing, retention	313
	Indigenous, nursing program, retention	15
	First Nations, nursing, retention	31
	First Nations, nursing program, retention	2
	Indian, nursing, retention	655
	Indian, nursing program, retention	30
	Native, nursing, retention	830
	Native, nursing program, retention	42
	Aboriginal, nursing, remote or rural	571
	Indigenous, nursing, remote or rural	1,294
	First Nations, nursing, remote or rural	146
	Indian, nursing, remote or rural	2,369
	Native, nursing, remote or rural	2,515
	Indigenous, community-based	0
	Indigenous, community	27,962
	Indigenous, community, nursing	2,161
	Indigenous, community, nursing, student	1,218
	Aboriginal, community-based	0
	Aboriginal, community	7,114
	Aboriginal, community, nursing	953
	First Nations, community-based	0
	First Nations, community	1,236
	First Nations, community, nursing	254
	Indian, community-based	0
	Indian, community	45,957
	Indian, community, nursing	4,329
	Indian, community, nursing, student	2,406
	Native, community	50,318
	Native, community, nursing	5,325
	Native, community, nursing, student	2,991
	(3 articles chosen for review)	

August, 2013 & May, 2014	ProQuest Dissertation Express	Aboriginal, student	40
		Aboriginal, student, success	40
		Aboriginal, student, nursing	40
		Indigenous, student	40
		Indigenous, student, success	40
		Indigenous, student, nursing	40
		First Nations, student	40
		First Nations, student, success	40
		First Nations, student, nursing	40
		Indian, student	40
		Indian, student, success	40
		Indian, student, nursing	40
		Native, student	40
		Native, student, success	40
		Native, student, nursing	40
		Aboriginal, student, retention	40
		Indigenous, student, retention	40
		First Nations, student, retention	40
		Indian, student, retention	40
		Native, student, retention	40
		Aboriginal, nursing, remote	40
		Aboriginal, nursing, rural	40
		Indigenous, nursing, remote	40
		Indigenous, nursing, rural	40
		First Nations, nursing, remote	40
		First Nations, nursing, rural	40
		Indian, nursing, remote	40
		Indian, nursing, rural	40
		Native, nursing, remote	40
		Native, nursing, rural	40
		First Nations, community-based	40
		First Nations, community-based, student	40
		Indigenous, community-based	40
		Indigenous, community-based, student	40
		Aboriginal, community-based	40
		Aboriginal, community-based, student	40
		Indian, community-based	40
		Indian, community-based, student	40
		Native, community-based	40
		Native, community-based, student	40
	(3 theses chosen for review)		

### Appendix B: Table Outlining Most Relevant Articles

<p><b>Author/Citation:</b> Anonson, J., Desjarlais, J., Nixon, J., Whiteman, L., &amp; Bird, A. (2008). Strategies to support recruitment and retention of First Nations youth in baccalaureate nursing programs in Saskatchewan, Canada. <i>Journal of Transcultural Nursing, 19</i>(3), 274-283.</p> <p><b>Research Method:</b> The authors share the development and strategies employed by the Nursing Education Program of Saskatchewan partners.</p> <p><b>Relevant Conclusions:</b> Use of Aboriginal epistemology within teaching is necessary; Elder presence in classrooms/liase between students-faculty; awareness of family responsibilities and effect on students; need role models/mentoring; funding and financial support; holistic approach needed (nurturing learning environment); and community building (infuse with Aboriginal culture).</p>
<p><b>Author/Citation:</b> Arnault-Pelletier, V., Brown, S., Desjarlais, J. &amp; McBeth, B. (2006). Circle of strength: A 20-year old initiative in Saskatchewan is having a significant impact on the recruitment, retention and success of First Nations and Metis students in nursing education. <i>Canadian Nurse, 102</i>(4), 22-26.</p> <p><b>Research Method:</b> The authors share results of the National Native Access Program to Nursing in Saskatchewan.</p> <p><b>Relevant Conclusions:</b> The need for community partnerships, culturally relevant curriculum and student support to promote success.</p>
<p><b>Author/Citation:</b> Browne, A. &amp; Varcoe, C. (2006). Critical cultural perspectives and health care involving Aboriginal peoples. <i>Contemporary Nurse, 22</i>(2), 155-167.</p> <p><b>Research Method:</b> The authors critically review assumptions/ideas about culture/cultural sensitivity and how it influences nurses' perceptions of Aboriginal peoples and Aboriginal health.</p> <p><b>Relevant Conclusions:</b> Carefully consider how we are conceptualizing culture – be aware of how our perspectives are influences by our views of culture; develop a multi-dimensional understanding of culture as power-laden, and with political, historical, and socio-economic influences; know culture as a relational process that is influenced by racism, colonialism, historical circumstances and current politics. If we don't do this, then we marginalize further.</p>
<p><b>Author/Citation:</b> Doutrich, D., Arcus, K., Dekker, L., Spuck, J. &amp; Pollock-Robinson, C. (2012). Cultural safety in New Zealand and the United States: Looking at a way forward together. <i>Journal of Transcultural Nursing, 23</i>(2), 143-150. doi: 10.1177/1043659611433873</p> <p><b>Research Method:</b> Interpretive hermeneutic</p> <p><b>Sample:</b> 12 nurses</p> <p><b>Research Aim:</b> To explore notions of cultural safety described by nurses with deep experience of it and to uncover how this could inform U.S. nursing education and practice.</p> <p><b>Relevant Findings:</b> Reflection, having knowledge about self, understanding power</p>

differentials within relationships, the importance of walking alongside students rather than ‘standing over’, the motivation that nurses have to get cultural safety ‘right’ in their practice, and appreciating the evolving nature of cultural safety.

**Author/Citation:** Juntunen, C., Barraclough, D., Broneck, C., Seibel, G., Winrow, S. & Morin, P. (2001). American Indian perspectives on the career journey. *Journal of Counseling Psychology*, 48(3), 274-285. doi: 10.1037/0022-0167.48.3.274

**Research Method:** Exploratory qualitative

**Sample:** 18 Northern Plains American Indians

**Research Aim:** To explore the definitions and meanings of career and career choices or career development among an American Indian sample and to identify related concepts generated by the participants.

**Relevant Findings:** Meaning of career and success is a collective experience where educational level appeared not to make a difference in the participants’ beliefs and experiences, supportive factors, presence of obstacles, and living in two worlds were further elements expressed by participants. Finding happiness, setting and achieving own goals, and finding oneself were described as measures of success.

**Author/Citation:** Kirkness, V. & Barnhardt, R. (1991). First Nations and higher education: The four Rs – respect, relevance, reciprocity, responsibility. *Journal of American Education*, 30(3), 1-15.

**Research Method:** The authors examine implications of respect, relevance, reciprocity and responsibility, and how these initiatives transform education.

**Relevant Conclusions:** The great need for capacity-building; remote communities often respect self-reliance, holistic knowledge; need for relationships, respect, responsibility, reciprocity; teaching/learning is a 2-way process, give and take creates understanding; make an effort to understand; it is not enough for us to focus on retention - need to focus on the 4Rs.

**Author/Citation:** Martin, D. (2012). Two-eyed seeing: A framework for understanding Indigenous and non-Indigenous approaches to Indigenous health research. *Canadian Journal of Nursing Research*, 44(2), 20-42.

**Research Method:** The author presents two-eyed seeing as a theoretical framework embracing both Indigenous and Western worldviews, and how this helps us understand health, and prevents domination or undermining of one view or another.

**Relevant Conclusions:** We must value alternative ways of knowing; two-eyed seeing as spoken about by Mi’kmaw Elders bridges Western science and Indigenous knowledge; health research must be community-based, with methodologies that reflect community needs; two-eyed seeing doesn’t mean we have to isolate the two knowledge types, but rather reflect on how colonization plays a role; be attentive to the strengths/insights of both perspectives; and learn to appreciate multiple perspectives – learn to see through both eyes.

**Author/Citation:** Martin, D. & Kipling, A. (2006). Factors shaping Aboriginal nursing students' experiences. *Nurse Education in Practice*, 6, 380-388.

**Research Method:** Ethnographic Study

**Sample:** 31 nursing students were interviewed (face-to-face)

**Research Aim:** To examine the experiences of undergraduate Aboriginal nursing students in two Canadian schools of nursing.

**Relevant Findings:** Curriculum must be relevant; mentorship is necessary; and involvement from the community is required.

**Author/Citation:** Martin, D. & Seguire, M. (2013). Creating a path for Indigenous student success in Baccalaureate nursing education. *Journal of Nursing Education*, 52(4), 205-209. doi: 10.3928/01484834-20130314-01

**Research Method:** The authors share experiences from the creation of a cohort initiative at the University of Manitoba, designed to enhance retention of Indigenous students.

**Relevant Conclusions:** Culturally supportive environments very conducive; value in integrating indigenous epistemology and pedagogy into program delivery; cohort approach helpful; reducing course workload for students (more manageable); need for academic and personal counseling; necessary professional development for instructors (for cultural competence, relationship building techniques with students, student-centered approaches); need for mentorships; and continuity of instructors.

**Author/Citation:** Pijl-Zieber, E. & Hagen, B. (2011). Towards culturally relevant nursing education for aboriginal students. *Nurse Education Today*, 31, 595-600. doi: 10.1016/j.nedt.2010.10.014

**Research Method:** The authors propose nursing education models they believe will promote success in Aboriginal nursing students.

**Relevant Conclusions:** Existing curriculum/pedagogy is 'white'; curriculum culture must align with students; cultural relevance needed (students shouldn't have to adapt); bicultural curriculum should be a central theme; need more field dependence and global processing focus; holistic perspectives needed; and more encouragement of observational learning and groupwork.

**Author/Citation:** Rigby, W., Duffy, E., Manners, J. & Latham, H. (2011). Closing the gap: Cultural safety in Indigenous health education. *Contemporary Nurse*, 37(1), 21-30. doi: 10.5172/conu.2010.37.1.021

**Research Method:** Qualitative, exploratory

**Sample:** 36 Indigenous students, focus group interviews

**Research Aim:** To identify strategies helpful in sustaining students in nursing program, and to identify/address barriers to the retention of students, to empower students to prepare for university environment, and to inform academics how to provide a more culturally safe learning environment.

**Relevant Findings:** Areas of need: culturally relevant curriculum, culturally relevant pedagogy, faculty/student relationship, cultural safety (safe to express themselves), and flexibility in teaching and learning.

**Author/Citation:** Smye, V., Josewski, V. & Kendall, E. (2010). Cultural safety: An overview. Retrieved from:

[http://www.mooodisorderscanada.ca/documents/Publications/CULTURAL%20SAFETY%20AN%20OVERVIEW%20\(draft%20mar%202010\).pdf](http://www.mooodisorderscanada.ca/documents/Publications/CULTURAL%20SAFETY%20AN%20OVERVIEW%20(draft%20mar%202010).pdf)

**Research Method:** The authors explore cultural safety as it applies Indigenous health.

**Relevant Conclusions:** necessity of reciprocity and relationship building when working with Aboriginal peoples; need to recognize Indigenous practices/cultures; need cultural safety education; just the act of being a student puts students at cultural risk; need for culturally relevant curriculum, culturally safe learning environments and respectful learning encounters; be aware of racism; and engagement/collaboration with communities can promote retention.

**Author/Citation:** Stansfield, D. & Browne, A. (2013). The relevance of Indigenous knowledge for nursing curriculum. *International Journal of Nursing Education Scholarship*, 10(1), 1-9. doi: 10.1515/ijnes-2012-0041

**Research Method:** The authors discuss how nursing educators may consider introducing Indigenous knowledge into curricula in respectful and sustainable ways.

**Relevant Conclusions:** In order to understand cultural safety, we need Indigenous knowledge (IK), then incorporate IK into curriculum in a culturally safe way ; implement “two-eyed seeing”; learning how to be relational and share power with others; learn about ethical space (where neutral, cooperative inquiry can occur); concept of ‘othering’; and allow professional development time for instructors (to develop IK).

**Author/Citation:** Villegas, M. (2009). This is how we “role”: Moving toward a cosmogonic paradigm in Alaska Native education. *Canadian Journal of Native Education*, 32(1), 38-56.

**Research Method:** Qualitative

**Sample:** 31 recognized Alaska Native community educational leaders

**Research Aim:** To describe the Alaska Native Policy Center’s efforts to develop a role-centered conception of educational success that contrasts school and culture-centered conceptions common in Indigenous education research.

**Relevant Findings:** Success was centered on students’ sense of belonging as a human being (in relation to one’s responsibility to natural and spiritual realms), belonging in the community (for example: responsibility to others), and belonging in an individual role (in relation to one’s own unique skills and talents).

## Appendix C: Trinity Western Research Ethics Board Approval



**TRINITY WESTERN UNIVERSITY**  
**Research Ethics Board (REB)**  
**CERTIFICATE OF APPROVAL**

Principal Investigator: Marti Harder  
 Department: Master of Science in Nursing  
 Supervisor (if student research): Dr. Barbara Astle, Dr. Sonya Grypma  
 Co-Investigators: None

**Title:** Defining Success of Indigenous Health Students in Community-based Programs

REB File No.: 13G21  
 Start Date: January 14, 2014  
 End Date: September 1, 2014  
 Approval Date: January 14, 2014

**Certification**

This is to certify that Trinity Western University Research Ethics Board (REB) has examined the research proposal and concludes that, in all respects, the proposed research meets appropriate standards of ethics as outlined by the "Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans".

Sue Funk, B.A.    for  
REB Coordinator

Bill Badke, M.Th., M.L.S.  
REB Chair

**This Certificate of Approval is valid for one year and may be renewed.  
 The REB must be notified of all changes in protocol, procedures or consent forms.  
 A final project form must be submitted upon completion.**

7600 Glover Rd., Langley, BC, Canada, V2Y 1Y1 Telephone (604) 888-7511, Fax (604) 513-2047

**Appendix D: Letter of Introduction**  
**(original letters were on Trinity Western University letterhead)**

**Letter of Introduction**

**Describing Success of Indigenous Health Students in Community-based Programs**

My name is Marti Harder, and I am a Master of Science in Nursing student at Trinity Western University in Langley, British Columbia, Canada. I am the Principal Investigator for a study and am interested in exploring how to better understand and foster success of Indigenous students in community-based healthcare programs from the perspective of community members.

If you volunteer as a participant in this study, you will be asked to share your experiences in a one-on-one interview with the Principal Investigator. The interviews will be approximately 30-60 minutes in length, and will take place at a mutually agreed upon time and place. The interviews will be audio recorded and field notes will be written. All information is confidential and each person's identity will be kept anonymous.

This research may benefit other Indigenous communities, as well as educational institutions in providing insight in how communities view and foster success of Indigenous healthcare students. This could potentially influence curricula changes of healthcare programs for Indigenous students in this community and other communities in the future.

If you are interested in participating in this study, please contact me by email at: XXXX or by telephone at (XXX) XXX-XXXX.

With thanks, and respectful regards,

Marti Harder

**Appendix E: List of Questions for Semi-structured Interviews**

1. Can you please describe to me your role in this community?
2. How are you involved in the healthcare programs delivered here, in this community?
3. When you hear the terms ‘successful Indigenous healthcare students’, what comes to your mind?
  - a). Can you tell me more about that?
  - b). Can you give me any examples that come to mind for you?
4. What do you think are the motivations for students entering a healthcare program here, in your community?
5. What supports have you seen, or have you given to healthcare students that have helped students achieve success as you described it earlier?
6. Is there anything else that you would like to add?
7. Do you have any other thoughts or questions for me, that I haven’t yet captured, that you would like to add to this topic?

## Appendix F: Consent Form

**Approval Date: January 14, 2014**

### Consent Form

#### **Describing Success of Indigenous Health Students in Community-based Programs**

**Principal Investigator:** Marti Harder, Graduate Student, Master of Science in Nursing, Trinity Western University. Phone: XXX-XXX-XXXX. Email: XXXX

**Supervisor:** Dr. Barbara Astle, Associate Professor, School of Nursing, Trinity Western University. Phone: 604-888-7511, Ext 3260. Email: [barbara.astle@twu.ca](mailto:barbara.astle@twu.ca)

This research is part of a Capstone Project submitted in partial fulfillment of the requirements for the degree of Masters of Science in Nursing at Trinity Western University.

**Purpose:** The purpose of this study is to explore how to better understand and foster success of Indigenous students in community-based healthcare programs. The primary research questions, which will guide the interview, are:

1. How do Indigenous students and community stakeholders describe success in community-based healthcare programs?
2. What factors are identified by Indigenous students and community stakeholders that influence success of students in community-based healthcare programs?
3. In what ways can success of Indigenous students in community-based healthcare programs be promoted?

**Procedure:** If you agree to participate, you will be interviewed for 30-60 minutes by the Principal Investigator. This interview will occur at a mutually agreed upon location and time between the participant and the researcher. The interview will be audio recorded. After the interview, there will be a short debriefing session. You will be provided with a copy of the consent form for your records. A summary of the research findings will be available to participants by contacting the Principal Investigator.

**Risks:** There are no anticipated risks to the participants of this research study. If you feel at any point you need to withdraw from the study, you may do so with no negative consequences.

**Benefits:** The benefit for participating in this research study is to provide insight in how communities view success of Indigenous healthcare students. This could potentially influence curricula changes of healthcare programs for Indigenous students in this community and others in the future.

**Confidentiality:** Any information that is obtained from this study and that can be identified with you will remain confidential and will be disclosed only with your permission or by law. Research materials will be identified by a participant number and kept in a secure digital file stored on a password-protected computer. A key code (linking participant names to participant numbers) will be stored in a separate secured electronic file, apart from the data. All hard copy documents will be stored in the researcher's safe for a period of five years. At the completion of the five year period, all hard copy documents will be shredded. Data recordings and transcripts will be kept for five years after the study is completed on a flash drive in the researcher's safe. After this time period, they will be destroyed.

**Remuneration / Compensation:** You will be provided with a small gift, as a "thank you" for participating in the study, and you will receive it after the interview is completed. If you withdraw from the study at any point, you may keep the gift.

**Contact information about the study:** If you have any questions or desire further information about this study, you may contact Marti Harder (the Principal Investigator) at (XXX) XXX-XXXX, or by email: XXXX.

**Contact information about the rights of study participants:** If you have any concerns about your treatment, or rights as a research participant, you may contact Sue Funk in the Office of Research, Trinity Western University at 604-513-2142 or [sue.funk@twu.ca](mailto:sue.funk@twu.ca).

**Consent:** Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without any negative outcome to you. If you wish to withdraw at any time, please let the Principal Investigator know of your decision not to continue and your answers and information will be removed from the study and destroyed. No information that you have given will be included in the study.

**Signatures:** Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study, and that your responses may be put in anonymous form and destroyed after the completion of this study.

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Research Participant Signature

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Date

---

Printed name of the Research Participant signing above

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Researcher Signature  
Marti Harder

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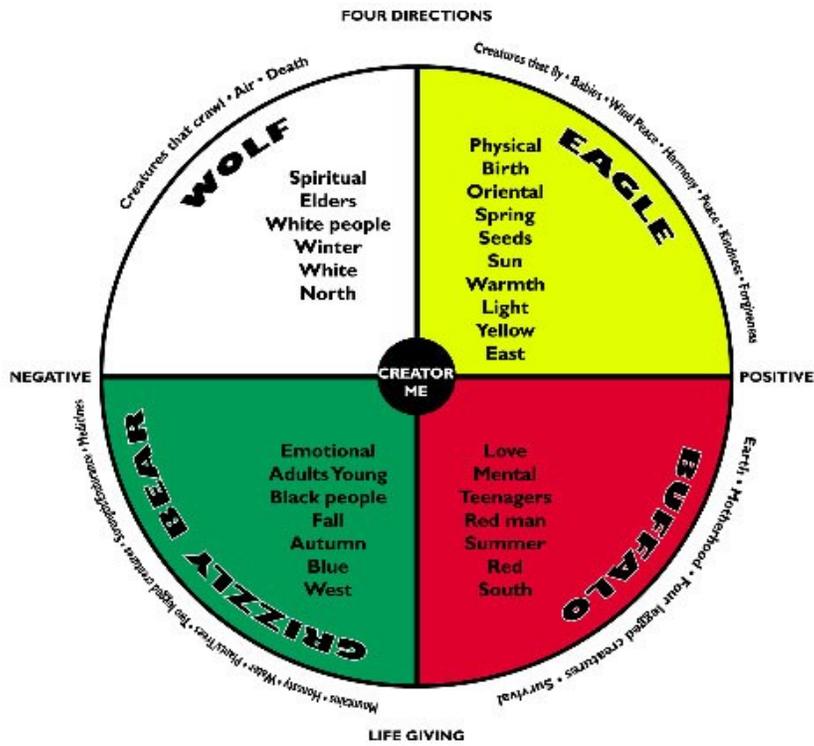
Date

**Appendix G: Code Book**

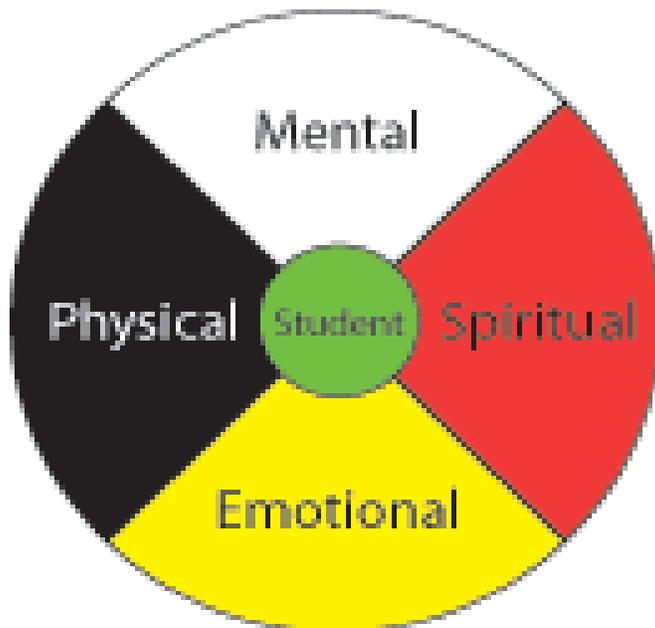
1. Academic Community Needs
  - A. Quality of Life
  - B. “don’t have to move”
  - C. Accessibility
  - D. “Stepping Stone”
  - E. Education is a tool
  - F. Flexibility in curriculum
  - G. Meeting the needs of the community (elderly, chronic wounds, health programs / services, educational programs – for all ages)
  - H. Building bridges with non-Native community
  - I. Visible education
  - J. Graduation
  
2. Influence of Culture
  - A. Not in a position to move because of family
  - B. Culture within curriculum
  - C. Cultural obligations
  - D. Influence of personal beliefs
    - a. “no accident that the student(s) are on this path with the participant”
  - E. Cultural Beliefs
    - a. “Medicine Wheel”
  
3. Influence of living on the Reserve
  - A. Fear of leaving
  - B. Safety net
  
4. Influence of Others
  - A. Personal development (confidence, esteem, worth)
    - a. “healing of the broken spirit”
    - b. Being happy where they’re at
    - c. Previous success promotes confidence
  - B. Performing an initial academic assessment
  - C. Accommodation of student circumstances
    - a. Social issues
  - D. Academic growth
  - E. Recovering from addictions
  - F. Belief/Faith in students (teachers believing in students; students believing in themselves)

- a. Committing to walk with the student(s)
  - G. Encouragement
  - H. Receive funding
  - I. Balance and wellness
  - J. Discovering gifts
  - K. Recovering from abuse
  - L. Influence of family support
    - a. Influences of past experiences – “prevent one from moving forward”
    - b. Presence of family support
    - c. Lack of family support
  - M. Found voice
  - N. Peers / Community (include: grade school experiences)
    - a. Peer / Community Pressure
    - b. Role Models
  - O. Government influences
  - P. Influence of Racism
5. Influence of Relationships
- A. Shared history
  - B. Care for their well-being (genuine “looking out for the well-being of the students”)
  - C. Expectations
  - D. Being honest with your feelings
  - E. Requirement of Trust
6. Making Choices
- A. Making things better for the next generation
  - B. Choosing a path
  - C. Taking control of your “own” life
    - a. Helping oneself
  - D. Being accountable to self
  - E. Being a positive role model for others
7. Characteristics of the Learner
8. Barriers to Success (fears)
9. Characteristics of the Teacher

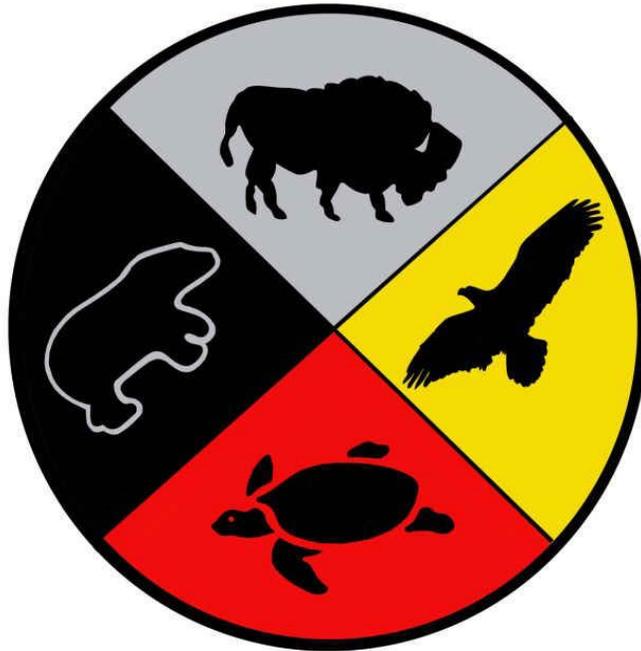
Appendix H: Medicine Wheel Images



(source: [www.ammsa.com](http://www.ammsa.com))



(source: [www.scides.com](http://www.scides.com))



(source: [www.gatheringofcircles.com](http://www.gatheringofcircles.com))



(source: [www.unya.bc.ca](http://www.unya.bc.ca))

**Appendix I: Photographs of Bridges in Community Area**



(Photo credits: Marti Harder)

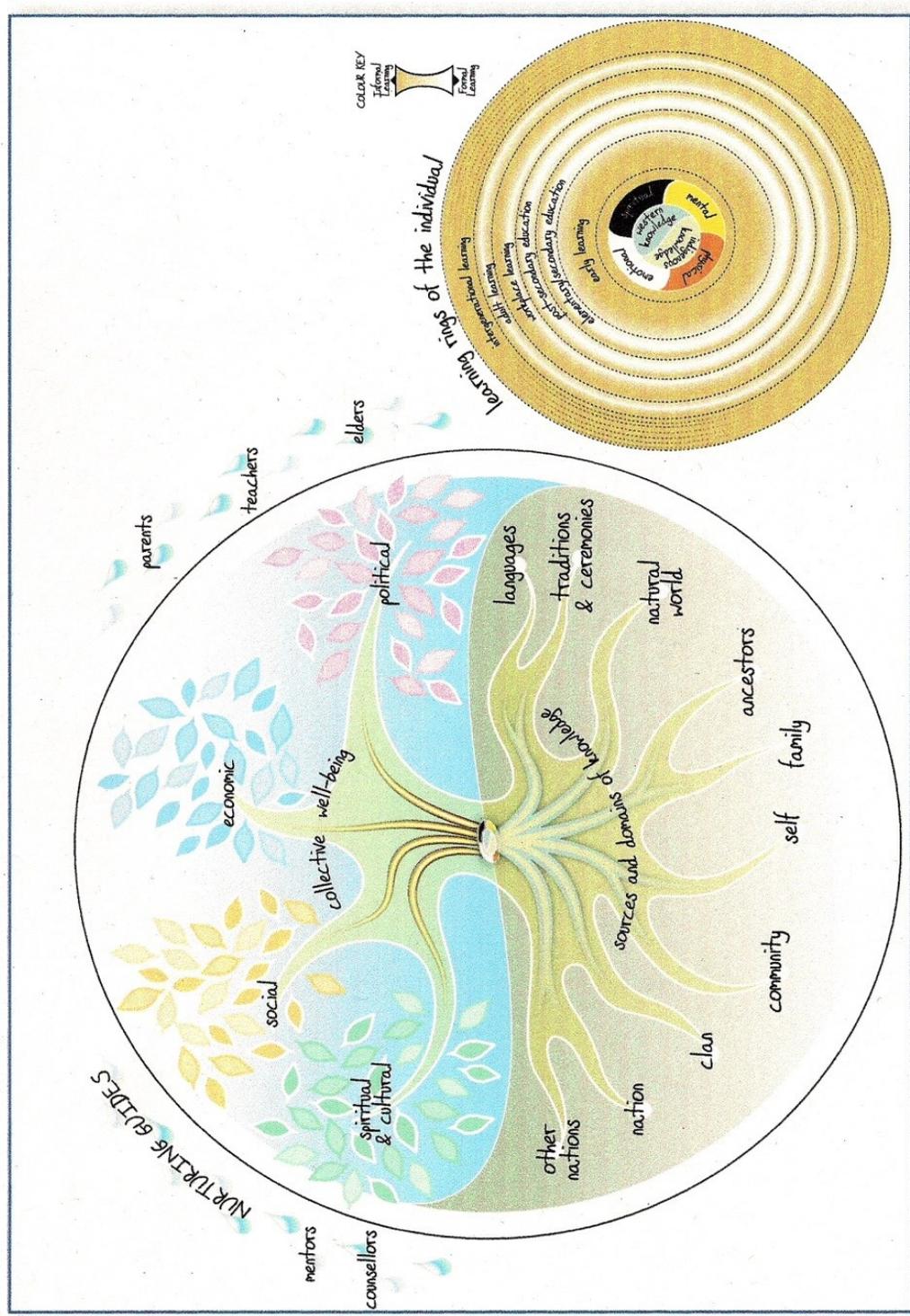


(Photo credits: Marti Harder)



(Photo credits: Marti Harder)

Appendix J: First Nations Holistic Lifelong Learning Model



(Source: www.ccl-cca.ca)