

UAKN Atlantic Research Report:

Aboriginal Nursing Students' Capacity to Succeed in a Baccalaureate Nursing Program:
An Exploration of the Experiences of Aboriginal Nursing Students Who Have Primarily
Resided in an Urban Environment Compared to Those Who Have Lived Primarily in an
Aboriginal Community

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Background

Historically, Aboriginal students have been underrepresented in schools of nursing across Canada. A Health Canada funded report, released in 2007 titled *Against the Odds: An Update on Aboriginal Nursing in Canada*, examined the number of Aboriginal nursing students who self-identified as Aboriginal in schools of nursing across Canada. The report estimated an increase of less than 500 students from 2002 to 2007. These low numbers continue to be an ongoing trend of disproportional representation of Aboriginal people in the nursing workforce. Based on a 2011 *National Household Survey*, it is estimated that 4.3% of the overall Canadian population has Aboriginal ancestry, while 2.9% of the registered nursing workforce reports Aboriginal ancestry. Recruitment and retention of Aboriginal students continues to be a challenge for most schools of nursing in Canada. However, some universities are making intentional efforts to recruit, retain, and graduate Aboriginal nursing students. For instance, the University of New Brunswick (UNB) Faculty of Nursing in-house statistics indicate an exponential increase in the numbers of Aboriginal nursing students who have successfully completed degree requirements. Graduation of Aboriginal nursing students has increased from a total of 9 students in 18 years (1990-2008) to 27 students in 7 years (2009-2016) (Perley-Dutcher, 2016). These statistics are reflective of directed recruitment and retention efforts led by the Aboriginal Nursing Initiative (ANI) at UNB. Success in this UNB nursing program is a direct result of targeted strategies that include: hiring an ANI Director and Coordinator who have direct contact with and provide support to Aboriginal students; developing a curriculum that is inclusive of Indigenous ways of being/learning and knowing and offering a course on Aboriginal Health Issues (Perley-Dutcher, 2016).

In an effort to improve upon and have a better understanding of the impacts of the changes that have been implemented by the ANI at UNB, a research team was established to formulate a proposal and to guide the study. The research team consisted of two co-investigators who were Nursing Faculty Members involved with the ANI at UNB, the UNB Faculty of Nursing Undergraduate Program Director, three urban Aboriginal community partners affiliated with the Union of New Brunswick Indians, the Aboriginal Peoples Council, the Indigenous lead at the Department of Education in New Brunswick, the Elder-in-residence at St. Thomas University a Mi'kmaq Elder, and an Indigenous student researcher enrolled in the Masters of Nursing program at UNB. The study examined Aboriginal nursing students' perspectives about factors that either supported or were barriers to their success in the UNB nursing program. Of particular interest was to identify any differences between Aboriginal students who resided primarily in an urban environment compared to those who have lived primarily in an Aboriginal community. Several preliminary themes emerged from the study including: ways of being and learning, perceptions of marginalization, connections/relationships and belonging, and issues related to self-identities, and learning to value their own culture (Reid, Perley-Dutcher, Wilson, & Amirault, 2016). The research was funded by the Urban Aboriginal Knowledge Network Atlantic Research Centre (UAKN Atlantic), which is supported through a Social Sciences and Humanities Research Council Partnership Grant.

Method

Research Design

The proposed study used a participatory action research design, in which the members of the research team (Appendix A) shared responsibility for the study and worked collaboratively to refine the research questions, collect and analyze data, and disseminate results. The study was grounded in an interpretive phenomenological approach that facilitated the co-construction of meaning of the lived experience of being in the world (van Manen, 1997). This approach assisted with the development of a shared understanding of what it is like to be an Aboriginal nursing student adapting to, and learning in, an undergraduate nursing program. An Aboriginal student researcher conducted interviews with 15 participants, and together the research team analyzed the transcribed interviews. The interviews ranged from ten minutes to two hours, with an average duration of 30 to 45 minutes. This research proposal received approval by the Research Ethics Board at the University of New Brunswick, prior to conducting the research.

Research Question

The purpose of this research study was to understand the experiences of Aboriginal nursing students enrolled at UNB, how they develop the capacity to succeed in a baccalaureate nursing program, and what, if any, differences existed between those who have lived primarily in an urban environment compared to those who have lived primarily in an Aboriginal community prior to enrolling in the nursing program.

Research Objectives:

1. To identify the experiences of Aboriginal nursing students who are enrolled in the UNB baccalaureate nursing program – both those who have lived in urban environments and those who have lived in Aboriginal communities
2. To understand the strengths and assets of Aboriginal students that contribute to success during their time in the program
3. To understand the barriers to success encountered by Aboriginal nursing students enrolled in the nursing program
4. To understand interventions that have supported students' learning and progression through the nursing program
5. To use students' accounts of their experiences to develop approaches that support resiliency during their university education
6. To identify any variation in strategies required for success of students who have grown up in an Aboriginal community and those who have spent the majority of their lives in an urban environment.

Sample and Invitation

The population in this study were nursing students who self-identified as being of Aboriginal ancestry and were currently or previously enrolled in the bachelor of nursing program (Moncton, Fredericton, or Bathurst sites) at the University of New Brunswick. At the time of the interviews, most participants were still enrolled in the program and two participants had graduated. No participants had withdrawn from the research study. There were a total of 15 participants in the study.

Invitations to participate in the research project were sent via email to all current students and to those previously registered in the Aboriginal Nursing Initiative. Posters introducing the project were also placed on bulletin boards accessible to nursing students. The invitation introduced the study and asked interested participants to respond via email for further information. Participants received detailed information about the study and a consent form was sent for their review and signed at the interview. The study was explained to the participants by the interviewer and all were aware that they could withdraw their participation at any time during or after the interview.

Research Findings

Demographic Data

The average age of participants was 24 years of age. Fourteen identified as female and one as male. Only one of the participants was married but three participants indicated that they have dependent children. The majority of participants grew up on reserve (11) in their home community and only four participants grew up off reserve. Eleven of the 15 participants indicated a community affiliation and 10 of those identified that they were from a rural community and one identified being from an urban community. Participants were asked how they entered the UNB Bachelor of Nursing Program and it was found that six were transfer students, five through designated seats, two through the MWC bridging program, one through the competitive process and one through another avenue. Two of the participants had completed the UNB Bachelor of Nursing Program while 13 indicated that they were currently still in the program. Eleven of the participants were receiving funding to attend the program and four were not receiving funding. Seven were working while going to nursing school and eight identified as not currently working (Table 1).

Table 1

Demographic Characteristics of Sample (N = 15)

| Variables | Number | % |
|-------------------------|--------|-------|
| Gender | | |
| Male | 1 | 6.7% |
| Female | 14 | 93.3% |
| Marital Status | | |
| Married | 1 | 6.7% |
| Single | 14 | 93.3% |
| Dependent Children | | |
| Yes | 3 | 20.0% |
| No | 12 | 80.0% |
| Reserve | | |
| Lived on | 11 | 73.3% |
| Lived off | 4 | 26.7% |
| Community (n=11) | | |
| Rural | 10 | 90.9% |
| Urban | 1 | 9.0% |
| Completed Program | | |
| Yes | 2 | 13.3% |
| No | 0 | 0.0% |
| Current student | 13 | 86.7% |
| Funding received | | |
| Yes | 11 | 73.3% |
| No | 4 | 26.8% |
| Paid Employment | | |
| Yes | 7 | 46.7% |
| No | 8 | 53.3% |
| Entered Nursing Program | | |
| Bridging Program | 2 | 13.3% |
| Designated Seat | 5 | 33.3% |
| Transfer | 6 | 40.0% |
| Competitive | 1 | 6.7% |
| Other | 1 | 6.7% |

Emerging Themes

From the interviews, eight major themes emerged from the narratives of Aboriginal nursing students who either lived on a First Nation community or in an urban setting. The major themes include: developing self-identity, ways of being and learning, influence of family and community, ability to find balance, self-efficacy, perceptions of marginalization, connections with peers/family/community/ANI/university, and *yalitahasuwin*¹. These major themes are considered in relation to the lived experiences of those who live primarily on an Aboriginal community and those who live primarily in an urban setting.

Self-Identity. Participants in this study expressed a common belief and awareness that they are different from non-Aboriginal students. A perceived difference, either positive or negative, seemed to influence the students' feelings of being accepted and valued. An excerpt supports the idea of perceived differences:

I guess what made me feel really valued and included is one of the clinical groups from our nursing program attended the pow wow... and they were able to see what my culture is about and see the different regalia... showing appreciation and value towards my culture made me feel really included and really happy about it. (participant 005)

It is evident that this student's identity is tied to cultural events like a pow wow and the idea that fellow students would have the opportunity to attend a cultural event made her feel valued. It was very important to most participants that their fellow non-Aboriginal peers understand and accept Aboriginal people and their culture. Participants also spoke of their identity as often positioning them in vulnerable situations as they often felt judged by fellow students and sometimes by instructors. Some students choose not to disclose their identity to other students, as a student reveals: "I have always been quiet about my race" (participant 011), while others students who were visibly Aboriginal often felt exposed: "there's no hiding it" (participant 01). Participants who have physical attributes that identified them as Aboriginal contributed to their perceptions of their self-identity. For instance, if a student didn't look Aboriginal then they often felt invisible and those who did look Aboriginal felt that their identity was at the forefront of their identity as a student.

Aboriginal nursing students who found it difficult to fit in with non-Aboriginal students often described it as "not feeling included" or "not being heard." This feeling was experienced by several students and often led to further isolation from the group. Their perceptions of self-worth are very much tied to how other students perceive them; as a protective factor they coped by seeking out others who would accept them, such as other Aboriginal students/friends, ANI support staff, nursing instructors, and family. These supports were described as people who they could relate to and people who accepted them. It is here that we understand the importance of supports of others in strengthening the Aboriginal students' identity.

¹ A Mi'kmaq and Maliseet word that describes ancestral knowledge and inner knowing.

Students' subsequent success in the bachelor of nursing program seems to be moderated by the balancing of many identities, as an Aboriginal person, as a nursing student, as a family member, and so on. How these identities are expressed and how they are further developed or nurtured during the university experience becomes important when considering factors that lead to or hinder the success of the student. Aboriginal students' construction of their identities is influenced by a variety of factors that include relational and cultural connections, ways of being and learning, ability to find balance, perceptions of marginalization, self efficacy, and influence of family and community. Students who enter the program bring with them a variety of life experiences that influence how they are perceived, and how they are subsequently able to negotiate, the university experience. These experiences, as do the supports they require to succeed, differ depending on the context of their lives, including how and where students' lived prior to entering the program.

Ways of Being and Learning. A worldview reflects a person's values and beliefs of seeing the world and how one relates to others. It also impacts a person's way of being and learning. For many of those interviewed, altruism often influences their choice to become a nurse; helping others comes from previous experiences of caring for family. Valuing connections with others arose as an important value, as the participants frequently discussed the importance of building relationships with their patients. The idea of valuing relationships as foundational in providing care was also articulated by Elder Miigam'agan who stated that "relationships are at the center and the rest is secondary" (personal communication, 2016).

Often the participants' ways of learning and being differed from those generally accepted in the nursing program. Ways of knowing and communicating knowledge was reflective of storytelling and oral instruction. Building a relationship with clinical and course instructors supported this style of learning. However, it was identified that these ways of learning often collided with the need to be concise in writing assignments, charting in the clinical setting and other documentation. Sometimes focusing on client's personal context was perceived as weaknesses, as verbalized by the participants themselves and their beliefs about expectations in the clinical setting. In other areas of learning like in classroom assignments often group work is commonly used to facilitate learning in the nursing program, participants explained that it often led to feelings of marginalization and low self-esteem. The participants also expressed feelings of vulnerability related to the tensions created between their ways of learning and how they are expected to participate during group work. This led students to question their own identity: "And a lot of it comes from like doing the charting, to condensing information into just really more concise information, and not story-telling. I'm kind of like a storyteller, so I write how I speak sometimes. So that was kind of a challenge for me..." (participant 005).

Influence of Family and Community. Participants described family as either a support or a barrier to their educational success. At times, family needs challenged the ability of participants to focus on schoolwork and clinical placements. Some participants

discussed how their family circumstances motivated them to enter university with hopes of following a different path from that of some family members. Family members were either seen as examples of success or as people who needed to be cared for. In some cases, family provided financial support and often influenced decisions to go to university to become a nurse. In these instances, family expectations were a motivator for success during university. Others had to balance caring for self and children or other family members while in the program, others went to university to escape what they perceived to be the negative fate of other family members. Many students found that they were conflicted between their responsibility to family or being a student. These dual responsibilities could be difficult for most students to maintain throughout the program. For example, some students also spoke of how they would have to go home because someone was sick or had died in the immediate or extended family. There was a strong sense of duty to the family and community, and being present in times of difficulty, which could override attending class and completing assignments.

Students who had a connection to a First Nation community often made reference to the financial support that they received from their community. Some spoke of their frustrations associated with securing regular funding for post-secondary education. Those who didn't receive funding from a community rarely made reference to a community. Most students valued spending time with other Indigenous people because they didn't have to explain to them the complex nuances of being an Indigenous person. It was often assumed that other Indigenous people just understood from being part of the larger Indigenous community. Those who did not live on or grow up within an Indigenous community usually made no mention of community but tended to speak more of family support received. It was also clear that students who grew up away from community tended to have less understanding of cultural practices and some would initially not feel the need to be connected with other Indigenous people in the same way. It was also evident that students who lived off reserve tended to rely more on external resources for support, such as UNB student services, and would eventually connect with ANI support services over time.

Balancing. Nursing students' success in the bachelor of nursing program was influenced by their ability to balance and integrate many identities and ways of being as they learn, live and negotiate new and often unfamiliar environments. A student's historical context as an Indigenous person permeates their university experiences and is all encompassing, whether consciously considered or unconsciously experienced. The ways in which students' identities are expressed, nurtured and further developed during the university experience is influenced by numerous and often competing factors. The constructions of their identities are influenced by their ability to harness support from a variety of sources that include relational and cultural connections. Self-identity is intricately tied to feelings of self worth and confidence, alignment with personal ways of being and learning, an ability to continuously negotiate balance, the degree to which perceptions of marginalization are internalized, the development of self-efficacy, and influence of family, community, and university. Students who enter the program bring with them a variety of life experiences that influence how they perceive, and are subsequently able to negotiate, the university experience. These experiences, as do the

supports they require to succeed, differ depending on the context of their lives including how and where students' lived prior to entering the program.

In this study students had many responsibilities in addition to experiencing a very heavy workload in the nursing program. Financial stressors were paramount for students who had to respond to expectations of their community for continued funding and sometimes experienced the inability to access funding. All participants experienced being worried and feeling anxious and fearful of failing. In some cases, fear of failing or being perceived as a failure hindered their success and motivation to persevere. Students found it hard to keep balance but managed anxiety and stressors in a variety of ways of caring for self through exercise, diet, studying with other Aboriginal friends and creating connections through the Aboriginal Nursing Initiative. They also created balance through gaining experience and giving back to the community.

Self-Efficacy. From the beginning to the completion of their undergraduate nursing degrees, participants demonstrated increasing independence and confidence to navigate the university environment. Most participants discussed relative ease with navigating the application process for the Aboriginal Nursing Initiative, either directly from high school or through the bridging program at the Mi'kmaq-Wolastoquey Center.

Some participants had received guidance and support from their family throughout the program, whereas others demonstrated self-sufficiency without these customary supports. Participant 008 discusses her reason for persevering through the nursing program: "It was more self-motivation more than anything... I just felt like I had to finish what I started. So that was enough motivation for me." Alternatively, with a participant who revealed having much family support, questioned the right fit of the nursing program for her: "I'm... more just focused on like trying to stay on top of everything and making sure I don't fail" (Participant 008).

The participants in this study demonstrated the confidence and independence to meet with professors and clinical instructors to increase their capacity for success. During an early clinical experience, Participant 010 discussed the challenge of moderating her facial and vocal expressions, which was documented in her clinical evaluation by her clinical instructor. This participant was proactive in preventing future negative social interactions by arranging meetings with her clinical instructors: "I basically just met up with my clinical instructors, and tell them like, this is the challenge that I face" (Participant 010). Another participant discussed the difficult process of engaging with the director of ANI, student services, and nursing faculty to advocate for her capacity to succeed in the nursing program given her learning disability. Students talked about learning about taking more control over having their learning needs met, especially if they required any special accommodation. Several participants discussed adapting their habits to optimize time-management and studying within the university environment: "...over time I've found my own studying, like how to study. It took a lot of effort for myself too, not just depending on everyone else to do it for me. I had to work at it too but it was hard" (participant 007).

Another area where students learned to take control was dealing with funders and providing the necessary documentation that is required to obtain funding. Although several participants received financial assistance from their communities, there was independence in applying and arranging for other sources of income to support their education. Inspire Awards, a funding source specific to Aboriginal students, was commonly discussed as a source of scholarship funding.

Perceptions of Marginalization. Participants interviewed for this study identified many challenges encountered as a result of being Indigenous students enrolled in UNB's undergraduate nursing program. The following three themes emerged: experiences with subtle racism, differences based on physical appearance, and internalizing the effects of colonization. Participants who had physical attributes that identified them as Aboriginal felt that these features contributed to their perceptions of their self-identity. For instance, if a student did not look Aboriginal then they often felt invisible while those who did look Aboriginal felt that their identity was at the forefront of their being a student. They felt that they were perceived by others to be Aboriginal first in all facets of their university experience.

Experiences with subtle racism. All Indigenous students interviewed for this study articulated experiences with subtle racism within the university environment. The participants often had difficulty concisely naming these experiences referring more vaguely to these negative interactions as "little comments that are semi-racist" (participant 001) or "I don't know what the word is, I don't want to call it racism" (participant 08). Several participants described situations in which non-Indigenous nursing students and clinical instructors made overt comments that were premised on misconceptions about the realities of Indigenous peoples. Comments made related to 'perceived but unfounded benefits' of being Indigenous such as relief from the Canadian tax system, opportunities for designated seats for Indigenous students in the nursing program, and being exempt from expenses for a post-secondary education. The following excerpt highlights the experiences of subtle racism:

...and say that it's wrong that you have that right, and we have to pay for our school, and you get free school, you get free income, everything *free, free, free*, and a *free* house, and this and that. And I'm like, you know, this discussion would happen in a group setting where we're supposed to be concentrated on a group project. Not about the fact that I'm a native student, right, with this native status card... I wasn't looked at as a normal student going to school, I was looked at as oh, you're just getting handed this on a silver platter basically. (Participant 005)

These experiences with racism and prejudice contributed to students' feeling alienated from their non-Indigenous nursing peers and a lack of appreciation for cultural differences, at times lead to an erosion of confidence. The participants felt compelled to defend their race by continuously answering questions about misconceptions. At times, participants attempted to mask their Indigenous identity with hopes of evading racially

based encounters. The participant's perceptions of self were strongly influenced by the perceptions of others, both affirming and disconfirming. In response, the students would work disproportionately hard to prove their worth to their non-Indigenous classmates and professors.

Differences based on physical appearance. Experiences with marginalization differed based on the physical appearance of participants. Participants who described themselves as not having apparent physical features of an Aboriginal person were exposed to outsiders' perceptions of Indigenous nursing students. When interviewing these participants, they seemed more confident to label these types of negative interactions as racist. Participant 004 describes her experience:

My friends just assume that I'm white. They forget that I'm Aboriginal... There have been a couple [Aboriginal nursing students] who haven't succeeded in all of the courses. To me, like outside looking in, it seems like they feel that people were expecting that of them anyways. Like, they were expected not to achieve and they wanted to prove everyone wrong, but when they didn't, I think they kind of cowered back a little bit and feel kind of embarrassed. That's the sense I get, looking from the outside.

Many participants expressed uncertainty about fitting in with their Indigenous peers. One participant expressed relief with the welcoming demeanor of the Elder-in-residence. Another participant remembered feeling uncomfortable due to a lack of familiarity with widespread Indigenous cultural practices, such as smudging.

Internalizing the effects of colonization. Learning about the effects of colonization on the health outcomes of Indigenous peoples proved to be difficult for some participants. They identified an excessive focus in the nursing program on the health and social issues of Indigenous peoples in Canada, which may suggest a prevalent discourse that pathologizes Indigenous peoples. Some worried about their future health and that of their families, and their communities. One participant reflected on statistics presented in a textbook as symptoms of the intergenerational effects of colonization:

I had to stop reading, like halfway through my Aboriginal section of the textbook, because it was super disheartening and discouraging to read about all the things that is wrong with First Nations community... Just reading it all at one time, and I was like well this is like my entire culture and my population of people that are clearly very unwell... After looking at all the issues that my mother would have had to deal with, and her mother, and how that goes through generations. (participant 001)

However difficult it was for participants to come to terms with the social and health conditions of Indigenous people, these realities helped them to see the need for non-Indigenous peers to understand the relevance of learning about the social and health outcomes of Indigenous peoples. It was suggested several times that their peers would benefit from a mandatory 'Aboriginal Health Issues' class.

Connections. The strength and quality of connections and supports within and external to the university environment greatly influenced students' identities, self-efficacy and perceptions of self. Having connections to culture and community was important for students. Some students brought many cultural beliefs and practices to the university experience, while others developed understanding through connections with other Indigenous students in the program and specifically through involvement with the Aboriginal Nursing Initiative (ANI). The ANI provided different supports to different students by establishing unique connections with students depending on their needs. For many, the ANI faculty and staff were seen as navigators, supportive people to help them find their way through this often times marginalizing experience. Students who came from Indigenous communities relied almost solely on ANI for direction and support, rarely, if ever accessing the external university supports. The ANI Director was perceived by participants as the “go-to-person” and one who supported the Indigenous “presence” in the school. Students who lived off reserve tended to initially rely on external resources for support, often identifying and connecting with ANI over time. ANI created affirmation and confirmation for Indigenous students' identity:

Yalitahasuwin. A concept that evolved while the research team was reviewing the transcripts when participants described a way of being and inner knowing of ancestral knowledge that included attributes of wisdom, self-reflection, and insight. Participants also expressed a sense of responsibility for the seven generations in the past, present, and future. The sense of responsibility created a basic drive and understanding that what they do affects more than themselves and extends beyond the immediate and personal to include influence on family and community. The Mi'kmaq Elder described that “there is a cultural value that is held with this concept; an inner knowing of ancestral knowledge...it is more than one can see” (Miigam'agan, personal communication, 2016). The research team concluded that this concept could be best described in the Mi'kmaq and Wolastoq *latuwewakon* (Maliseet language) and the word *yalitahasuwin* was used to describe these attributes of what the participants were articulating in their responses. Many students were able to overcome challenges and persevere through the concept of *yalitahasuwin*, an internal understanding, and a cultural value that you carry or hold. This concept of *yalitahasuwin* also helped them to develop new capabilities and to persevere knowing who they are which helped them be successful.

Differences of Students Living On/Off Reserve. During the interview process it was interesting to note that the shortest interviews were conducted with participants who identified as living off reserve while growing up. Those who did not live on or grow up within an Indigenous community usually made no mention of community (on reserve) but tended to speak more of family support that they received. It was also clear that students who grew up away from community tended to have less understanding of cultural practices and some would initially not feel the need to be connected with other Indigenous people in the same way. It was also evident that students who lived off reserve tended to rely more on external resources for support (i.e. UNB student services etc...) and would connect with ANI support services over time as they felt more comfortable self identifying as an Indigenous person.

Discussion

The 15 Indigenous students who volunteered to participate in this study self-identified as being Indigenous or Aboriginal and were either current students or graduates of the program. These participants shared their struggles and challenges navigating a Western/Eurocentric education based nursing program that is often at odds with their Indigenous ways of being and knowing. The findings of this study support this idea that Indigenous students struggle to fit into a program that, at its core does not include their worldviews or accommodate their different ways of learning and being. It was discovered that Aboriginal students' capacity to succeed in UNB's Nursing Program required ongoing support from, and connection with, their peers, instructors and most specifically Indigenous people involved with the ANI. Participants expressed their experiences of racism and feeling marginalized while in the program. The feelings of not being accepted had a detrimental effect on participants' self-worth that contributed to fears of failure. However difficult, students found the academic program, they found internal strength and/or sought support from those who would understand their plight. A new concept emerged from this study, *yalitahasuwin*, a Mi'kmaq and Maliseet word used to describe a wide range of characteristics that provided strength and unique cultural value to the students. This new concept explains how the students used their ways of knowing and understanding to help them to succeed by helping themselves and others throughout their program. All students spoke of the challenges and how they eventually learned to navigate successfully within the program by drawing on supports from family, community, peers, faculty and ANI. The main differences between those who grew up off reserve compared to those who grew up on reserve was that they knew how to better navigate within the system and more nimbly utilized more university wide support services. However, they did eventually seek out more Indigenous based supports through the ANI. The off-reserve participants also valued and relied on connecting with other Indigenous students for sense of belonging and support. Those who grew up off reserve also tended to engage more readily with non-Indigenous students.

Recommendations

Participants were able to clearly articulate what they believed would help or would have helped them to succeed within the program. Many participants required a "go-to-person" (i.e. ANI staff) who understood their context and knew how to support them using a culturally safe, relevant and effective approach. Having a curriculum that is more culturally appropriate from an Indigenous perspective would help to facilitate a more welcoming learning environment for Indigenous students. Accommodating different ways of being and learning (i.e. allow time needed to learn, and demonstrations of skills prior to student having to perform new skill) is key. Creating a learning environment that addresses racial inequities requires zero tolerance policies related to racial discrimination. Moreover, education in anti-racism/anti-oppression and cultural safety is needed for students and faculty. Requiring that all nursing students take a mandatory course on Aboriginal Health Issues to increase their knowledge and understanding of the social and health inequities for Indigenous peoples was an important recommendation identified by most participants.

Knowledge Mobilization. Given the lack of specificity about the types of supports that help or hinder Aboriginal students' success at university, further synthesis of the literature is necessary to better determine the needs of this cohort. The faculty and staff who currently work with Aboriginal students in the ANI program at the Faculty of Nursing at UNB are well positioned to mobilize partnerships to support such knowledge synthesis. Partnerships can eventually transpire at the national level with other universities (e.g. the University of Ottawa and the University of British Columbia), since there is a political imperative to address the Truth and Reconciliation Commissions 94 Calls to Action with direct implications for the recruitment and retention of Aboriginal healthcare professionals. Partnerships with the Aboriginal community are integral to the effective translation of strategies to support Aboriginal nursing students beyond the academic setting. Importantly, partnerships with Elders are necessary for the mobilization of a knowledge system that is culturally competent, as they offer ancestral wisdom and insight into the cultural context of advanced education for Aboriginal students.

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