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Supporting Indigenous Students: A Critical Analysis of the Sociocultural Context of Nursing Education

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Graduate Program in Nursing
A thesis submitted in partial fulfillment of the requirements for the degree in Doctor of Philosophy
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Abstract

The purpose of this study was to critically examine the sociocultural context of nursing education as an institution. Using a postcolonial feminist theoretical framework and institutional ethnography, I illuminated the institutional complex of nursing education. This study addressed the following research questions: 1) How do practices, programs, and policies coordinate social relations within the institution of nursing education; and 2) How are Indigenous students' everyday lives shaped by the institution of nursing education?

Multiple methods were used to collect data, including: interviews, observations, and text analysis. Interviews were conducted with students, educators, and administrators and others involved in nursing education. Observations were conducted both formally, during interviews and meetings and informally, during my daily work within nursing education. Texts were collected to further explicate the institutional complex.

The findings from this study revealed that race and class ruled the institution. Analysis exposed two irreconcilable social relations: *Identifying as Indigenous* and *Identifying as a Nurse*, that were central work processes within nursing education. The intersection of race and class was organized around *Cultural Competence* that was prevalent throughout institutional discourse. *Cultural competence* reproduced colonial ideology that provided the basis for dominant knowledge and shaped inclusionary/exclusionary practices. Thus, idealized practices that were aimed at the inclusion of Indigenous students ran contrary to intentions, as students were socially stratified based upon race and class relations. The findings illuminate the need to cultivate additional attentiveness and action related to social inequities within nursing education. Recommendations have been made related to education, policy, and research.

Keywords: Indigenous nursing education, institutional ethnography, postcolonial feminist theory, social organization, social relations

Co-Authorship Statement

I, Kay Vallee, acknowledge that this dissertation includes three integrated manuscripts, Chapters Four, Five, and Six, which were developed as an outcome of collaboration with my supervisors and committee members. In the three manuscripts, the primary contributions were made by myself regarding the theoretical and methodological frameworks, methods, ethics and ethical considerations, literature review, data collection and analysis, mapping and writing the manuscript. The contributions of co-authors, Dr. Catherine Ward-Griffin, Dr. Yolanda Babenko-Mould, Dr. Jerry White, and Dr. Oona St-Amant were supervision, guidance, and intellectual and editorial support in writing the manuscripts.

Acknowledgments

I would like to acknowledge and thank the participants of this study, who shared both their time and stories with me. I would also like to recognize the Anishinabe peoples of the Great Lakes and the traditional land wherein this study ensued.

I have been privileged to have Dr. Catherine Ward-Griffin and Dr. Yolanda Babenko-Mould as co-supervisors. Dr. Ward-Griffin has provided me countless opportunities to grow through her own passion for advocacy, research, and nursing education. Through her dedication, she has pushed me past my own perceived capabilities and helped me to realize my aspirations. Dr. Babenko-Mould has been significant in providing me with encouragement and grounding me throughout this experience. Through her passion for research and nursing education, she challenged my ideas and helped me to grow and flourish. I am forever thankful.

I also want to extend my gratitude to my committee members, Dr. Jerry White and Dr. Oona St-Amant, who provided countless hours, reference letters, feedback, and words of encouragement. I am fortunate for Dr. White's wisdom, experience, and passion for Indigenous research and policy work and I am thankful for Dr. St-Amant's encouragement and ability to break down the complexities of institutional ethnography.

I would like to thank my family and friends, particularly my husband Greg for his unrelenting support and my girls, Audrey and Emma, who have intensified my purpose for advocacy work. As well, my colleagues and students who have shown great support through participation, interest, and encouragement. Finally, I am appreciative of the financial support from Ontario Graduate Scholarships, Sigma Theta Tau Iota Omicron Chapter, Registered Nurses Federation of Ontario, and the Registered Nurses Association of Ontario Provincial Nurse Educators Interest Group.

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Chapter 1: Introduction and Background

1.1 Declaration of Self

It is important to acknowledge my social location within this research. Being non-Indigenous and Euro-Canadian, I am of settler ancestry and identify myself as White and non-racialized. I do not see myself as racialized, as I am part of the dominant White group and do not experience racialization in a way that is apparent within my daily life. Within this racial location, focusing on the exclusion of Indigenous students questions my interest and motivation for premising upon this standpoint. Within my undergraduate experiences, I had the opportunity to engage with a First Nations community during a clinical placement. This opportunity helped me to identify the strengths of structuring health and community services within an Indigenous worldview, as well as the power of dominant knowledge and processes within First Nations health care. Once I became employed as a nurse educator, I had the opportunity to become an active member on an applied project that aimed to include Indigenous focused content into the health programs with the intention of increasing the enrollment, retention, and graduation of Indigenous healthcare providers. Through using a critical lens within this research, I was able to question how and why Indigenous knowledge was excluded from nursing education and provided the impetus for this study. As well, I had the opportunity to participate in the Indigenous Health and Wellbeing Summer Institute that provided me with a comprehensive understanding of the shared experiences of many Indigenous peoples in Canada and Indigenous research methodologies. As a result of these experiences, I have become involved with the academic site's Indigenous Education Department, Indigenous nursing students, and Indigenous community partners in various ways. These

relationships provided the foundation to build connections with participants within this study that helped to address power and power imbalances.

It is also important to acknowledge that neither myself nor the dissertation supervisors and committee members identify as having Indigenous ancestry. I did take measures to structure this research upon the work of Indigenous scholars with the intention of conducting this research in a good way. However, it would be remiss to not acknowledge how my own ways of being were very much a part of this critical analysis.

1.2 Introduction

Throughout this dissertation, the inclusive and international term ‘Indigenous’ is used to identify people and collectives who identify as being related to the First Peoples who resided in what we now call Canada and who identify as First Nations, Inuit, and Metis (Allan & Smylie, 2015; National Aboriginal Health Organization, 2017). However, it is important to understand that there is no accepted collective term for Indigenous peoples. In using the term Indigenous, it is generally understood that “individuals and communities will be supported in self-defining what it means to them” (Allan & Smylie, 2015, p. i). Indigenous was selected instead of the commonly used collective term ‘Aboriginal’ as Aboriginal is a government imposed, legal definition that encompasses First Nations, Inuit, and Metis (Allan & Smylie, 2015). Thus, ‘Aboriginal’ is an imposition of identity and reflects colonial relationships that are perpetuated into the present day by reproducing governmental control over Indigenous peoples’ identity.

In Canada, Indigenous students are underrepresented in nursing education and may encounter significant barriers in accessing many nursing programs (Canadian Association of Schools of Nursing, CASN, 2007). The challenges of accessing nursing education are reflected in the low numbers of Indigenous peoples enrolling in nursing

programs, the high attrition rates among Indigenous nursing students, and the underrepresentation of Indigenous nurses in practice (Anonson, Desjarlais, Nixon, Whiteman & Bird, 2008; CASN & Aboriginal Nurses Association of Canada, ANAC, 2013). The most current statistics estimate numbers of Indigenous nursing students have increased from 237 in 2002 to 730 students in 2007; however, high attrition rates remain (CASN, 2007). Attrition of Indigenous students is estimated to be as high as 50%, compared to 25% among non-Indigenous students (CASN, 2007; Canadian Nurses Association, CNA, 2009). As well, the representation of Indigenous nurses in practice constitutes 2.9% compared to 4.9% of Indigenous peoples characterized within the broader Canadian population (ANAC, 2014, Statistics Canada, 2017).

1.3 Context of Indigenous Nursing Education

Literature focused upon Indigenous nursing students and the sociocultural context of nursing education was quite limited. However, within the last decade in Canada, there has been a shift within nursing education literature toward a focus on Indigenous students. The impetus of this surge was a result of much of the work undertaken by the Canadian Indigenous Nurses Association (CINA, formerly ANAC) within the National Taskforce on Recruitment and Retention, formed in 2002. This taskforce conducted an overview of Indigenous nursing education in Canada as well as an update in 2007 (CASN, 2002; 2003; 2007). Both the original overview and the subsequent update provided demographic data, such as numbers of Indigenous students enrolled in nursing programs across the country and various supports and strategies that nursing programs employed to address the increased need for Indigenous nurses (CASN, 2007). Additionally, in 2004 the federal government provided over \$100 million in funding for five years of study through the Aboriginal Health Human Resource Initiative (AHHRI)

for projects aimed at increasing the number of Indigenous peoples in health professions, such as nursing and medicine (Health Canada, 2008). The focus of these updates and the AHHRI has been on the recruitment and retention of Indigenous students in nursing education, with the ultimate aim of increasing the numbers of Indigenous nurses in practice as the major indicator of success. Although these initiatives have been instrumental in identifying and enhancing the recruitment and retention of Indigenous nursing students, they are problematic. The focus on numbers of Indigenous students places the issue within the context of culture and race rather than within the broader sociocultural context in which the experiences of Indigenous students are located.

In 2009, as a project funded by the AHHRI, the CINA, CASN, and CNA partnered to conduct a literature review to integrate the literature related to Indigenous nursing students and provide necessary background information for nursing programs (ANAC et al., 2009a). This literature review further promoted an accompanying framework “Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nation, Inuit and Metis Nursing” (ANAC et al., 2009b). The purpose of the ANAC et al. (2009b) framework was to support the health needs of Indigenous peoples by educating future nurses and supporting the increase of Indigenous nurses in both nursing education and practice. The ultimate aim was to work toward the elimination of discrimination and disparity in the health care system. This was to be done by actively engaging in practices designed to maximize health, economic, and social benefits for all by promoting and integrating six core competencies that were identified as integral to the promotion of cultural competence and cultural safety: postcolonial understanding, communication, inclusivity, respect, Indigenous knowledge, and mentoring and supporting students for success (ANAC et al., 2009b).

The ANAC et al. (2009b) framework was quite broad in terms of application in order to appeal to the diversity among Indigenous peoples across Canada, as well as within health and academic settings. This generality poses challenges as nursing programs work through the integration of the core competencies. Mahara, Duncan, Whyte, and Brown (2011) described one nursing program's experience of adapting ANAC et al.'s (2009b) framework. Mahara et al. (2011) identified that collaborations among Indigenous peoples, groups, and communities; additional educator development and education regarding Indigenous peoples of Canada; and meaningful student learning activities, such as self-reflection, were essential to successful integration of the ANAC et al.'s (2009b) framework. Although the ANAC et al. (2009b) framework was developed by Indigenous peoples/leaders and leaders in nursing education, the actual implementation of the framework may be troublesome for nursing programs considering the lack of institutional resources, such as access to Indigenous communities and educators who are available to support integration, as well as individual educator knowledge and education regarding Indigenous peoples.

Evaluation of the ANAC et al. (2009b) framework was conducted through the dissemination of various initiatives of seven nursing programs across Canada. These nursing programs identified how the ANAC et al. (2009b) framework was incorporated into undergraduate nursing education. In integrating the ANAC et al. (2009b) framework, the seven nursing programs developed innovative practices that included: 1) involving Indigenous communities in curriculum design and teaching; 2) educating students and educators in cultural competence and cultural safety; 3) developing educational materials; and 4) organizing clinical placements in Indigenous communities (CASN & ANAC, 2013). Only one of the nursing programs identified outcomes, which concluded that

although the initiatives supported Indigenous students, attrition rates among Indigenous students remained high related to logistical and systemic barriers, such as geographic location of students and inadequate academic preparation (CASN & ANAC, 2013). This evaluation touches on an important issue; although these initiatives provided student support on an individual level, they did not address the broader sociocultural context that shaped many Indigenous students' experiences. As well, it is important to consider that a framework has to be adapted by the academic setting, which has a complex and nuanced culture of its own.

The ANAC et al. (2009b) framework was also foundational in the development and implementation of a new cultural safety curriculum within select nursing programs in Canada (ANAC, CASN & CNA, 2011). However, none of the literature recovered provided evidence as to how this curriculum had been incorporated into nursing programs. What is known is that the ANAC et al. (2009b) framework provided a starting point and a structure for nursing education to consider how to engage Indigenous peoples.

Subsequently, CASN and CINA sponsored a two-day symposium on cultural competence and cultural safety with the purpose of sharing the results of the cultural competency and cultural safety projects from the seven nursing programs and to engage in further discussion regarding the projects, implications, and future directions (CASN & ANAC, 2013). This symposium resulted in the development of a framework for nursing education titled: "Educating Nurses to Address Socio-Cultural, Historical, and Contextual Determinants of Health among Aboriginal Peoples." The purpose of the CASN and ANAC (2013) framework was to broaden the cultural conceptual lens within nursing education beyond cultural competence and cultural safety to include the sociocultural, historical, and contextual determinants of Indigenous peoples' health. CASN and

ANAC's (2013) framework provided two key elements for future nurses to learn: build respectful relationships and promote social justice and equity when providing care. In order for nursing programs to promote the key elements within curricula, two key program approaches were essential: bring society, culture, history, and context alive throughout the program and create safe and supportive classroom environments for students. What was unique about this framework was that traditional notions of culture and race were not the foci, but nursing students needed to learn to build relationships premised upon knowledge pertaining to self, culture, critical society, context, and relational practice; within the context of socially responsible care; and consider actions to redress injustice and inequity (CASN & ANAC, 2013). Although this framework identified the importance of future nurses addressing social justice and equity, it did not provide great insight as to how these concepts could be integrated into nursing programs.

Although the CASN and ANAC (2013) framework was premised on an Indigenous context and how history has shaped life for Indigenous peoples, the resulting framework was quite expansive as it conceptualized culture broadly, which could imply pan-Aboriginality. It is important to be aware that the diversity in languages, cultures, and more can lead to differences in care delivery and the need to tailor interventions across diverse Indigenous peoples and groups. While it would be very difficult, if not impossible to create nursing programs that address each of the different Indigenous nations, the recruitment and retention of Indigenous students that come from a wide number of cultural groups will play a role in improving the delivery of nursing education within specific Indigenous contexts.

The above frameworks build upon each other as the ANAC et al. (2009b) framework was a starting point in initiating the conversation to address the recruitment

and retention of Indigenous nursing students. However, it is not known how nursing education has taken up these frameworks. There was minimal evaluation and empirical evidence that provided insight into how these frameworks informed nursing programs or the effectiveness of these frameworks as the reported initiatives did not provide these insights. My purpose for reviewing these frameworks is to understand how these frameworks shape the way in which nursing programs respond to Indigenous peoples, coordinate the education of nurses, and recreate nursing culture. However, challenges persist within nursing education in terms of understanding and reflecting broader constructions of culture and race within nursing education and developing curricula that engage Indigenous peoples. Therefore, it is of importance to explore how nursing education has taken up the issue of inclusion among Indigenous students to begin to address the status quo.

The frameworks discussed above have provided a foundation for nursing programs considering the inclusion of Indigenous students. The following discussion of initiatives and programs that have been reported in the literature demonstrate how nursing programs have responded to this broader concern. Several nursing programs provided specific access/bridging programs for Indigenous students that were based on the common challenges students experienced in nursing programs, such as academics and child care (Anonson et al., 2008; Arnault-Pelletier, Brown, Desjarlais & McBeth, 2006; Curran, Solberg, LeFort, Fleet & Hollett, 2008; Kulig, Solowoniuk, Weselfat, Shade, Lamb & Wojtowicz, 2010; Labun, 2002; Martin & Seguire, 2013; Meiklejohn, Wollin & Cadet-James, 2003; Orchard, Didham, Jong & Fry, 2010; West, West, West & Usher, 2011). Access programs enabled Indigenous students to acquire prerequisite criteria to transition into mainstream nursing programs by providing academic support and tutoring.

As well, access/bridging programs were tailored specifically to Indigenous student needs as the programs provided additional supports, such as mentoring, traditional cultural supports, and social support. Some programs created cohorts of Indigenous students (Martin & Seguire, 2013), while others were developed to meet specific contextual needs of the community (Curran et al., 2008; Orchard et al., 2010), offered distance education to diverse geographical sites (Anonson et al., 2008; Arneault-Pelletier, 2006; Labun, 2002), or provided individualized plans and multiple exit points for Indigenous students (Best & Stuart, 2014; Meiklejohn et al., 2003).

Few of the initiatives reviewed published evaluation of the effectiveness of these initiatives in supporting Indigenous students. There was an assumption that if a variety of initiatives were provided to support Indigenous students academically and psychosocially, that they would be successful. However, this approach did not focus on the broader sociocultural context of nursing education that could undermine local practices, programs, and policies. The sociocultural context of nursing education is inclusive of the social, cultural, political, economic, and historical relations that have shaped Indigenous peoples' lives.

Within many initiatives there was a focus on the integration of Indigenous knowledge within curricula to promote culturally safe and inclusive learning environments (Anonson et al., 2008; Arneault-Pelletier et al., 2006; Arnold et al., 2008; Curran et al., 2008; Kulig et al., 2010; Martin & Seguire, 2013; Gregory, McCallum, Grant & Elias, 2008; Orchard et al., 2010; Stansfield & Browne, 2013). Some programs integrated local language in courses such as anatomy (Curran et al., 2008); while others integrated Indigenous knowledge/science into all nursing related courses (Kulig et al., 2010). This required additional support and education for nurse educators, which was a

priority to ensure that Indigenous worldviews were integrated meaningfully and respectfully. Stansfield and Browne (2013) discussed the importance of integrating Indigenous knowledge in a respectful and sustainable manner within nursing curricula by following protocol and developing relationships. When Indigenous knowledge was integrated within nursing curricula, students' understanding of key concepts was enhanced, such as cultural safety, ethical space, and relational practice and was one means of valuing Indigenous knowledge (Stansfield & Browne, 2013). Further to the integration of Indigenous knowledge, Pijl-Zieber and Hagen (2011) argue that nurse educators need to develop culturally relevant nursing curricula and instructional approaches to promote transformative approaches in nursing education.

Paramount to integrating Indigenous perspectives within nursing education were partnerships between Indigenous communities, students, nurses, and nursing programs (Arnold et al., 2008; Gregory et al., 2008). Both Arnold et al. (2008) and Gregory et al. (2008) found that meaningful and reciprocal relationships between Indigenous partners and nursing programs ensured cultural relevance and cultural safety that benefitted the direct needs of all involved. However, within these experiences were many successes and challenges, such as miscommunications and differences in perspective (Gregory et al., 2008).

Although integrating Indigenous knowledge and developing partnerships with Indigenous communities were identified as strategies to enhance students' understanding of various relational concepts and support Indigenous students, the majority of the strategies were theoretical. Consequently, there is a gap in empirical evidence that supports the implementation of these strategies. Although a nursing program may integrate Indigenous knowledge and/or initiate partnerships with Indigenous

communities, the initiatives work to address only a part of the sociocultural context of nursing education and do not acknowledge the broader context in which strategies are enacted.

1.4 Study Purpose

The purpose of this study is to critically examine the sociocultural context of nursing education as an institution. As such, I explore the extent to which colonialism is embedded within nursing education to mediate the practices of those involved. As well, I examine how discourse and intersecting social relations within postsecondary education and the nursing profession are ruled by race and class relations.

Colonial ideology is the generalized perspective of the dominant group in society that is the result of intersecting social, cultural, political, and historical relations that impose and maintain control over Indigenous peoples and continues into the present day (Reading, 2015). Colonial ideology represents dominant knowledge within society, shaping how nursing education and its broader institutional context are structured. Because colonial ideology represents the perspective of dominant groups within society that is reproduced within nursing education, it is the status quo. Thus, the dominant perspective is perceived as the ‘right thing’ because it is the basis for how and what is done within nursing education. However, because colonial ideology represents the privileged perspective, many are unaware as to how a colonial frame of reference excludes knowledge from other sources. Therefore, it is crucial to understand the sociocultural context in which nursing education exists in Canada, particularly in terms of how colonialism is reproduced to include/exclude Indigenous nursing students.

Additionally, because nursing education is idealized as emulating ‘caring’, it can be assumed that nursing education is inclusive. The trend towards cultural competency

and cultural safety represents ideal approaches to managing relationships with those who are culturally different from the dominant group. While it seems intuitive to adhere to cultural competency and cultural safety, how these approaches are enacted may not result in the intended outcome of inclusion. This study aims to examine some of the taken for granted processes within the institution of nursing education that may include and/or exclude Indigenous students.

1.5 Study Significance

To understand the significance of redressing nursing education for Indigenous students, it is important to understand the context of colonialism as it relates to Indigenous peoples and nursing education. Colonialism represents the historical and current patterns of oppressions that are the result of intersecting historical, political, social, and economic relations that impose and maintain control over Indigenous peoples in Canada (Reading, 2015). Even though, historically, nursing education has been deemed one of the more accessible postsecondary educational programs for Indigenous peoples in Canada, challenges persist (ANAC, 2007). Many of the challenges Indigenous peoples experience in accessing postsecondary education are symptomatic of the broader historical, political, social, economic, and cultural issues that stem from past colonial practices, such as education that was undermined by residential schools, exclusion of racialized groups from nursing education, relocation to centralized academic settings, and expectations tied to financial support for education (ANAC, 2007; Martin & Kipling, 2006; Smith, McAllister, Tedford, Gold & Sullivan-Bentz, 2011). These issues continue to shape colonial practices, programs, and policies, both implicitly and explicitly, in nursing education today (ANAC, 2007; Martin & Kipling, 2006; Smith et al., 2011). The Truth and Reconciliation Commission of Canada (TRC, 2015) has detailed the legacy of

residential schools that continues to have significant ramifications for Indigenous education. The abuses and impacts of the residential school system have intergenerational effects that largely shape the relationship between Indigenous peoples and education systems (TRC, 2015). This has resulted in more than half of Indigenous peoples not completing secondary level education (Gordon & White, 2014). On average, just over 50% of Indigenous peoples aged 25-64 have not completed secondary school, compared with 13% of non-Indigenous people in Canada, demonstrating continued disparities within education (Assembly of First Nations, 2012; Gordon & White, 2014). It is also well known that many elementary and secondary schools located within more isolated Indigenous communities lack financial and human resources to adequately prepare students in sciences and mathematics (Arneault-Pelletier et al., 2006; Smith et al., 2011). Without completing secondary education or requisite coursework, many Indigenous students lack the necessary prerequisites to apply to nursing programs.

Although explicit exclusion of racialized groups was practiced well into the 1950s, it is not the intention of academic settings today. However, Indigenous peoples continue to be implicitly excluded from many nursing programs in Canada. Oftentimes, exclusionary practices, such as racism and classism, are embedded within the efforts of nurse educators and administrators within nursing programs, who may lack a critical awareness of how their actions may be perceived as discriminatory and/or oppressive by Indigenous students (Martin & Kipling, 2006). Further to this are the conflicting values and differing worldviews of many Indigenous students to that of Western, Eurocentric approaches that inherently value dominant knowledge at the expense of other perspectives. These differences in perspective may cause learners to question the applicability of nursing education to their local contexts in which they may choose to

practice (Dickerson, Neary & Hyche-Johnson, 2000). Moreover, the lack of curricular content that focuses on Indigenous health and/or perspectives sends the message that Indigenous health inequities and peoples are unimportant to the nursing profession (Martin & Kipling, 2006).

A majority of nursing programs are offered in academic settings located within larger urban centers (Smith et al., 2011). With approximately half of Indigenous peoples living within more rural/remote communities, this requires many Indigenous students to relocate and leave behind the support of their families and communities and many times, this results in social isolation and culture shock (Smith et al, 2011). Many Indigenous students continue to have strong family and community ties that require them to travel home. These absences are typically not accommodated within the context of nursing education as many programs have strict expectations and policies regarding attendance (Dickerson et al., 2000; Martin & Kipling, 2006). Furthermore, transition to larger urban centers may impose additional challenges, such as acquiring appropriate services in an unfamiliar place (Martin & Kipling, 2006). Having to relocate for postsecondary education is not unique among Indigenous students, as many non-Indigenous students are also required to relocate to participate in postsecondary education. However, it is how relocation intersects with other oppressions among Indigenous peoples that are related to the colonial context, such as gender, race, and class relations that magnify these challenges among Indigenous students and impacts success (Martin & Kipling, 2006).

Financial support for education for Indigenous students is, many times, inadequate to fully support all the costs associated with postsecondary education, particularly a four year degree program such as nursing (Russell, Gregory, Care & Hultin, 2007). Many Indigenous communities are responsible for distributing funding for

postsecondary education, which are further impacted by broader systems that shape how each individual student is provided with financial support (Martin & Kipling, 2006; Smith et al. 2011). Further to this are the additional conditions that Indigenous students may need to meet in order to sustain funding, such as reporting of academic standing to community stakeholders, expectations of contributing back to the community, and/or the pressure and ramifications of being identified as a community role model (ANAC, 2007).

If the above challenges that contribute to the current context of nursing education for Indigenous peoples are not addressed, the loss of Indigenous nursing students will continue, resulting in significant implications. The health of Indigenous communities will continue to be adversely affected as few Indigenous nursing graduates will be available to return to their communities to practice, thus reducing access to primary care (Anonson et al., 2008; NAHO, 2008). Additionally, a lack of representation of Indigenous students in nursing education will translate into the professional workforce. This leads to the continued exclusion of Indigenous perspectives in many nursing programs and a lack of health and professional role models within Indigenous communities (Anonson, et al., 2008; Martin & Kipling, 2006; Martin & Seguire, 2013; NAHO, 2008).

In order to explicate the sociocultural context of nursing education, it is essential to understand how peoples' activities within nursing education are organized on a local level. In the literature, there is an overemphasis on initiatives and programs to increase the number of Indigenous students recruited, retained, and graduating from nursing programs. Few studies have examined nursing education as an institution that shapes Indigenous students' lives and that mediates the activities of all involved. And yet, we know that colonialism has greatly shaped life for Indigenous peoples in Canada and that it persists in new and modified ways today (TRC, 2015). Using Postcolonial Feminist

Theory (PFT) as a theoretical frame and institutional ethnography (IE) as a methodology, this research works towards illuminating the institutional complex within nursing education that mediates and coordinates aspects of Indigenous students' experiences in nursing education. As such, this study offers implications for positive changes and stimulates further inquiry into the sociocultural context of nursing education. Consequently, it is imperative to analyze the sociocultural context of nursing education to ultimately lead to the identification and implementation of strategies that will work toward redressing inequities among Indigenous students in nursing education.

1.6 Dissertation Overview

This dissertation is organized in the integrated-article format in accordance with Western Graduate and Postdoctoral Studies. This first chapter introduces the topic area by providing relevant background for the remaining chapters. Chapter 2 is a review and critique of pertinent literature with the purpose of locating this study within the field, providing insight into the social organization of nursing education, and supporting the relevance of the research questions. Chapter 3 provides an overview and examination of PFT as the theoretical framework and IE as the methodology as well as rationale for selected methods.

Chapters 4, 5, and 6 are written as integrated manuscripts for publication. Specifically, Chapter 4 is a manuscript titled *Identifying as Indigenous*. This manuscript examines social relations within postsecondary education, *Identifying as Indigenous*. *Identifying as Indigenous* explicates race as ruling relations that transcend the institutional complex through peoples' activation of texts and participation in discourse. The way in which social relations are ruled by race runs contrary to the intention of inclusion.

Chapter 5 is a manuscript titled *Identifying as a Nurse* that investigates the institution of nursing education relative to the nursing profession and illuminates social relations, *Identifying as a Nurse*. *Identifying as a Nurse* sheds light on how the nursing profession controls nursing identity in a way that is ruled by class. How class relations within the nursing profession contradicts the ideal of ‘caring’ as exclusionary practices are utilized to maintain strong, ethical professional standards of care.

Chapter 6 is a manuscript titled *Cultural Competence as Intersecting Relations*. This manuscript interrogates how social relations are ruled within nursing education. The institution of nursing education represents the intersection of postsecondary education and the nursing profession in which race and class come together within *Cultural Competence*. In this way, *Cultural Competence* ultimately rules social relations. *Cultural Competence* represents an idealized approach to managing the care of others based upon race and class that reifies colonial ideology and discourse within postsecondary education and the nursing profession. Although *Cultural Competence* intends to include Indigenous students within nursing education as well as include Indigenous peoples within nursing care, how *Cultural Competence* is reified sustains race and class relations to exclude Indigenous students.

The final chapter, Chapter 7 provides a discussion of the major insights and lessons learned from this research and offers implications that are relevant to nursing education, policy, and research. The purpose of IE is to explicate social organization with the intent of reorganizing the social to promote social justice and equity among those who are ruled and oppressed within the institutional complex (Smith, 2005). Thus, the purpose of implications within this study are aimed at positive social changes that will promote

the inclusion of Indigenous students within nursing education that will result in enhanced nursing education for all students.

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Chapter 2: Literature Review

In this chapter, the literature is reviewed as it pertains to nursing education and Indigenous students. The literature review contributes to further understanding how notions of culture, race, and Indigenous peoples have been taken up in the sociocultural context of the institution of nursing education. This understanding helps to locate this research within the field of Indigenous nursing education, examine how the literature illuminates social organization in nursing education, and construct relevant research questions. Accordingly, the results of this literature search are structured into two broad categories: 1) conceptualizations of culture in the institution and 2) Indigenous peoples and the institution.

For this review, a search of literature was conducted with no years specified, and included journal articles, reports, and dissertations/theses. The earliest article reviewed was from 1995 with the most current from 2016. Additionally, search of online journal databases included ProQuest, CINAHL, and Google Scholar as well as a general online search, search of key journal tables of contents, and a secondary search of journal article references. A variety of relevant keywords facilitated the search, such as nursing, health professions, education, programs, curricula, inclusion, exclusion, culture, cultural diversity, cultural safety, racialized groups, Aboriginal, Indigenous, Native American, First Nations, Inuit, and Metis. Search for literature included works from nursing as well as related health disciplines, such as medicine, sociology, psychology, and health education. As a means to retrieve relevant literature, the search was expanded beyond the borders of Canada to the global context, which included literature from the United States of America (USA), Australia, and New Zealand. Although the circumstances of global Indigenous peoples vary and are not identical to those in Canada, the USA and Australia

have similar historical colonial structures that provide valuable insight into the current Canadian context. Although it was helpful to learn about practices within other health disciplines, this search yielded a large amount of research. Therefore, additional inclusion criteria were utilized to concentrate on the sociocultural context of nursing education. As a result, 36 literary works were recovered, which met the following search criteria: nursing education programs and Indigenous peoples and/or other racialized groups.

Among the literature reviewed, a variety of perspectives and definitions of culture were presented. For this research, culture is defined as a complex, socially constructed concept that is enacted relationally and varies between and among ethnic groups and individuals based upon several factors that include gender, race, and class (Aboriginal Nurses Association of Canada [ANAC], 2009; Browne & Varcoe, 2006; Kirmayer, 2012). This definition of culture focuses upon the processes that lead to social constructions of culture, factors that have contributed to this understanding, and the resultant consequences of these processes (Galabuzi, 2001; Gray & Thomas, 2006). Conceptualizing culture within this perspective sheds light on the ways in which meanings of related concepts, such as race and ethnicity, are developed, conveyed, and reified (Gray & Thomas, 2006). This understanding is integral as conceptualizations of culture are produced and reproduced within nursing education and shape how nursing students replicate and respond to notions of culture within the institution. Also, apparent within the literature are a variety of terms used to describe students, such as cultural minorities, diverse students, students of colour, Black students, and Hispanic students. Here, the term, racialized students, will be used as it is reflective of the above definition of culture and refers to non-dominant ethno-racial communities who, through processes of racialization, experience race as a key factor in their identity (Galabuzi, 2001). This

definition expands the understanding of race as a biological construct to one that is socially and historically situated. Racialization acknowledges the processes that shape how race is created and recreated. Additionally, the term Indigenous will be used to refer to persons who identify as First Nations, Inuit, or Metis to highlight the focus of this research.

2.1 Conceptualizations of Culture in the Institution

The literature that focused on culture within the institution of nursing education is quite limited in Canada. Exploration of how culture has been taken up in nursing education in Canada is largely premised upon Indigenous students, and is reviewed in the subsequent section. When exploring culture within nursing education, a portion of the literature was from the USA. This literature focused on the topic of cultural diversity broadly in relation to increased enrollment and retention of racialized students to diversify the nursing profession. Much of this research was a response to the American Association of Colleges of Nurses (AACN, 2014) policy goal statement. The AACN statement was intended to increase the diversity of the nursing work force to meet the healthcare needs of the country by ensuring that representation of nurses reflected that of the USA census (AACN, 2014; Bernardz, Schim, & Doorenbos, 2010; Parker-Terhune, 2006).

2.1.1 How Culture has been taken up in the Institution

The structures that have shaped how nursing education has addressed culture included: curriculum (both written and lived), policies/texts, and teaching practices. Examination of the structures illuminated how culture was conceptualized and constructed within nursing education to shape how nursing students understood and reproduced culture (Gregory, Harrowing, Lee, Doolittle & O'Sullivan, 2010; Hamre,

2012; Vandenberg & Grant Kalischuk, 2014). Several researchers have studied undergraduate nursing students' perceptions and practices in relation to cultural reproductions (Gregory et al., 2010; Hamre, 2012; Vandenberg & Grant Kalischuk, 2014). Within nursing education, conceptualizations of culture were largely grounded in an essentialist or culturalist perspective, which equated culture with race and ethnicity and reduced it to common practices, values, and beliefs (Gregory et al., 2010; Hamre, 2012; Vandenberg & Grant Kalischuk, 2014). The practice of teaching culture in many nursing programs has been problematic as it perpetuates dominant perspectives of culture as difference and generalized groups of people based on race as a biological trait. This conceptualization did not consider the broader social relations that were embedded with power to shape how individuals and groups experienced nursing education (Vandenberg & Grant Kalischuk, 2014). With the primary focus on culture equating to differences, many learners were unaware of more contemporary, critical perspectives on culture (Vandenberg & Grant Kalischuk, 2014). Understandings of culture have created barriers in relational practice as learners struggled to relate to others by focusing on differences and reproduced traditional, essentialist constructions of culture (Gregory et al., 2010; Vandenberg & Grant Kalischuk, 2014). Minimal consideration had been given to the significance of how culture was represented within undergraduate nursing curricula or how students interpreted and responded to messages about culture and related concepts, such as cultural diversity, cultural competency, and cultural safety. It was found that culture was a taken for granted practice in which efforts to convey messages about culture were typically reproductions of past practice and were unintentional or absent in nursing programs.

Within nursing education, culture is largely approached through the lens of cultural diversity, cultural competence, and cultural safety. Cultural diversity was seen mainly as difference (positive and/or negative) from the dominant White/Eurocentric perspective (Paterson, Osborne & Gregory, 2004), whereas cultural competence had been identified as an essential skill or knowledge set that could be developed and achieved at the individual and institutional level. Thus, cultural competence built upon individual knowledge, skills, and attitudes of nurses so they could provide quality care to populations (ANAC, 2009 as cited in Rowan, Rukholm, Bourque-Bearskin, Baker, Voyageur and Robitaille, 2013). Further, cultural safety was premised upon understanding the power differentials that were embedded in health care and redressing inequities through education (ANAC, 2009 as cited in Rowan et al., 2013). Approaches to addressing culture had been reproduced in many ways in nursing education to inform students' understanding of culture and related concepts, as well as influence how learners responded to the sociocultural context of nursing education. Although approaches to addressing culture were well intended, as they were intentional practices aimed at enhancing nursing education to promote equitable health care for groups/populations, these approaches were problematic. Definitions of culture were reflective of culture as a static set of values, beliefs, and practices. Furthermore, cultural competence and cultural safety were reduced to knowledge, skills, and attitudes of individuals. Cultural competence and cultural safety were not critically examined to identify how power coordinated actions within institutions, such as nursing and health care, to include/exclude particular groups/populations.

Messages that learners received about culture were embedded within many facets of nursing programs, such as Transcultural Nursing Theory (TCN). Thus, it was essential

to consider if and how messages about TCN, such as cultural competence and cultural safety, were addressed within nursing programs. Rowan et al. (2013) argued that cultural competence and cultural safety were integral knowledge for providing nursing care and that a course needed to be set to move the agenda on culture forward within nursing education. With the purpose of assessing the current state of cultural education in Canada, the authors assessed the quality of cultural competence and cultural safety education within 39 nursing programs utilizing Donabedian's theoretical framework to assess quality health care. Donabedian's framework was adapted to assess the quality of cultural education included within nursing programs (Rowan et al., 2013). This framework aided in the identification of contextual, structural, process, and outcome factors that shaped how cultural competence and cultural safety were integrated into nursing programs.

Rowan et al. (2013) identified cultural competence and cultural safety as core competencies that all nurses needed to attain and nursing schools needed to integrate within curricula to prepare graduating nurses. Among the contextual factors identified, it was found that a majority of nursing schools did address cultural competence and cultural safety with the greatest focus on Indigenous populations. Yet, how schools integrated cultural competence and cultural safety was not described.

Although it is essential to ensure that cultural competence and cultural safety were a part of undergraduate nursing curricula, it was equally of importance to explore nurse educators' level of cultural competence. Ume-Nwagbo (2008) conducted a descriptive, correlational, non-experimental survey study to determine the relationship between nurse educators' level of cultural competence and the recruitment and graduation of racialized students. This study surveyed nurse educators at nine colleges in Tennessee, USA using

the Cultural Diversity Questionnaire for Nurse Educators (Sealey, 2003 as cited in Ume-Nwagbo, 2008). Ume-Nwagbo found there was no relationship between nurse educators' level of cultural competence and recruitment of racialized students. However, there was a significant relationship between nurse educators' level of cultural competence and numbers of racialized students graduating in the past five years, nurse educators who had lived in a culture different from the USA, and nurse educators who had attended multicultural educational sessions in the last five years (Ume-Nwagbo, 2008). This speaks to how institutional practices are interrelated with peoples' practices. Thus, this study concluded that enhancing the cultural competence of nurse educators could promote the retention and graduation of racialized students. However, this study falls short as it is focused upon cultural competence premised upon nurse educators' exposure to other cultures. Although this may be a starting point in promoting the inclusion of racialized students, there is need to move beyond this perspective towards other possibilities that aim to engage students. Additionally, the methodology employed did not provide a contextualized understanding of how cultural competence among nurse educators impacted relationships with racialized nursing students. Because this was a survey style study that focused on nurse educators' cultural competence, contextual elements such as academic practices and policies were not examined within the survey.

Although Rowan et al. (2013) focused on program level practices, programs, and policies and Ume-Nwagbo (2008) focused on nurse educator level practices related to cultural competence and cultural safety, they did so without critiquing the concepts of cultural competence or cultural safety. Both Rowan et al. (2013) and Ume-Nwagbo (2008) took up cultural competence and cultural safety as ideals within the nursing

profession and did not consider what exclusionary practices, such as racialization, could be embedded and further perpetuated through practicing the approaches.

Although the quality of messages about cultural competency and cultural safety in nursing curriculum was identified as a central concept by Rowan et al. (2013) and Ume-Nwagbo (2008), it was vital to look at the structures that guided the construction of these concepts in nursing education, policy, research, and practice. Messages related to culture, such as diversity, and how these were defined within nursing program policies could be problematic. Leonard (2003) defined diversity as the coexistence of a variety of ethnic and/or subgroups in a geographic location or represented within an organization. Leonard used qualitative content analysis methods to explore how nursing programs incorporated and defined diversity within policies within the USA. Although diversity was conceptualized and defined in this manner, it was found that definitions of diversity varied among the five nursing programs that completed the self-study. In general, the participating nursing programs defined diversity in terms of difference from the dominant, White, heterosexual, female, abled group of nursing students. Each program struggled to incorporate diversity. However, efforts were reflected in postsecondary organizational and nursing program commitments and within the diversity of nurse educators and students. The findings supported the various sorts of initiatives that each nursing program employed to enhance diversity, such as incorporating diversity into curriculum and policies (Leonard, 2003). However, this brings into question the effectiveness of these initiatives as local practices can undermine curriculum and policy.

Further to this, Gustafson (2002) used an integrated feminist con/textual analysis to interrogate how Transcultural Nursing theory (TCN) was articulated in various nursing texts, such as in curriculum and policies, in relation to anti-racism discourse. Gustafson

found that embedded within the texts were affirmation of the dominant White discourse about race and other social differences that perpetuated, rather than rejected, the racialized social order. Critically examining how texts mediated actions and how practices, programs, and policies reified social order within nursing education was essential to developing an understanding of root causes for actions and practices of those involved (Gustafson, 2002). Gustafson used a critical feminist lens that examined how social order (gender, race, and class) was reproduced through texts within nursing education. This insight was invaluable as it shed light on how a diversity lens was limiting and further reinforced the necessity of utilizing a critical lens to examine sociocultural contexts.

Although the insights gleaned from Leonard (2003) and Gustafson (2002) were invaluable, it is unknown how texts mediated peoples' actions within nursing education as texts were the unit of analysis and interviews were arranged with policy developers (Leonard, 2003; Gustafson, 2002). Thus, the methods used in the two studies excluded the perspectives of those within nursing education who implemented and utilized the policies to inform their practices and programs and policy development. Additionally, neither study considered how diversity was enacted and potentially undermined by institutional practices to further exclude racialized students.

Culture, as an implicit or contradictory message that was sent to nursing students, has rarely been examined in relation to actions and practices of nurse educators. Three studies have enhanced understanding on how relationships between racialized students and nurse educators could be problematic (Kayler-Debrew, Porter-Lewallen and Chun, 2013; Kupina, 2006; Paterson et al., 2004). In an institutional ethnography conducted by Paterson et al. (2004), learners were quick to recognize that cultural diversity (difference)

was problematic as invisible, complex, and conflicting expectations of homogeneity and difference shaped their learning and interactions with other students and clinical educators. The findings illuminated how discourses within clinical nursing education ascribed to the values and practices attributed to the White dominant group and marginalized those whose differences challenged educators' and nurses' abilities to enact their roles (Paterson et al., 2004). For example, clinical educators felt they treated all people alike; however, students from other countries identified how they felt they had to abandon their cultural identity to some degree to socialize into nursing (Paterson et al., 2004). Paterson et al. (2004) shed light on how dominant groups imposed gender, race, and class meanings; how diverse groups of students challenged dominant perspectives and created alternative meanings; and how nurses and nurse educators valued the idea of diversity, as this was the socially preferred response, but did not reflect this value within their practice.

In the second study, Kupina (2006) found that nurse educators identified nursing as a culture of caring, but embedded within this idea were threads of othering, patriarchy, and hegemonic practices that perpetuated the current context. As well racial bias and stereotyping of racialized students led to cultural conflicts for nurse educators. Racial bias and stereotyping did not have to be explicit to be problematic (Kupina, 2006). Racism was embedded within the broader, institutional practices of many nursing programs, such as the criteria used to screen nursing program applicants, as strict criteria inadvertently privileged White students (Kupina, 2006). The implications of these practices were that nurse educators, who were mostly White, middle-class females, were blinded to how practices within the nursing program excluded racialized students (Kupina, 2006).

In the third study, Kayler-Debrew et al. (2014) reported on how diversity of students was viewed as problematic among nurse educators performing clinical evaluation. This study was a portion of a larger, qualitative study focused on clinical evaluation of students. In the larger study, nurse educators shared experiences of a time when they struggled to decide whether to fail a student in clinical education. Out of 15 student situations in which students failed clinical courses, it was determined that these students were not young, White females, but were “outsiders” to nursing as they were foreign, older, male, and/or learners with disabilities (Kayler-Debrew et al., 2014). Kayler-Debrew et al. (2014) identified how nursing education was often based on dominance in which traditional practices and policies, such as student assessments, were inequitable. Assessment standards were inequitable as these were created by the dominant culture and only those who conformed would be successful. This study illuminated how diverse students had to conform and if they were unable, they were forced to become outsiders, who were fearful of challenging the status quo and struggled throughout the nursing program (Kayler-Debrew et al., 2014). Although this study provided much insight into clinical nursing education, it did not explore how processes of exclusion were embedded within the broader nursing program or how learners responded to exclusion.

The three studies (Kayler-Debrew et al., 2014; Kupina, 2006; Paterson, 2004) demonstrate how unaware nurse educators can be of the exclusion of racialized students. Maintaining the status quo of the dominant Western perspective within nursing education is problematic for racialized students, as well-intended practices among nurse educators may impact their recruitment, retention, and graduation. It is essential that those within nursing programs become aware of how nursing education socializes students as both

novice nurses and as racialized members of society and reifies social organization based on gender, race, and class (Kupina, 2006; Paterson et al., 2004). An identified gap within this collection of literature is that Kayler-Debrew et al. (2014), Kupina (2006) and Paterson et al. (2004) explored the perceptions and experiences of individual groups (students or nurse educators). The studies did not examine the structures that informed the practices of students and nurse educators or how all members within nursing education interacted to create the status quo.

Further to the broad practices of nurse educators were the specific teaching-learning strategies that were selected to enhance the quality of learning environments for students. As such, DeWald (2012) used the Delphi technique to construct a list of best practices of “culturally sensitive” teaching methods to enhance the learning environment for racialized students. DeWald determined 13 categories of teaching practices that contributed to positive learning environments for racialized students, such as modeling (model culturally sensitive nursing and respect), caring (convey genuine empathy), and faculty (avoid generalizations and stereotypes). The methodology of this study was limited as it was based on expert panelist experiences of culturally sensitive teaching-learning strategies. Although strategies were grounded by the panel’s expertise, it is unclear how students responded to strategies, how the strategies shaped relationships between and among those involved in the nursing program, or how the strategies contributed to a positive learning environment. As well, it is unknown as to the criteria used to select the expert panelists or how the panelists may represent the dominant perspective that further reinforces racist practices that are embedded within the institution.

Further to this, Chircop, Edgecombe, Hayward, Ducey-Gilbert, and Sheppard-LeMoine (2013) identified and evaluated the audio-visual tools used in 37 nursing programs across Canada. It was found that many of the audio-visual tools that were used to teach health and physical assessment courses were publisher-produced and reflected a Eurocentric bias and the biomedical model. As well, there was minimal demonstration of how to navigate cultural aspects of health assessment, providing students with a superficial understanding of cultural competency. Because health and physical assessment courses tended to be taught in isolation from relational and theoretical courses, the focus was on skills and knowledge (Chircop et al., 2013). This understanding is of importance as the audio-visual tools reinforced dominant knowledge in a way that rendered other perspectives as invisible or unimportant.

Although the teaching practices identified by DeWald (2012) and Chircop et al. (2013) were seen as essential contributions to the learning environment, they did not recognize the diversity among students, how relationships are shaped within the learning environment, or how teaching practices are undermined by the institutional context. There is also an assumption that teaching practices alone can enhance nursing education for racialized students. Focusing on individual practices of nurse educators provides only partial insight into the larger sociocultural context of nursing education.

Within this section of the literature, it was identified that culture is problematized within nursing education and reproduced by all members in varying ways. Nursing education has taken up concepts of culture through cultural competency. However, nursing education as an institution has done so without critique and examination of cultural approaches to determine if and how these are potentially exclusive. The literature has demonstrated how the dominant group within nursing education and the broader

nursing profession are unaware of inclusionary and exclusionary actions that were embedded within their everyday routines within nursing education. As such, there are gaps in this section of literature as it is unknown how and why members within nursing education adhere to particular practices, how students respond to these constructions, and what broader structures within nursing education direct and mediate the individual, local actions of members to create the current context.

2.1.2 How Students Respond to the Institution

The literature within this section described and examined nursing students' experiences of racialization within the institution of nursing education and described the process of discrimination from a local, student perspective. Several authors in Canada and the USA have focused on Black learners. These studies were included in this review as they contributed to the body of literature informing how race and racialization have been responded to in nursing education and how historical practices, programs, and policies have excluded particular groups of people based on race. Flynn (2009) interviewed the first Black nurses who completed nursing education in Canada to contribute to the history of nursing and situate Canada within the scholarly discussion of Black diaspora. Up until the 1950s, Black people, as well as other racialized people, were prohibited from applying to schools of nursing. However, a small cohort of young Black women managed to break socially constructed racial and ethnic barriers and successfully enrolled into a nursing program. In order for Black women to obtain admission into nursing education, they had to have exceptional academic qualifications to set them apart from generalizations of Black people as unable to succeed academically (Flynn, 2009). Their experiences are shared within the context of the development of the Canadian nursing profession and premised upon Victorian/colonialist ideals of respectability and

femininity; nursing image, Whiteness, and representation; and formation of racialized identities that were shaped in childhood. Flynn contributed to understanding the historical formation of nursing education, which still exists in many nursing programs today and continues to exclude racialized students. Further, this study illuminated how dominant practices, programs, and policies explicitly excluded particular groups of students to uphold a strong ethical and professional standard.

In many nursing programs, there is much focus on diversity and inclusion of all students; however, this is undermined by implicit exclusionary practices that challenge nursing students. As such, several researchers have studied groups of nursing students based upon race to further understand the cultural differences between and among students (Arieli, Mashiach, Hirschfeld & Friedman, 2012; Baptiste, 1995; deRuyter, 2008; Doutrich, Wros, del Rosario Valdez & Ruiz, 2005). Baptiste (1995) explored students' experiences of being Black in a predominately White nursing program. Baptiste found that through their experiences, students questioned their own identity based on similarities/differences to White students. The findings illuminated how multiple cultural identities were shaped by student experiences, how students responded to nursing education, and what students had to manage in order to persevere. Baptiste (1995) described implications that were transferrable to a variety of contexts involving racialized nursing students, such as the messages students receive from the visible/invisible curriculum which renders gaps in the curriculum as unimportant or nonexistent. Although Baptiste's findings contributed to understanding the sociocultural context of nursing education by focusing upon racialized students, many of the tensions within relationships were between students and nurse educators as they were unable to develop connections or Black students felt invisible within the program.

deRuyter (2008) conducted an ethnonursing study to explore the cultural care experiences and education of Black students. Using Leininger's Culture Care Diversity and Universality Theory as a framework, this study illuminated the integral role of family, friends, and faculty among Black nursing students. As well, deRuyter (2008) identified the importance of holistic understandings of health and illness and how ways caring could be expressed to support Black students in nursing education. This study provided insight into the individual factors that shaped racialized students' experiences. However, deRuyter did not consider how local practices were shaped by broader practices, programs, and policies. This limited perspective could be attributed to the use of the theoretical framework which narrowly conceptualized culture.

Doutrich et al. (2005) explored the lived experiences of Hispanic nurses during their initial nursing education. This phenomenological study sheds light on how Hispanic students balanced differing/conflicting values, experienced nursing school, and various external factors, such as barriers and supports that contributed to students' experiences. Discussion about external factors alluded to how Hispanic students experienced barriers, such as lack of preparedness for postsecondary education as well as supports that enabled students to complete nursing education, such as supportive people (Doutrich et al., 2005). However, the use of phenomenology limited the investigation into the broader context in which students' experiences were located. As well, this study reflected many of the common practices racialized learners experienced, such as being the "voice" for their cultural group and the consequences of self-disclosing cultural identities.

In the last of the four studies, Arieli et al. (2012) surveyed students who represented two diverse racial groups within nursing education in Israel. The purpose of this research was to develop an understanding of how both majority Jewish and minority

Arab students perceived cultural safety within the context of the learning environment. Arieli et al. (2012) found that cultural safety was perceived differently among the two groups as Arab students perceived social relations less favourably. This study emphasized how students engaged in the same nursing program differed in how they perceived cultural safety within their learning environment and how perceptions of a safe learning environment impacted student success.

The four studies (Arieli et al., 2012; Baptiste, 1995; deRuyter, 2008; Doutrich et al., 2005) reviewed described experiences of students belonging to particular racial groups and how relationships with students and nurse educators from dominant groups were problematic. These relationships were problematic as the dominant group was largely unaware as to how the needs of racialized students varied. However, the studies did not examine the broader practices, programs, and policies that extended beyond relationships, and ultimately shaped the local practices of all who were involved as these studies were narrowly focused on individual experiences. Additionally, the studies did not reflect the diversity among students of the same race based upon factors such as gender and class. Ultimately, the four studies perpetuated culturally essentialist ideas of culture and race as generalizations were made about students belonging to particular racial groups. As such, these studies did not discuss or examine the racial processes that constructed these generalizations about culture and race.

Further to the findings of individual experiences of specific groups of racialized students, several studies (Graham, Phillips, Newman & Atz, 2016; Kern, 1997; Pollock Kossman, 2003; Sedgwick, Oosterbroeck & Ponomar, 2014) aimed to understand the experiences of all racialized students within nursing education. Graham et al. (2016) conducted an integrative review to summarize racialized nursing students' perceptions of

clinical education. This review focused exclusively on the facilitators and barriers that affected the success of racialized students. Three common perceptions were found among the literature reviewed: discrimination from educators, peers, nursing staff, and patients; bias in educators' grading practices; and isolation (Graham et al., 2016). This research illuminated the various academic factors as well as outside and professional integration factors that intersected to inform student perceptions of discrimination within clinical education. Graham et al. (2016) provided an enhanced understanding of how racialized students experienced discrimination from all levels within nursing education and identified the need for nursing to shift its culture to one that is inclusive of all students.

Sedgwick et al. (2014) conducted a mixed methods study among students to identify factors that contributed to racialized students' feelings of belongingness in clinical nursing education. Sedgwick et al. found that experiences and relationships with registered nurses with whom the learners' worked with, clinical instructors, and student peers greatly shaped student's feelings of belongingness; whereas, positive experiences were found to enhance belongingness. Sedgwick et al. (2014) determined that nursing education and those involved espoused ideals of cultural diversity in principle. However, actions exposed this to a lesser extent. The findings suggest the need for postsecondary organizations and nursing programs to question the values and beliefs that are represented within statements of diversity that may influence the recruitment of diverse students (Sedgwick et al., 2014).

Both Graham et al. (2016) and Sedgwick et al. (2014) focused specifically on the factors (facilitators and barriers) that shaped the experiences of racialized nursing students. However, both studies centered upon the individual factors that affected

racialized students, and did not consider the interconnectivity and relationships between and among factors to enhance further understanding of the sociocultural context.

The majority of the literature in this section focused upon the individual students' experiences and did not include the context in which they existed. The following two studies (Kern, 1997; Pollock Kossman 2003) provided some insight into the context in which relationships occurred as well as into the processes that created race. Kern (1997) conducted a mixed methods study to examine the attitudes first year nursing students held about racial issues. This study explored how ethnocentrism created distances between dominant groups of students and racialized students based on indifference, avoidance, and disparagement. Distances were problematic and further complicated relationships between White and racialized students. Kern (1997) further revealed how nurse educators' relationships with both groups of students had negative impacts on the interactions between students. Negative impacts were related to teaching practices and program structure.

Further to this, Pollock Kossman (2003) found that all students struggled academically and socially to some degree within nursing education based upon the level of academic expectation and socialization into nursing culture within the USA. However, racialized students experienced additional challenges related to prejudice because of White students' lack of exposure to racialized people and social ideologies of racialized groups. This prejudice was found to be embedded within all areas of the program from the clinical setting to administrators in the academic setting. Nurse educators were found to be instrumental in shaping racialized students' experiences as they enacted implicit forms of prejudice, such as stereotyping and not being open to or valuing racialized

students. Prejudice created unwelcoming environments and ultimately impacted student success (Pollock Kossman, 2003).

Both Kern (1997) and Pollock Kossman's (2003) studies were helpful in developing a further appreciation of the sociocultural context of nursing education and shared insight into some of the processes that created race. The studies identified how dominant group ideologies were embedded and enacted within nursing education to shape race relations among students. As well, both Kern (1997) and Pollock Kossman (2003) illuminated how broader institutional practices, programs, and policies excluded racialized students. However, the way in which focus groups were organized for data collection according to race (racialized and White students) and role (students and nurse educators) was problematic. The purpose of this was to compare and contrast experiences and responses between and among groups of participants. Yet, the practice of organizing participants in this manner implicitly reinforced social constructions of culture and race and overlooked key insights that could have been gleaned from observing the behaviours and interactions between and among groups.

In this section, the literature reviewed focused on groups of racialized students and compared and contrasted their experiences to those of White students and/or nurse educators. This practice of comparing and contrasting continues to propagate socially constructed generalizations about particular racialized groups in society based upon the dominant group's idea of normal. It does not recognize the diversity between and among students of similar race based on gender and class. Additionally, understanding individual experiences within nursing education only provides partial insight into the sociocultural context of nursing education and does not consider the macroinstitutional structures that shape how and why actors within nursing education act as they do.

2.2 Indigenous Peoples and the Institution

The literature examined in the subsequent sections are accounts of various initiatives to improve recruitment and retention of Indigenous students in nursing programs, while also covering a range of practices, programs, and policies. The literature also examines how students respond to nursing education. As such, the literature that pertains to Indigenous peoples and nursing education was organized into two broad foci: 1) how nursing education as an institution has conceptualized Indigenous peoples and students, and 2) how Indigenous students respond to the sociocultural context of nursing education.

2.2.1 Conceptualizations of Indigenous Peoples in the Institution

The following literature is demonstrative of how various initiatives have been implemented to incorporate best practices within Indigenous nursing education. Within the empirical literature, few studies have provided evaluation of programming for Indigenous students. Six such initiatives provided evaluation through the use of responsive evaluation (Curran et al., 2008), student survey responses (Metz, Cech, Babcock & Smith, 2011; Rearden, 2010), comparison (Penn, 2014), mentoring circles (Felton-Busch et al., 2013), and Delphi technique (Parent, 2010). These studies provided much of the supporting evidence for the initiatives that were developed by nursing programs to support Indigenous students. These initiatives were discussed previously in Chapter 1: Introduction and Background. Curran et al. (2008) evaluated an integrated nursing access program to identify key successes and challenges through responsive evaluation. Curran et al. found that various challenges, such as the recruitment and retention of Indigenous students, were related to curriculum structure, organizational experiences, program learners, and administrative challenges. However, several

organizational benefits were identified as well as the effectiveness of culturally relevant curricula and instructional approaches. Through this methodology, Curran et al. (2008) were able to develop categories for evaluation that were relevant and of importance to all key stakeholders involved in program development, including students. This approach demonstrated the significance of considering diversity among Indigenous students as this program was developed specifically for Inuit students along the Labrador coastal communities who had similar challenges of recruiting and retaining nurses to work in their communities.

To evaluate the implementation of 11 different psychosocial support initiatives, Rearden (2010) evaluated an Alaskan nursing program's effort to enhance the recruitment and retention of Indigenous students. Students in this study identified that the majority of the initiatives were vital to their education, the importance of connection with others of the same ethnicity, as well as financial and personal support. A large majority (91%) of survey respondents highly valued the program initiatives as contributing to their success in the nursing program. Although the descriptive, non-experimental design was an efficient means to survey 10 years of graduates from the program, it did not collect significant data about how practices within the nursing program shaped students' experiences. Further to this, the initiative was based on the university's need to reflect the state's demographic makeup by addressing the lack of Indigenous nurses in the practice setting. Many of the reasons provided as to why there was a lack of Indigenous students focused on individual factors, such as inability to afford postsecondary education and transition to an urban setting. The purpose of this program was the inability of the individual Indigenous person to succeed within the academic setting and did not consider the broader historical and social factors that shaped realities for Indigenous peoples.

In an effort to evaluate the success of social support initiatives that were implemented within a nursing program, Metz et al. (2011) surveyed Indigenous students within the USA. Metz et al. found overall social support. The program positively supported students' perceptions of identity within nursing, interest in nursing, valuing of nursing, and motivation to pursue a career in nursing. However, student perceptions of unfairness based on ethnicity within nursing education negatively impacted students' valuing of nursing and motivation to pursue a career in nursing. This study illuminated how various program initiatives that tout success may not address many of the broader factors shaping Indigenous students' lives. It is also important to question what program success means and to whom. Although the program successfully graduated 19 Indigenous nurses, it is apparent from student responses that racism was a major challenge that was not addressed.

Through a pilot project aimed at identifying how nursing program structures supported and educated Indigenous students, Penn (2014) reflected on her experiences of a study tour to answer this question. Penn, from a Canadian college, toured an Australian nursing program to compare and consider how two nursing programs in different countries, with similar historical contexts of Indigenous peoples, provided nursing education for Indigenous students. From this experience, Penn identified several initiatives that could further enhance programming decisions, such as understanding Indigenous students' perspectives and mentoring. As well, these initiatives could possibly translate to other educational settings. Although this was a pilot project, it brought to light the idea of how nursing programs have the choice to support Indigenous students. The concept of choice brings to the forefront the notion of choice being an intentional action

and through inaction nursing programs may demonstrate the deliberate choice to include/exclude particular groups of students.

Felton-Busch et al. (2013) implemented mentoring circles on a monthly basis at an Australian university as a means to support the retention and graduation of Indigenous students. As a result, Felton-Busch et al. (2013) found that mentoring circles were an effective teaching-learning strategy that fostered the development of time management, communication skills, and self-awareness. Although this strategy proved effective in supporting students by developing skills necessary to work effectively in a university setting, Felton-Busch et al. (2013) also reported that the mentoring circles posed another demand on students' time. As well, the students identified that it would have been beneficial to have a mentor who was from their own community and similar cultural background. This study shed light on effective teaching-learning strategies that have proven effective among groups of Indigenous students and aimed to support their overall success. However, the strategies also emphasized the importance of considering the sociocultural context of the educational environment in which well-intended practices were situated.

To identify and evaluate ideal programming for Indigenous students in Canada, Parent (2010) conducted a mixed methods Delphi technique study. Parent (2010) concluded that curriculum, teaching-learning strategies, and psychosocial supports were essential elements in an ideal nursing program structure for Indigenous students and that traditional nursing curricula did not meet the needs of Indigenous learners. This study did not focus on how nursing education was inadequate or non-supportive of students, but on how to enhance current practices, programs, and policies through integrating Indigenous languages and using a variety of evaluation methods. Furthermore, some teaching-

learning strategies proved more successful among Indigenous students and a variety of psychosocial supports needed to be available within nursing programs (Parent, 2010). These strategies were essential as Indigenous students faced a number of sociocultural, academic, and personal barriers and challenges that needed to be overcome to achieve success (Parent, 2010). Parent (2010) provided an overview of the current context of Indigenous nursing education as well as ideal programming for Indigenous students. However, this research did not explore the successes and challenges with the programming strategies as well as student responses to the initiatives.

Although various initiatives have been evaluated to some extent and nursing organizations and national leaders in nursing education have identified Indigenous nursing education as a priority area, adoption of systematic changes to address the recruitment and retention of Indigenous students has not been well pursued (Smith et al., 2011). Smith et al. (2011) conducted a literature review to examine the current state of knowledge state on the recruitment and retention of Indigenous peoples into nursing education as well as identified constraints within the broader context. Smith et al. (2011) described many of the familiar factors that impacted the success of Indigenous students at various levels: individual Indigenous students, classroom, nursing program/school, and postsecondary education. It was determined that relationships with Indigenous organizations and communities were essential as well as sustained efforts among all vested partners. Smith et al.'s (2011) literature review summarized key issues Indigenous students experienced, such as pre-university preparation and social and cultural needs that challenged their ability to access and remain in nursing programs from an ecological colonial perspective. However, this literature review was descriptive and did not provide a critique of how colonialism continued to shape the experiences of all involved in

nursing education or the broader institutional practices, programs, and policies that formed local actions.

The literature in this section focused on the evaluation of various initiatives and provided best practices in creating a positive learning environment for Indigenous students. However, there was a gap in knowledge in terms of the broader macroinstitutional practices that shaped local practices, programs, and policies. As much of the focus was at the individual student level, it is unknown how nursing education, as an institution, undermines well intended programs and initiatives or how programs and initiatives created additional barriers for Indigenous students. It is important to understand that the programs and initiatives described in the literature are aimed at increasing the recruitment, retention, and graduation rates of Indigenous students, but do not consider what they may experience in order to complete nursing education. There is a need to define what success means and to whom.

2.2.2 Indigenous Students' Responses to the Institution

Various institutional practices, programs, and policies shape the experiences and perceptions of Indigenous students. It is imperative to examine how students respond to these structures to further illuminate how institutional practices are embedded to inform nursing education. Of the empirical evidence that pertained to students' experiences, eight studies reviewed directly focused on Indigenous students' responses to nursing education. Several studies explored various factors that shaped Indigenous student's experiences in nursing education. Through the use of critical ethnography, Martin and Kipling (2006) identified a variety of factors that shaped Indigenous students' experiences and were represented in five themes: intersectionality, equality versus equity, different explanatory models, existence of racism, and absent/exclusionary discourse.

Student experiences were shaped by various intersecting factors that, in many ways, were unlike the challenges any nursing student experienced. However, it was how factors were magnified by the historical, social, and political context of Indigenous peoples that created barriers for Indigenous students (Martin & Kipling, 2006). Although Martin and Kipling (2006) provided invaluable insight into the sociocultural context of nursing education, this study focused specifically on the experiences of students within the nursing program. Martin and Kipling (2006) did not include other locations within the sociocultural context, such as clinical, community placements, or the academic setting in which experiences are also situated. Furthermore, multiple perspectives of Indigenous and non-Indigenous students, nurse educators, administrators, nurses, and others are essential to determine how the sociocultural context of nursing education is integrated within the broader context of the nursing profession and how social relations are organized by larger structures.

Similarly, through a qualitative analysis, Usher, Miller, Lindsay and Miller (2005) aimed to explore the challenges Indigenous students experienced in nursing education. Usher et al. (2005) found that financial hardship, staff insensitivity to cultural issues, discrimination, lack of Indigenous mentors, poor study skills, lack of educational preparation, lack of resources, and ongoing family commitments influenced students' ability to succeed in nursing education. As well, this study uncovered some of the strategies within the nursing program that students identified as helpful in their completion of the nursing program (Usher et al., 2005). Although Usher et al. (2005) uncovered some of the common challenges and supports that Indigenous students experienced within nursing education, this study did not consider the broader historical,

social, and political reasons why Indigenous students experienced challenges in the first place.

From a phenomenological perspective, Dickerson, Neary, and Hyche-Johnson (2000) explored the experiences of Indigenous students in a graduate level nurse practitioner program. This study aided in identifying four themes: Indigenous worldviews revealed unwritten knowledge that reflected a common understanding, academic environments as rigid, nurse educator-student relationship barriers, and strategies to survive. As well, Dickerson et al. (2000) recognize two constitutive patterns: value conflicts and being on the fringe. Although this study aimed at developing an understanding of student experiences, it inherently identified common taken for granted practices, such as rigidity and constant evaluation. The practices posed challenges for Indigenous students as they felt they had to change themselves in order to conform to program requirements and questioned the applicability of the nursing program to their own context in which they intended to practice (Dickerson et al., 2000). This study also demonstrated how learners managed to adapt to or reject practices that challenged their success.

Johansen (2010) explored the lived experience of five Indigenous nurses in western Canada using a phenomenological approach. The aim of this study was to glean key elements about the nurses' success in undergraduate nursing education. The essence of their experiences illuminated both the elements of success as well as identified the insufficiencies in a postsecondary system that was meant to support them (Johansen, 2010). All participants varied in age, nation affiliation, geography, and nursing program, but were connected by their varied experiences of racism, isolation, and ignorance (Johansen, 2010). They were also connected by resources that contributed to their

success, such as family support, mentorship, recognition of the Indigenous self, and maintenance of Indigenous culture (Johansen, 2010). Johansen identified how postcolonial practices continued to challenge the success of Indigenous students and how nursing education had not addressed the broader system changes that were required to transform the experiences of Indigenous students. This study also illuminated a variety of systemic changes that needed to be made in order to support Indigenous nursing students, such as blending Traditional and Western healing practices into nursing education, integrating Indigenous peoples' involvement, and strengthening meaningful partnerships with Indigenous communities (Johansen, 2010). The findings of this research are invaluable to identify elements of success that are integral to supporting Indigenous students. Definitions of success may vary between and among groups of students and organizations and, many times, are a result of the broader context of education.

In an effort to examine retention of Indigenous students in New Zealand, Wilson, McKinney, and Rapata-Hanning (2011) conducted a cross-sectional survey study across 14 schools of nursing in Australia to identify the experiences of Indigenous students (n=108). Students identified their goals of pursuing nursing education, such as stable income and supporting the health of Indigenous peoples. Within this pursuit of nursing education, students experienced a variety of obstacles that challenged their success, such as cultural identity and academic preparation (Wilson et al., 2011). However, they also identified a variety of strategies that promoted their success, such as supportive teaching-learning environments and inclusion of Indigenous content (Wilson et al., 2011). Although this study was unique in identifying student's intentions in pursuing a career in nursing, this study did not provide great insight into the root causes of the challenges experienced by students or into the context in which successful strategies were enacted.

Building on students' perceptions of nursing education, Weaver (2001) surveyed 40 Indigenous nurses in the USA to determine the extent to which nursing education respected the cultural norms and values of Indigenous peoples. The nurses identified that within their nursing programs, cultural content was limited and they were left to find alternate ways of obtaining cultural content. Many nurses identified that they did not receive any support for their cultural identity and those who did find support did so through informal social support networks. Further to this, many nurses experienced challenges with culture shock and cultural differences, stereotypes and racist attitudes, isolation, and assumptions about their own cultural identity (Weaver, 2001). This study aided in illuminating how many nursing programs exclude Indigenous peoples through the exclusion of cultural content and support related to cultural identity.

Although it is important to examine students' responses to nursing education, it is essential that the broader contexts in which responses occur are fully considered. In an effort to do so, Russell, Gregory, Care, and Hultin (2007) explored both student and nurse educator responses to an online nursing program through interpretive descriptive methodology. It was found that both student and nurse educator experiences were challenged by various intercultural miscommunications that were represented by contrasting assumptions and fractures and rifts in the discourse (Russell et al., 2007). Challenges included the assumptions that students had of nurse educators, nurse educators had of students, and students had of other students. For example, faculty assumed that differences between Indigenous and non-Indigenous students were related to cultural norms within Indigenous culture. This study illuminated the importance of examining the multiple perspectives that contribute to Indigenous learners' experiences to appreciate the intentions of actions.

Further to this, Dickerson and Neary (1999) explored nurse educator experiences based upon the efforts to recruit and retain Indigenous nurse practitioner students in the USA. Dickerson and Neary found three themes that described the experiences of nurse educators teaching Indigenous students: academic worldview, the nursing worldview, and nursing pedagogy as well as two constitutive patterns: value conflicts and being culturally sensitive. Nurse educator experiences were reflective of a strong academic worldview that was active in maintaining professional standards. The ethnocentric perspective of nurse educators tended to overshadow the needs of Indigenous students by providing programs that did not consider individuality and cultural relevance (Dickerson & Neary, 1999). Dickerson and Neary (1999) were instrumental in sharing the additional perspectives that contributed to the sociocultural context of nursing education and how nurse educator experiences were shaped by broader structures that transcended into practices, programs, and policies.

Both Russell et al. (2007) and Dickerson and Neary (1999) identified ethnocentric approaches within many nursing programs and how unaware nurse educators may be of their own part in perpetuating a culture of exclusion. However, the foci of the two studies were on the perceptions and experiences of individual groups (students or nurse educators). This tended to generalize experiences and focused on cultural differences. Hence, a critical examination of ethnocentrism within nursing education is warranted in order to unpack how social constructions of nursing and Indigenous peoples are represented within nursing education.

Within this section of the literature, the experiences of Indigenous students in nursing education were taken up in varying ways. However, none considered the entirety of the sociocultural context. Instead, this collection of literature focused on parts of the

context (e.g. teaching practices, learning environments, curricula, methods of program delivery). This is a narrowly focused approach that is disconnected from the goal of addressing challenges students experience on a larger, institutional level. There is dire need to critically examine the sociocultural context to unpack how and why ethnocentric practices create exclusionary learning environments for students.

2.3 Summary of the Literature Review

Most of the literature reviewed on conceptualizations of culture within nursing education aided in examining how culture was represented and reproduced within nursing education, practice, and research. This perspective contributed to understanding that reproductions of culture reflected culture as a static attribute and supported the idea of race as a biological trait. When culture and race were conceptualized as such, the actual processes that contributed to the experiences of culture and race were invisible and disregarded. Additionally, students' reproductions of culture created challenges with relational practice between and among all involved in nursing education. However, it is unknown how and why student reproductions created challenges. There have been attempts to enhance insight into student reproductions, but past attempts have focused on individual and nursing program level issues, such as teaching practices, relationships between students and nurse educators, and/or texts. This insight assumes that individual practices alone will make the difference and create inclusive learning environments without considering the context in which practices are embedded. Furthermore, research methodologies used within the literature have demonstrated there is a common practice of grouping nurse educators, students, and particular groups of students to compare and contrast their experiences. This practice further reproduces cultural essentialism. As such, research has provided limited insight into parts of the sociocultural context and has not

enhanced an understanding of factors that are external to the nursing program, but within the realm of the institution of nursing education.

Further to this, the literature demonstrated how nursing education has adhered to TCN via cultural competence and cultural safety as ideals of addressing cultural issues within the nursing profession. However, nursing education has assumed these without critically analyzing the concepts. As such, there is an assumption that cultural competence and cultural safety are the best ways to manage culture without a secure understanding of the drivers that are pushing the TCN movement forward. Research has emphasized how cultural competence and cultural safety have been conflated to focus upon the practices of individuals within the sociocultural context and how particular groups of students have responded to these practices. It is imperative that research critically examines the intentions and motivations underlying TCN, and consider how these practices may be more about individual nurses' competence than about creating inclusive environments and challenging the status quo. Additionally, research has not conceptualized or defined nursing education as a sociocultural context, in which, individual practice and student responses are situated. Examining nursing education as a sociocultural context may provide insight into how and why TCN is macroinstitutional practice.

Through examining the research that explored racialized students' responses to nursing education, an understanding was developed about racist, historical practices that were well intended were perpetuated within nursing education. Although the practices were less explicit than in the past, as they were meant to uphold professional standards, they were exclusionary to particular groups of people. It was identified how historical practices created many challenges for racialized students, as ideals of nursing ethic were

constructed by the dominant group. The reality, as identified within the literature, speaks to how unaware nursing education is to the racialization of students. The experiences of racialized students further illuminated the resultant consequences that racialized students must negotiate and challenge if they choose to remain in the nursing program. The understanding of racialized students' responses to nursing education is limited as there is inadequate consideration of how structures and processes within nursing education work together to construct race. A majority of the research reproduced current conceptualizations of culture and race via TCN theory or comparing/contrasting students of different races. These practices reinforce the status quo. Although this research represents a starting point to identify needed changes within nursing education, the research provided minimal insight into critical perspectives on culture and race. A critical lens will aid in examining how all actors act with volition. With this enhanced understanding, necessary and meaningful changes within nursing education can be made to engage Indigenous students.

The above literature provided insight into how nursing education has explored Indigenous peoples as well as the variety of initiatives that have been developed to support Indigenous nursing students. Although the identification of initiatives is an important step in beginning to address the challenges Indigenous nursing students' experience, the initiatives were simplistic solutions to a complex issue. What the initiatives did not address was the broader institution of nursing education and how the current context came to be. Ultimately, the creation of specialized initiatives calls into question why separate programming for Indigenous students is necessary and why nursing education is not accessible to Indigenous peoples. Furthermore, while the initiatives were well intended and influenced by broader organizing structures, they

perpetuated further marginalization of Indigenous peoples by recreating and reinforcing colonial practices as all Indigenous students were identified as experiencing challenges and requiring help. Although this may be the case in many situations, it is essential that diversity and context among Indigenous students is acknowledged. Much of the work that the initiatives were based upon was theoretical, as there is a lack of empirical evidence to support the utility of specialized programs. Hence, there is a need to critically examine nursing education from the standpoint of those involved to unpack how nursing education, as an institution, excludes Indigenous learners. This will aid in approaches to addressing the root cause of inequities among Indigenous students.

Further to this, within the initiatives, success was defined and assumed to be the graduation of increased numbers of Indigenous students and did not consider the consequences students experienced along the way to completion. The variety of initiatives demonstrated how nursing programs have received the call to action to enhance the success of Indigenous students as they have focused on the individual practices of those involved. Research illuminated how individual factors affecting Indigenous students, such as social supports, finances, and academics, challenged success, along with how nursing programs could implement a variety of teaching-learning practices, psychosocial supports, and academic supports to address nursing education for Indigenous students. The approaches to addressing the high attrition of Indigenous students did not address the broader changes that need to be made that work toward equity and social justice for Indigenous peoples in the postsecondary education system.

The final section of the literature review provided insight into the shared experiences of Indigenous students that transcended age, location, nation affiliation, and

nursing program. These were common experiences of racism and generalizations that closely reflected the experiences of all racialized students discussed in the previous section. However, it was identified that shared experiences were magnified by colonial structures that shaped the daily lives of Indigenous peoples, which created unique experiences for Indigenous students. The experiences of Indigenous students were overshadowed by the nursing program's need to uphold the ethic of nursing. Upholding the nursing ethic further illuminated the ethnocentric practices that were embedded within nursing education that excluded Indigenous students. However, much of this research was organized in a manner that focused on individual experiences that were located within the nursing program. As such, this research did not shed light on the broader context in which experiences were located. As well, there is a need to further unpack how and why ethnocentric practices shape Indigenous students' needs and how this contributes to inclusion/exclusion.

From this review of the literature, insight into the current context of nursing education and Indigenous students can be appreciated. This collection of research has demonstrated how nursing education has taken up concepts of culture, race, racialization, and Indigenous peoples in a fragmented way, which disconnects these phenomena from the context in which they exist. Embedded within the literature is the assumption that cultural competence and cultural safety are ideal approaches to managing issues of race and culture, with no evidence that examines the consequences racialized and Indigenous students endure. How culture and race have been produced and reproduced within nursing education has blinded those who are involved and has rendered processes of racialization as invisible and insignificant. Research to date has focused on individualized experiences and approaches within specific nursing programs prior to defining the

context in which experiences are located. This reveals the need for a sociocultural approach to examine the institution of nursing education to unpack how local actions are mediated by broader institutional practices. Enhancing this understanding of the day to day actions of all involved in the sociocultural context will help unveil inclusionary/exclusionary practices, interrogate how colonialism manifests in new forms, and illuminate how power operates in nursing education to create a context of inclusion/exclusion among Indigenous students. A critical approach that analyzes the broader context of nursing education will illuminate necessary changes that will ensure the engagement of Indigenous nursing students.

2.4 Study Purpose

The purpose of this study is to critically examine the institution of nursing education to gain an understanding of how social relations and social organization shape student experiences. The ultimate aim is to enhance nursing education by fostering positive social change that benefits all students. The following questions will guide the study: 1) How do practices, programs, and policies coordinate social relations within the institution of nursing education; and 2) How are Indigenous students' everyday lives shaped by the institution of nursing education?

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Chapter 3: Methodology

The main goals of ethnographic research are to learn from people within a given context, to assemble what is learned from their multiple perspectives, and to investigate how their activities are coordinated (Smith, 2005). As a branch of ethnographic research, the aim of institutional ethnography (IE) is to begin with the individual experiences of those who are located within the local setting. This experience is used as a starting point for inquiry that is extended into the macroinstitutional context to examine how peoples' activities within institutions are connected with others in ways they cannot see (Smith, 2005). The purpose of this IE study was to critically analyze the sociocultural context of nursing education, as an institution. According to Smith (2005), the term institution is used to identify the cluster of social relations that are organized around a particular function. Thus, the sociocultural context of nursing education, as an institution, represents the work involved in the education of undergraduate nursing students. Nursing education was analyzed as an institution to learn how people's activities were coordinated by broader macroinstitutional practices, programs, and policies. The macroinstitutional dimension reflects the bureaucracy that shapes everyday life within the institution, such as governing nursing bodies and postsecondary education government ministries. Through learning from those involved in nursing education, I was able to investigate how activities were coordinated to shape daily life for Indigenous students. Consistent with the critical paradigm, I illuminated the taken for granted practices that shaped life for Indigenous nursing students with the goal of creating positive social change. Change was aimed at engaging of Indigenous students within nursing education.

In particular, this IE addressed the following questions: 1) How do practices, programs, and policies coordinate social relations within the institution of nursing

education; and 2) How are Indigenous students' everyday lives shaped by the institution of nursing education?

In this chapter, I provide an overview and rationale for the use of postcolonial feminist theory (PFT) as a theoretical framework, a description of IE and how I used it, and the methods I used to collect and analyze data. The utility of PFT and IE will be further discussed in Chapter 7: Discussion and Implications.

3.1 Postcolonial Feminism as a Theoretical Framework

Within this section, I provide an overview and rationale for the use of PFT as well as how PFT provided a lens to critique culturalist discourse.

3.1.1 Overview and Rationale for PFT

I selected PFT as a theoretical framework for this research because it brings together both postcolonial and feminist perspectives come together in a way that illuminates how gender and gendered institutions shape people's lives, builds upon critiques of feminism, and focuses on social justice and equity (Reimer-Kirkham & Browne, 2006; Smith, 2005). Additionally, PFT sheds light on the specific forms of oppression that are of particular relevance to research with Indigenous peoples and works toward the goal of decolonization (Browne, Smye & Varcoe, 2007; Racine & Petrucka, 2011). PFT is concerned with the multiple and intersecting forms of oppression, which extends the analysis of sociocultural contexts beyond oppressions of patriarchy to oppressions that are both shared and unique among Indigenous peoples (Olesen, 2011). Through decolonizing research methods and methodologies, attention is drawn to unequal relations of power that are a legacy of a colonial past and neocolonial present that are relevant to research with Indigenous peoples (Reimer-Kirkham & Browne, 2006). Colonialism represents the dominant perspective in society and is the result of

intersecting historical, political, social, and economic structures that impose control over the Indigenous peoples of Canada (Reading, 2015). Thus, power is explicated by focusing attention on reproductions of racialization, ethnicity, and culture that recreate inclusion and exclusion (Reimer-Kirkham & Browne, 2006).

PFT is rooted in postcolonial theory. The term ‘postcolonial’ is challenging to define as some scholars define it as the end of colonialism whereas others define it as the consequence of colonialism (Loomba, Kaul, Bunzl, Burton & Esty, 2005). Browne et al. (2007) argue that the ‘post’ in postcolonialism does not imply that colonialism is in the past. Instead, postcolonial theory situates individual experience within a context of unequal power relations that are representative of colonialism and neocolonialism. Neocolonialism is how forms of control (e.g. policy) continue to create conditions of colonialism in the present day and continue to affect subsequent generations (Reimer-Kirkham & Browne, 2006; Werunga, Reimer-Kirkham & Ewashen, 2016).

Postcolonial theory represents a family of theories with varied disciplinary roots that represent the works of scholars in both the humanities and social sciences, such as Said, Fanon, and Bhabha (Browne et al., 2007; Werunga et al., 2016). Each scholar has contributed to building upon previous postcolonial theorizing in some way, for example, Said (1979) wrote about the concept of ‘Orientalism’ in which Western culture was further advantaged through the othering of Asian cultures. Said (1979) illuminated the link between power and knowledge by explicating how those with power have the ability to control knowledge. Fanon (1967) brought forth the notion of Western culture’s global domination and advocated for complete liberation (Werunga et al., 2016). Whereas, Bhabha (2012) advocated for an alternative ‘hybrid space’ of culture that enabled blending of cultures. These scholars, as well as other postcolonial scholars, set the ground

work for continued exploration of how colonialism continues to pervade dominant practices (Werunga et al., 2016).

In general, postcolonial theories are united by the common concern of the historical and current experience of colonialism and how race, racialization, culture, and others have been produced and reproduced within colonial contexts (Anderson et al., 2003; Browne et al., 2007). As well, postcolonial theories share several basic principles that aim to uncover past and present causes of gender, race, and class inequities: critically analyze peoples' experiences of current and ongoing productions of colonialism; decenter dominant voices and use marginalized voices as a standpoint for inquiry; and understand how conceptualizations of race, racialization, culture, and others are produced within colonial and neocolonial contexts (Browne et al., 2007). One of the distinguishing features of postcolonial theory that sets it apart from other genres of critical theory is its focus on historical perspectives of colonialism and how colonialism shapes new forms of inequity in the present; thus, postcolonial theory aims to disrupt "race-thinking" and the structural inequities that have been produced by colonialism (Browne et al., 2005; Browne et al., 2007). However, postcolonial theory has been criticized for its lack of a gendered analysis; in which, the addition of feminist theory has aimed to expand both postcolonial and feminist theorizing (Browne et al., 2007).

When feminist theory is incorporated with postcolonial theory, both forms of theorizing are expanded as gender is analyzed as an intersecting social relation within a context of colonial discourse (Browne et al., 2007). The inclusion of gender brings into focus other social categories that shape social relations, such as race and class (Reimer-Kirkham & Browne, 2006; Reimer-Kirkham & Anderson, 2010). Although this research is based upon PFT, a critical feminist theoretical frame, the aim is not to examine the

exclusive experiences of Indigenous women in nursing education. Participation from both Indigenous and non-Indigenous women and men was sought as gender is considered a social relation that intersects with others to shape the experiences of Indigenous and non-Indigenous peoples within nursing education.

Within institutions, such as nursing education, gender is taken up in a variety of ways to shape local experiences. For example, the sociocultural context of nursing education is viewed as a gendered institution that has been structured upon historical ideals of femininity (Flynn, 2009). Indigenous women and men in nursing directly challenge historical ideals of femininity that center upon Whiteness and middle-class (Flynn, 2009; Paterson, Osborne & Gregory, 2004). Using PFT as a theoretical lens to critique nursing education as an institution sheds light on the ways that these ideals continue to pervade nursing education. This understanding can illuminate how particular groups, such as Indigenous women and men, continue to be disadvantaged within nursing education. As such, PFT can help to explicate the various ways that Indigenous women and men have been included and/or excluded within gendered institutions, such as nursing education.

Historically, PFT is rooted in third wave feminism that challenged the idea that feminism captured the experiences of all women (Olesen, 2011). PFT is concerned with the effects of 'othering' and in its infancy, postcolonial feminists claimed that "Western feminist models were inappropriate for thinking of research with women in postcolonial sites" (Olesen, 2011, p. 130). PFT, as a theoretical lens, extended historical developments in feminism by building upon this critique as early postcolonial feminist scholars, such as Mohanty and Spivak, questioned representation and if marginalized women would have a voice among the elite of Western feminists (Olesen, 2011). As such, PFT does not focus

exclusively on patriarchy as the source of oppression, but on intersecting oppressions to consider how historic, social, political, economic, and cultural contexts shape multiple identities and subjectivities of people (Racine & Petrucka, 2011; Reimer-Kirkham & Anderson, 2002). Social relations, such as gender, race, and class are understood to intersect in various ways to mediate people's lives, opportunities, and choices (Browne et al., 2007). Based on a PFT lens within this research, the multiple identities of participants are shaped by various intersecting social relations that are embedded within the sociocultural context of nursing education. By shifting focus to intersections of social relations, attention is drawn to the structures, or ruling relations, that ultimately coordinate social relations. This focus aims to uncover how power is embedded within ruling relations in a way that acts to advantage some while disadvantage others (Reimer-Kirkham & Browne, 2006; Smith, 2005).

A major criticism of PFT is that there is a tendency to generalize the experiences of women belonging to a specific ethnic group (Browne et al., 2007). This tendency might overlook the diversity within groups of women. Considering this, it is of importance to utilize a PFT lens in a way that allows for generalizations of shared experiences and oppressions, while also being intentional about focusing on contextual differences and particularities, such as the historical and social contexts in which experience is constructed (Browne et al., 2007; Racine & Petrucka, 2011). Within this study, the major tenets of IE align with the notion of being cautious regarding the use of generalizations, as the purpose of IE is not to understand shared experience, but to focus upon the institutional complex that shapes experience (Smith, 2005). Within this research, caution was used when drawing on experience to avoid generalizations that would describe experience. Rather, attention was focused upon how and why

participants' experiences came to be by examining the institutional complex that shaped them.

PFT has been taken up by several scholars to illuminate issues among Indigenous groups of people in Canada with a focus on gender (Johnson, Stevenson & Greschner, 1993; LaRocque, 1996; Monture Angus, 1995; Turpel, 1993; as cited in Browne et al., 2007). As a theoretical lens, PFT has been invaluable in explicating how various forms of oppression disadvantage Indigenous peoples in ways that differ from others (Browne, et al., 2007). Forms of oppression include distributive injustice, procedural injustice, retributive injustice, moral exclusion, and cultural imperialism (Deutsch, 2005). The distinct ways in which these forms of oppression have shaped experiences among Indigenous peoples, have been largely ignored within past waves of feminism (Browne et al., 2007). The voices of dominant groups of women (i.e. White women) were represented, silencing marginalized voices (i.e. Indigenous women). In terms of representation, it is of importance to consider how oppression differs among Indigenous peoples based upon the social conditions that have resulted from Canada's colonial past and neocolonial present (Browne, Smye & Varcoe, 2005). As such, illuminating these oppressions within a PFT frame means decentralizing dominant voices. As dominant voices are decentralized, silenced voices emerge, creating the standpoint for further investigation. Intentionally decentering dominant voices is a means of decolonizing research practices.

Using a PFT approach in research with Indigenous peoples is a means of decolonizing research practices as dominant perspectives are challenged and practices are aimed at redressing issues that stem from inequities that largely shape the lives of Indigenous peoples (Racine & Petrucka, 2011; Strega & Brown 2015). Although

marginalized voices are intentionally centralized, it is important to consider that postcolonial theory arises from Western epistemologies and it is not the same as postcolonial Indigenous knowledge, which is grounded in Indigenous epistemologies, worldviews, and research processes (Browne et al., 2005). Thus, using postcolonial theory carries a risk of overlooking Indigenous perspectives of colonialism (Browne et al., 2005). To develop an understanding of Indigenous perspectives on colonialism, I used works from Indigenous scholars, such as Greenwood, de Leeuw, Lindsay, and Reading as well as Tuck (Greenwood et al., 2015; Tuck & Yang, 2012).

Although I did not employ an Indigenous theoretical or methodological lens, I did intentionally incorporate a variety of methods that were consistent with Indigenous research methods. For example, Bourque Bearskin et al. described how knowledge sharing is more than “seizing knowledge and cataloguing it” within Indigenous contexts (2016, p. 27). Knowledge sharing is reciprocal and relational and includes the involvement and continued engagement of participants within future research actions (Bourque Bearskin et al., 2016). This was of particular relevance when considering knowledge sharing activities within critical research. Specifically, transformative and participatory knowledge sharing strategies include the continued involvement of participants beyond the culmination of the study (Matthew Maich et al., 2010). It was also important to develop a strong understanding of how colonialism operates and continues to control Indigenous lives, particularly when using PFT. To develop this understanding, the writings of Greenwood, de Leeuw, Lindsay and Reading (2015) as well as Allan and Smylie (2015) were integral.

This research adds to the body of knowledge as it represents a non-Indigenous critical analysis of nursing education that illuminates exclusionary practices that are

prevalent throughout the institution of nursing education and shapes the lives of Indigenous students. This study speaks to how and why many Indigenous nursing students experience discrimination and how everyone involved in nursing education is an agent in colonial reproduction.

Social justice and equity are central tenets of PFT as marginalized voices and perspectives are intentionally centralized (Racine & Petrucka, 2011). As well, engaging in anti-oppressive practices, in which, “institutional racism and colonizing practices are explicitly linked to societal power structures and processes” are foundational to a social justice and equity agenda (McGibbon, Mulaudzi, Didham, Barton & Sochan, 2014, p. 187). Within PFT, the traditionally silenced voices among marginalized people create the standpoint for inquiry and are catalysts and key actors in activism and social change (Browne et al., 2007; Smith, 2005). Decentering knowledge production is a means for marginalized voices to be heard on issues that have an impact on marginalized groups’ everyday lives (Racine & Petrucka, 2011; Strega & Brown, 2015). The focus on marginalized voices is a way of decolonizing research as subjective standpoints are explored and juxtaposed to the historical, political, economic, and social conditions that shape daily life (Racine & Petrucka, 2011). Decolonizing research involves deconstructing the ramifications of Western science that give primacy to objectivity and move towards subjectivity and local knowledges, such as Indigenous knowledge (Racine & Petrucka, 2011). As such, within a PFT lens, approaches for redressing social justice and equity are identified by those who experience the conditions, which create the impetus for change that disrupts colonialism. However, Tuck and Yang (2012) argue that pursuing critical consciousness and social justice are not the same as working towards decolonization and when used as such, decolonization is thought of as a metaphor for

improving social inequities. Although important, Tuck and Yang (2012) caution that these pursuits can be distractions or “settler moves to innocence” that direct attention towards appeasing settler feelings of guilt and that overshadow the need to give up land, power, or privilege. Although Tuck and Yang (2012) conceptualize decolonization in this way, using PFT as a theoretical framework for this research will illuminate the colonial practices that are embedded within daily life in nursing education. Thus, changes will aspire to unsettle colonial discourse.

PFT is relevant for this research because it sheds light on the multiple intersections of social relations, such as gender, race, and class that shape the experiences of Indigenous nursing students. Thus, this research builds upon PFT as it illuminates how social relations are organized while considering the historical and social contexts in which Indigenous nursing students’ experiences are located. Furthermore, PFT works towards achieving goals of social justice, equity, and decolonization, which are central to working towards truth and reconciliation, redressing inequities, and realizing positive changes that will enhance the engagement of Indigenous students in nursing education (Truth and Reconciliation Commission of Canada, 2015). As such, PFT is aligned with both the purpose and methodology of this research in a way that it can enrich the analysis of the sociocultural context of nursing education while building upon previous applications of PFT.

3.2 Critical Perspectives on Culture

PFT also provides a lens (for the researcher) to consider how social constructions of culture are embedded within the institution. In the literature focused on broad approaches to culture, there are a spectrum of culturalist, constructivist, and critical perspectives related to culture (Gray & Thomas, 2006). Culturalist or cultural

essentialism supports a traditional perspective that culture is based on fixed beliefs, values, and practices (Gray & Thomas, 2006; Kirmayer, 2012; Kleinman & Benson, 2006; Racine & Petrucka, 2011). Culturalist approaches have been critiqued as limiting the ability to know and appreciate the cultural backgrounds of individuals, families, and communities. This limited ability further impedes relational practice as ‘others’ are viewed based upon differences compared to the dominant group (Gray & Thomas, 2006; Gregory et al., 2010). Thus, using PFT can aid in critiquing assumptions about culture and race in nursing education that have informed current practices, programs, and policies. As well, PFT will be used to facilitate the examination of practices, programs, and policies and how they shape inequities among Indigenous nursing students (Browne, et al., 2007).

Constructivist approaches to culture are situated within a lens in which culture is viewed as a complex shifting relational process that is inseparable from a variety of historical, economic, political, gender, religious, psychological, and biological contexts (Aboriginal Nurses Association of Canada [ANAC], 2009; Canadian Association of Schools of Nursing [CASN] & ANAC, 2013). Culture is seen to vary between and among ethnic groups and individuals based on age, gender, sexuality, life history, political association, class, religion, ethnicity, and personality and rarely coincides with a specified geographical group (ANAC, 2009; Browne & Varcoe, 2006; Kirmayer, 2012). Cultural constructivism transcends taken-for-granted social constructs, such as race, as culture is embodied in social relations, personal attachments, religious practices, familiar interpretations, and the development of individual and collective identities (ANAC, 2009). Cultural constructivism is a dynamic and complex social concept that is enacted relationally through history, experience, gender, and social position (Browne & Varcoe,

2006). This understanding of cultural constructivism is imperative as it aligns with the major tenants of PFT in terms of how intersecting social relations shape experiences for Indigenous students. As well, cultural constructivism contributes to understanding the sociocultural context of nursing education from the standpoint of Indigenous students. However, it does not examine how power relations reinforce social order nor does it have a social justice and equity focus.

Situating culture within a PFT lens can aid in extending ideas of cultural constructivism to a critical perspective. A critical perspective on culture challenges the status quo by examining the conditions that intersect with culture to shape peoples' daily life (Bourque Bearskin, 2011; Racine & Petrucka, 2011). The aim of PFT is aligned with a critical perspective, as the purpose is to challenge colonial ideologies that have led to cultural essentialism. In doing so, power is examined as to how it is embedded within sociocultural contexts to shape lives for racialized people (Racine & Petrucka, 2011). Illuminating how power is embedded within sociocultural contexts, such as nursing education, can create a basis for social change to redress social justice and equity. As such, critical perspectives on culture are necessary to consider and ensure that power is explicated in a way that it provides the basis for redressing social justice and equity.

3.3 Methodology

According to Smith (2005), IE examines the social relations that organize complexes within institutions from the perspective of the people who participate in them. As such, it is situated within a people's standpoint to illuminate how peoples' lives shape and are shaped by the institution. This standpoint provides grounding in experience from which discoveries about daily life are made. Although IE uses the standpoint of people in the local setting, the purpose is to explicate their experience by extending these to the

macroinstitutional context (Smith, 2006). This differs from other perspectives of feminist inquiry that use women's standpoint. Within IE, standpoint is not intended to identify a social position or category, such as gender, race, or class in society as other ethnographies and feminist methodologies (Smith, 2005). The standpoint in IE is a subject position that embodies rather than objectifies the topic under investigation. The subject position is embodied as knowledge, grounded in experience, creates a point of entry for ethnographers to explore social organization and social relations within institutions (Smith, 2005).

I chose IE as a methodology for this research as it is aligned with PFT and the study purpose. Within IE, dominant voices are intentionally decentralized as primacy is given to the voices that are typically silenced within other methodologies, such as other genres of ethnography. Accordingly, Indigenous nursing students created the entry point as their experiences created the basis for further examination of nursing education as an institution. Although multiple perspectives were sought from those involved in the institution (e.g. Indigenous and non-Indigenous students, educators, support staff, administrators), these perspectives were grounded in Indigenous students' experiences. This grounding decentralized dominant sources of knowledge within nursing education to give primacy to the voices of Indigenous nursing students. This standpoint aided me in examining how daily work extended beyond the local setting and was shaped by larger structures within nursing education that shaped Indigenous students' experiences. For example, I used policy, such as the "BSCN Policy and Regulations Manual" as a tool to inquire about the daily work processes within nursing education. This form of policy was produced by the local nursing program; however, it also extended beyond the local

setting as it was shaped by the collaborative nursing program and broader structures within nursing education.

Within IE, social organization represents a distinct form of organizing peoples' activities that are reproduced. Social relations are the local actions (e.g. implementing a policy) that are coordinated by sequences of action within the institution (e.g. following the process directed by the policy). In this way, social organization and social relations represent power relations as local actions are coordinated by ruling relations. Dorothy Smith described the ruling relations as:

“that extraordinary yet ordinary complex of relations that are textually mediated, that connect us across space and time and organize our everyday lives – the corporations, government bureaucracies, academic and professional discourses, mass media, and the complex of relations that interconnect them” (2005, p. 10).

The process of explicating ruling relations was another reason why I selected IE as a methodology for this study. This process complements PFT as my attention was directed to the social organization and social relations within nursing education. This attuned me to the intersecting conditions within nursing education that constructed the status quo. Through this process, I could identify the larger macroinstitutional structures as well as explicate how structures organized life within nursing education. For example, I considered how peoples' actions were directed by practices, programs, and policies that manifested outside of the nursing education program, such as within the nursing profession and postsecondary education. This identification of larger structures provided the basis for further inquiry as to how and why local courses of action were taken up. Based upon this, social change resulting from this research can have more of an impact as the broader institutional context is considered.

IE examines power in terms of how institutions act to coordinate language and further mobilize peoples' work. Language is central to IE as language organizes sociocultural contexts. Language is examined in terms of how it is shaped by discourse and how discourse further coordinates actions (e.g. talking, writing, reading) of those in the local setting (Smith, 2005). Discourse refers to how people use language in a way that acknowledges distinct forms of knowledge (Smith, 2005). As such, discourse explains how and why peoples' actions are directed by entities outside of the local setting (Deveau, 2009). Although this is the case, while discourse is lived it is constantly evolving. For example, the professional discourse in nursing directs the actions of those within the local setting in terms of what they say and do. From this, experience is revealed in dialogue (e.g. spoken and written) in which people share what they have come to know about the local context. It is through language that discourse is revealed and illuminates how power is embedded through the coordination of people's actions.

Power is explicated in terms of how dominant power operates to exclude and validate particular forms of knowledge production. As well, power is examined as to why and how it mobilizes work to examine how peoples' actions are coordinated (Smith, 2006). Within institutions, power manifests through the activation of texts. Texts are activated through reading, writing, or listening and then responded to in some way that is relevant to work processes. Texts include material forms that enable replication, such as print, film, and electronic forms. Texts are integral to IE because they connect people to other locals beyond their own (translocal) and organize the ruling relations (Smith, 2005). Hence, texts mediate actions and are peoples' actions as they are activated; as well, texts coordinate institutional courses of action.

Language, in terms of experience and text, was foundational to this study as it helped direct my attention to the dominant discourses that were playing out in local experiences. As well, it permitted me to consider how texts operated to give primacy to particular forms of knowledge within nursing education. For example, I examined how the nursing profession produced texts, such as Professional Standards, and how these were taken up within the local setting. I was sensitive as to how power operated within these texts to give primacy to dominant forms of knowledge. In this sense, IE complimented PFT as dominant forms of knowledge were identified and created a basis to effect social change.

IE was an appropriate methodology for this study as it was relevant to the study purpose and the theoretical underpinnings. IE complements the basis of PFT as it gives primacy to marginalized voices, examines the intersection of conditions that shape lives, and explicates power. As such, IE is a suitable methodology to critically analyze the institution of nursing education from the standpoint of Indigenous nursing students.

3.4 Methods

3.4.1 Ethics Approval

Ethics approval was obtained (August 2015) and renewed (August 2016 and December 2016) from the Research Ethics Boards of Western University and two other postsecondary settings (Appendix A). All participants were provided with a letter of information (Appendix B) that detailed the nature and purpose of the study. Participation in interviews and participant observation was voluntary and participants could choose to withdraw from the study at any time. Participants were invited to clarify questions they had prior to providing written consent at the beginning of their initial interview. Consent (Appendix C), demographic (Appendix D), and fieldnote (Appendix E) forms were kept

in a file folder in a locked cabinet in a locked office to maintain confidentiality. Audio recordings were encrypted and saved on an encrypted flash drive and were destroyed after the study was completed. Encrypted audio recordings were emailed to the transcriptionist who had signed a confidentiality agreement form (Appendix F). The transcriptionist removed all identifying information and emailed the encrypted transcript file to me. Transcripts were kept confidential and saved on an encrypted flash drive and uploaded to NVivo Pro (Version 11) on a password protected laptop that was available exclusively to me. All identifying information was replaced with pseudonyms that were selected by participants. Texts that were collected were considered public record and were saved on an encrypted flash drive and uploaded to NVivo Pro (Version 11).

3.4.2 Ethical Considerations

Ethical considerations for research that employs an emergent methodology is complex. It is not always apparent how ethical issues will unfold within the research process as relationships are developed with participants (Cutcliffe & Ramcharan, 2002). In this study, I developed professional relationships with a variety of individuals and groups involved in nursing education. These included relationships between and among Indigenous peoples, students, nurse educators, management, and myself. Within these relationships, I was aware that a number of potential issues could arise based upon the nature of the relationships, such as those based on differences in power. However, I also acknowledged that I could not anticipate all such issues because it was not always apparent how issues would develop. I was fortunate that ethical issues that did arise during the research were anticipated. For example, I did anticipate that there would be issues around participants' emotional responses to the discussion. This was anticipated

because the nature of the discussion centered upon participants' experiences, specifically experiences of being an Indigenous person within a postsecondary education setting.

I was also aware that this discussion could prompt an emotional response based on the historical and social contexts that have shaped the relationship between many Indigenous peoples and education systems (e.g. family experiences in residential school). What I could not anticipate was how each participant was affected on an emotional level. As such, I employed an ethics-as-process framework to continually identify and examine risks and benefits throughout the research process (Cutcliffe & Ramcharan, 2002). As new ethical concerns emerged (e.g. emotional responses to discussion), I balanced the risks against the benefits of participation to determine how or if we continued with the discussion. Through use of an ethics-as-process framework, traditional practices of judging ethics in quantitative research are extended to practices that are more suited to qualitative research. This is of particular relevance among qualitative research that employs an emergent methodology and that sustains relationships throughout the duration of the study (Cutcliffe & Ramcharan, 2002). Emergent methodologies pose potential ethical complexities for several reasons. For example, ethical issues may arise based upon the formation and management of relationships, power imbalances between researchers and participants, effects of participation on participants (e.g. emotional, psychological, personal), and intended/unintended outcomes.

To address anticipated concerns, I prepared a variety of strategies to address issues that could arise throughout participation in the study that extended into knowledge sharing activities. These strategies included, but were not limited to the use of the following: emailed invitations to large groups of potential participants; clarified the purpose of the relationship; member checking methods; ongoing consent; and support

services, such as counselling and Elder support (Cutcliffe & Ramcharan, 2002). To enact these strategies, I visited student classrooms as well as a meeting of nurse educators from the nursing education program. The purposes of these visits were to discuss the study, invite participation, answer questions, and identify that I would not be in a direct teaching position with student participants. To remove myself from a direct teaching position with students, I was able to organize my workload to work exclusively with students in year three of the nursing program. This enabled participation of students in years one, two and four. For students in year three who were interested, I postponed their participation until May 2016 after I submitted their final course marks to the Registrar. Year three students, who had continued interest in participating in the research, followed up and we organized the discussion accordingly. This was to remove the potential for my unconscious bias to possibly treat students differently based upon their participation and to minimize feelings of coercion on their part. I also started a year-long leave of absence the following academic year (September 2016 to 2017). This leave of absence removed me from a direct teaching position with students who had previously participated. Furthermore, to invite participation of nurse educators and administrators who were directly associated with the nursing program, I sent several group email invitations. For administrators who were indirectly associated with the nursing education program, such as chairs, deans, directors in other programs (e.g. programs providing electives or cultural supports for nursing students), individual email invitations were sent. Contact also involved casual conversation with potential participants in which the research was discussed and their participation was invited.

Prior to each interview, I ensured participants had the opportunity to read the letter of information or have it read to them, ask any questions about their participation,

and clarify the nature of the relationship. The purpose of ensuring that participants were fully aware of the nature of the relationship was to confirm that both the participant and I were clear as to the boundaries. This practice was to ensure that participants did not misconstrue the nature of the relationship, and that participants shared only intended information.

In terms of member checking, strategies were integrated into each interview. The interview style that is used within IE requires constant clarification to ensure the credibility of findings, as participants clarified and described their perceptions. Additionally, participants were invited to participate in focus groups that I had organized for the purpose of sharing preliminary findings, refining analysis, and member checking. Although member checking was not the primary purpose of the focus groups, the discussion did provide opportunity to ensure credibility of findings among participants.

Consent was an ongoing process that started when participants provided their initial signed consent prior to the individual discussion. Both initially and during discussion, I reminded participants about their consent and that they could stop the interview at any time, stop the audio recording at any time, not answer any or all of the questions, and could choose to withdraw their participation at any time without repercussion. As well, I sent an email invitation to all participants eliciting their involvement in the focus groups. Within this email, I included the original letter of information and an explanation of the nature and risk of participating in focus groups. At the beginning of the focus groups, I requested that participants sign an additional consent form to formally revisit the discussion about their rights as research participants to ensure they provided informed consent.

Because I could not anticipate participants' emotional, psychological, or personal reactions or unintended outcomes of the discussion, I organized support services for participants. Within the academic setting, student counsellors and Elders were informed about the nature of the research and they agreed to provide support to participants. I ensured that participants were aware of the support services available to them to ensure they were assisted if necessary.

I was also aware of particular ethical considerations that needed to be addressed as the research involved Indigenous peoples. Ethical considerations included: sharing of information, relating in a respectful and trusting manner, considering Indigenous worldviews, and engaging with Indigenous communities (Canadian Institute of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2010). Consistent with critical research and IE, knowledge is co-created by participants and researchers (Smith, 2005). As such, participants ultimately guided the discussion within interviews. For example, I used a semi-structured interview guide (Appendix G) to provide a basis for discussion; however, participants led the discussion in terms of how they chose to respond. Prompts were based on the direction that the participants indicated they wanted to pursue as well as issues I wanted to look at more deeply. I also sought participants' ideas about the direction of the research in terms of knowledge sharing. For example, I asked participants: what changes needed to be made to nursing education; who should this research be shared with; and how should knowledge be shared? Furthermore, preliminary findings were shared with participants in focus groups in which participants had the opportunity to refine analysis through sharing their perspectives. The co-creation of knowledge lends itself to research with Indigenous groups and communities as the

knowledge produced belongs to both participants and researcher. Thus, ownership, control, access, and possession (OCAP) of Indigenous research is shared (Schnarch, 2004). The sharing of knowledge is seen as an ongoing, two-way process of both giving and receiving information that does not end with the study (Estey, Kmetc & Reading, 2008). In this way, relationships and partnerships are established based on trust and respect and the sharing of knowledge continues well after the research commences (Estey et al., 2008).

Trust and respect formed the basis of my relationship with participants and particular attention was given to Indigenous participants as they were asked to self-disclose their ancestry. Self-disclosure about Indigenous heritage was requested to prevent generalizations. However, I acknowledge that choosing to self-disclose may have ethical and political consequences for the individual (CASN, 2007). As such, it was paramount that privacy and confidentiality were maintained to protect participants' identity. Participants were ensured that involvement in the study was voluntary and participation could be withdrawn at any time without consequence. The letter of information confirmed my commitment to ensure that all observations and interactions with participants would be respectful and based on trust. As well, identifying information was removed from transcripts to ensure participants and/or their community, Band, and/or institution were not identified.

Indigenous worldviews were considered as each participant was invited to share their experiences and perceptions. I reassured participants that the discussion was focused on their own understanding and based on their truth; as such, they were identified as being knowledgeable and experts on their daily lives (Smith, 2005). This extension of participants' experiences and perceptions provided the basis of dialogue that participants

guided. For example, I followed participants' lead and sought clarification about their perceptions as all discussion was considered relevant to the sociocultural context of nursing education. In this way, dominant knowledge was decentralized and the local knowledge of participants was given primacy (Racine & Petrucka, 2011). As local knowledge was valued, so were Indigenous worldviews as, in many cases, Indigenous knowledge was part of participants' experiences.

Relationships with Indigenous communities involved my relationship with the Indigenous Education Department in the academic setting, Indigenous nursing students within the nursing program, and Indigenous nurses and education representatives working within nearby First Nations communities. This research did not take place within First Nations communities as this would involve additional ethical considerations and the focus of this research was on the sociocultural context of nursing education. However, dialogue with key Indigenous community members was pursued to further examine nursing education. For example, I interviewed a community preceptor who mentored students within a First Nations health centre and I invited participation from education representatives from local First Nations and/or Metis communities and organizations.

3.4.3 Setting

Recruitment, data collection, and analysis began in January 2016 within the local site of the nursing program. I initially concentrated on the local site of the nursing program to focus the recruitment strategy. Because this study is based upon an emergent methodology, one that is dynamic and evolving, it was imperative that I considered all the locations, local and translocal, that comprised the institution of nursing education. For example, as data collection and analysis progressed, I was directed to other locations, outside of the local site, that supported my investigation, such as other departments in the

academic site and other locations within the collaborative nursing program, broader community, and professional and academic organizations. I could not always anticipate where the investigation would lead as I was directed by participants, observations, and texts. As such, data collection and analysis were dynamic and evolving as I gathered additional information and considered its relationship to the institution. I selected the local site of the nursing program as an initial location for inquiry based upon several methodological and pragmatic factors: 1) immersion in data collection; 2) accessibility; 3) feasibility; and 4) in depth text analysis.

First, immersion in data collection was considered as the local nursing program is a partner in a collaborative nursing program that involves seven geographic locations in northern and southern Ontario, with each location offering all four years of the nursing curriculum. This posed several challenges in terms of the scope of the study as practices, programs, and policies were largely developed by the collaborative partners. However, each site was unique and had its own local sociocultural context. Although beneficial to capture the diversity among collaborative partner sites, I felt it was not conducive for engaging in in-depth observations or identifying and analyzing texts. While many texts are common among the collaborative partners, a large amount of diversity exists as each site is contextually different (e.g. organizational specific policy, educator preference of textbooks). As well, this would have resulted in an unmanageable amount of data that would not support the purpose or intention of this research.

By focusing initial data collection on one collaborative partner site, I was able to identify and become immersed in major sources of data collection, such as observations and text analysis. Because this was the local context that I was familiar with, I had established relationships with key internal partners and had a firm knowledge of texts that

were central to my analysis. The familiarity of the local setting was advantageous in terms of providing a strong foundation to start analysis. However, this familiarity also posed challenging at times as it limited my view of the setting to my personal experience and what I understood to be a shared understanding. I was challenged to look beyond this familiarity to identify potential partnerships and texts that were unfamiliar to me. For example, during discussions with nurse educators, I sometimes limited or omitted the discussion about additional texts that the participant was aware of because I assumed that their knowledge was akin to my own. This is what Smith (2005) refers to as “institutional capture” and is a common problem among institutional ethnographers who are familiar with the institution they are investigating. To address this challenge, I focused on the work that participants were doing. Focusing on the work of participants was a constant reminder for me to redirect my attention and inquiry to what participants thought and felt about their work as well as to the context of their work. As well, I engaged in reflexive journaling to acknowledge my assumptions and biases, revisited the discussion about texts with participants when appropriate, and used the approach of a naïve researcher during discussions.

Second, I was afforded ease of accessibility as I was employed by the academic site as a nurse educator within the nursing program. This enabled me to develop strong relationships with internal partners who supported this research. Although I initially began recruitment within the local site of the collaborative nursing program, I was also afforded access to other locations within (e.g. other collaborative partner sites) as well as outside of the collaborative nursing program (e.g. community placements, administrative meetings) as guided by analysis and participants.

Third, in terms of feasibility, the current demographic of Indigenous nursing students within the nursing program was difficult to determine. Indigenous status in post-secondary education is self-identified and can be politically laden as to whether students choose to self-disclose (CASN, 2007). However, based on my informal discussion with coordinators within the nursing program, various Indigenous department representatives among the collaborative partner sites, and my own personal experience of working with groups of Indigenous students within one of the collaborative partner sites, self-identified Indigenous students represented anywhere from 4.7% to 23% of the nursing student population. Within the local nursing program, among the estimated 200 students enrolled across the four years of the nursing program, 23% of students self-identified as having Indigenous heritage. This academic setting is located in close proximity to two First Nations communities as well as in moderate proximity to a number of First Nations communities within the outlying district. This site also employed 14 full-time educators in nursing and sciences, as well as a variety of part time nurse educators, clinical educators, and preceptors who were able to speak to the sociocultural context of nursing education and provide valuable insight. As such, this setting further supported the feasibility and relevancy of this study as there was a large potential sample from which to draw participation from a variety of perspectives. Regardless of feasibility, if all collaborative partner sites were considered for selection, the particular site selected for this study would still have been the top selection based upon the demographics that provided representation from those involved in nursing education.

Lastly, initiating data collection within one site was also beneficial as I had the opportunity to examine texts in more depth. I was able to analyze texts that were relevant to the local nursing program instead of collecting and analyzing texts across the

collaborative nursing program. Texts are identified as material in a form that enables replication of what is written, drawn, or otherwise reproduced (e.g. Professional Standards, Strategic Mandate Agreement, BSCN Policy and Regulations Manual). These texts were largely accessible to me as I had local access and, for the most part, was knowledgeable about major forms of texts. This approach to text analysis enabled me to focus on texts at various levels within the local nursing program, such as those produced by the academic site, collaborative partners, regulating bodies, and accrediting organizations.

3.4.4 Sampling Strategy

Sampling utilizing IE involved engagement in primary dialogue with participants who were directly involved in the local site of the collaborative nursing program (e.g. students, nurse educators, administrators). Through conversing with participants in primary dialogue and in engaging with the resultant transcripts, fieldnotes, and reflexive journal entries in secondary dialogue, I further identified key individuals, observation opportunities, and texts that contributed to further examination of the sociocultural context.

Initially, purposive sampling permitted me to connect with participants based on their experience of being involved in the local site of the collaborative nursing program (Morse, 1991; Smith, 2005). As the study progressed, snowball sampling enabled me to identify additional participants, such as administrators within the other locations of the collaborative nursing program; education representatives from local Indigenous communities and organizations; counsellors; Elders in Residence; and additional students, educators, and administrators from the local site. This aided me to develop a more sophisticated understanding of what was going on locally and to consider how it

was related to the broader institution of nursing education (Morse, 1991; Smith, 2006). Inclusion criteria comprised: English speaking, over 18 years of age, and involvement with nursing program.

The sample size for this IE was 33 participants. It was originally estimated that a sample size of approximately 30 participants would be sufficient to map the institution of nursing education. The above sample size was based on the average sample size of ethnographic research (30-50 participants), multiple sources of data (e.g. interviews, observations, texts), scope and duration of a doctoral dissertation, availability of potential participants, multiple interviews with participants, and other studies of similar nature and scope (Cheek, 2011; Martin & Kipling, 2006; Morse, 1994; Morse, 2003). It is also important to consider that the sociocultural context was the unit of analysis and that participant interviews represented a portion of that. As such, analysis was not ultimately focused on quantity of participants, but based upon sufficient data to develop a descriptive map of the institution. Sufficient data was determined as I was able to provide a full explanation of relationships between and among constructs within the map that promoted an understanding of and challenged the daily routine work within nursing education (Smith, 2006).

3.4.5 Recruitment

Initial recruitment took place after receiving ethics approval from my affiliated institution and the collaborative partner sites. I recruited participants from the local site of the collaborative nursing program by developing and implementing a recruitment strategy based on MacDougall and Fudge's (2001) three stages of recruiting. I selected this recruitment strategy as it clearly identified three stages of recruitment: prepare, contact, and follow-up. As well, this process supported the emergent nature of this

methodology as it enabled me to connect with and build relationships with key contacts and to identify and contact potential participants throughout the duration of the study. MacDougall and Fudge (2001) found that strong and continued professional relationships with key contacts and participants were paramount to bridge the connection between the researcher and participants. This approach is supportive of PFT, IE, and research with Indigenous peoples as relationships are central to fostering participation in positive changes within institutions, such as nursing education.

The first stage, preparing, involved collating a list of potential key contacts, groups, and/or organizations that directed me to potential participants. Such contacts included the collaborative nursing program site coordinators and the director of the Indigenous Education Department at the local site of the collaborative nursing program. The preparing stage also involved connecting and networking with key contacts through email, phone conversations, and/or face-to-face discussions, to ensure they were willing to support the research.

The contact stage involved providing key contacts a letter of information that was further distributed to potential participants within the site. The letter of information was distributed online through the nursing program learning management system as well as in person during classroom visits and while attending a meeting of nurse educators from the local site. The letters of information described the purpose of the study, benefits and risks of participating, and contact information. The contact stage also entailed maintaining a secure relationship with key contacts and connecting with potential participants. When potential participants contacted me via phone or email, the purpose and scope of the study, as well as the known benefits and risks of participation, were discussed to ensure participation was appropriate and based on informed consent. The participant and I then

negotiated a date, time, and location for dialogue. Prior to beginning dialogue, participants had the opportunity to read the letter of information or have it read to them, ask questions, sign consent, and complete a brief demographic questionnaire.

The follow-up stage involved asking participants if they would be interested in being contacted for subsequent interviews, member checking, and communications regarding opportunities to participate in knowledge sharing. This process of recruitment enabled me to connect with, build, and maintain relationships with participants.

3.4.6 Sample

For the purposes of this study, institution refers to the work processes within the sociocultural context of nursing education in Canada; more specifically, Ontario. As such, the unit of analysis within this study was the sociocultural context of nursing education within the local nursing program, which included the individuals involved, observations, and texts. Participants varied as the purpose of this study was to examine the multiple perspectives within nursing education to explore how ruling relations coordinated the actions of all involved. Participants represented a purposeful sample of 33 individuals that included 17 (10 Indigenous, 7 non-Indigenous) undergraduate students, 10 educators (e.g. nurse educators, clinical educators, preceptors, counsellors), and 6 administrators (e.g. upper and lower administration). Student participants ranged in age from 19 to 44 (mean=26.5) years of age. Twelve identified as female and 5 identified as male, 10 disclosed Indigenous ancestry (First Nations or Metis), represented all four years of the nursing program as well as recent graduates (4 year one, 3 year two, 2 year three, 7 year four, 1 recent graduate), 15 pursued and/or completed prior postsecondary education (9 pre-health certificates, 8 college diplomas, 2 baccalaureates), 12 were employed (1 full-time, 9 part-time, 2 casual/self-employed), and 5 relocated to attend the

nursing program. Educator and administrative participants ranged in age from 35 to 69 (mean=49) years of age; 15 identified as female and 1 identified as male; 3 identified as Indigenous; 4 completed baccalaureates, 9 masters, and 2 doctorates as their highest level of education; and all worked full time with their respective employer. As well, time spent observing totaled 78 hours and 45 minutes and 232 texts were analyzed.

3.4.7 Data Collection and Analysis

I collected and analyzed data according to Smith's (2005; 2006) description of IE, as well as collected basic demographic data in order to describe key characteristics of participants. Data were collected and analyzed on two levels in which level one data reflected the local perspective, such as dialogue and observations. Whereas, level two data explicated how local social relations and organization were mediated by broader institutional processes via texts (Campbell & Gregor, 2008). Within the two levels of data, language was critically examined and analyzed as it was evoked from experiences and texts. Experience emerged dialogically in two forms: primary and secondary. Primary dialogue was the conversation between the interviewee and me in which their experience emerged as they extended their knowledge and teachings to me. Secondary dialogue involved engaging with the material produced in primary dialogue (e.g. transcripts, fieldnotes, reflexive journal entries) with the purpose of identifying how language coordinated the everyday actions of those who shared their experiences. Embedded within language were the work processes that reproduced the ruling relations. These ruling relations shaped social organizations and coordinated participants' everyday practices with those of others involved in the institution. Central to this was exploring power. Power was identified and examined as it arose in the coordination of the repeated actions within the institution of nursing education. Within institutions, power is seen to

be generated through discourse via texts and language as these coordinate people's actions. For example, I analyzed and tracked a variety of texts within the institution to determine how participants claimed agency over and activated texts and how texts mediated their actions.

3.4.7.1 Primary dialogue. Prior to commencing interviews, I requested that participants sign a consent form, complete a brief demographic questionnaire, and provide a pseudonym of their choice to be used in publication and other knowledge sharing activities. I offered participants choice in selecting a pseudonym to redress the power imbalance that occurs when researchers name participants and to honour preferences of identifier as names have meaning (Lahman, Rodriguez, Moses, Griffin, Mendoza & Yacoub, 2016). Most participants selected random names or names that had particular meaning to them, such as a nick name or pet's name. Although only the participant knew what the pseudonym meant to them, in some instances, the self-selection of a pseudonym caused me to reflect on this practice. For example, one participant selected the pseudonym "the Queen" to reflect her British roots. However, it is particularly interesting within the context of this research and its relationship to colonialism. Though the participant did not intentionally mean to cause harm, the selection of this pseudonym certainly illuminates how harmful practices are sometimes unconscious. Particularly in this instance when considering the British Empire was responsible for imposing colonial policy that continues to shape life for Indigenous peoples in Canada and represents a gross power imbalance. However, reflecting upon this experience has allowed me to become more attuned to unintentional and implicit power relations within the institution.

I initially engaged in primary dialogue with a variety of Indigenous and non-Indigenous nursing students, educators, and administrators. The multiple perspectives provided a well-rounded understanding of the standpoint from which I further examined the institution. Through primary dialogue, participants also identified potential participants, opportunities for observation, and/or texts that furthered the investigation. I extended invitation to potential participants, such as, Elders in Residence, counsellors, education liaisons, and upper administrators. Through primary dialogue, I was also invited to observe meetings focused on Indigenous education within local and provincial settings and I continued to collect and analyze texts as they were identified. Because the purpose of primary dialogue was to examine the local perspectives within nursing education, I listened to the participants' experiences from the position of wanting to understand their everyday lives within the context and to explicate how ruling relations coordinated and mediated their actions. I invited participants to converse with me in semi-structured individual and/or small group dialogues that were audio-recorded. Following the dialogue, I documented my critical reflections in fieldnotes and a reflexive journal. Fieldnotes followed Morse and Fields' (1995) format that focused on non-verbal communication and nuances, researcher's impression of the dialogue, and technological issues. The reflexive journal was an unstructured journal in which I made regular entries throughout the research process. This journaling process was an opportunity for me to reflect and write about theoretical, methodological, and pragmatic challenges and successes. Through reflexive journaling, I was able to identify areas for further investigation within primary and secondary dialogue as well as recognize areas for further discussion with my dissertation committee. This process enabled me to work

through my own assumptions and biases, while tracking the various decisions that I made throughout the research process.

The audio-recordings were transcribed verbatim and uploaded into NVivo Pro (Version 11) data management software. Using NVivo Pro (Version 11) assisted me with further analysis and aided the management of the large amount of data from various formats, such as audio, Word, PDF, rich text, plain text, and web. This software package enabled me to classify, sort, and arrange a variety of data, such as transcripts, fieldnotes, and various texts, as well as examine relationships within the data, which proved useful in analyzing the consistencies and discrepancies among various data sources.

Within IE, the aim of primary dialogue is to develop an understanding of the coordination of activities within the institution. The purpose is not focused on individual experience; however, experience is used as a means of evoking an understanding of coordination (Campbell & Gregor, 2008). Dialogue took place where participants were most comfortable. Both individual and small group options were offered as I felt some participants would be more comfortable sharing individually and/or collectively (Clavering & McLaughlin, 2007). However, all participants opted for individual dialogue for the initial discussion. Although I requested participants to determine the location of the dialogue with the intended purpose of promoting comfort, gleaning insight into their life, shifting the balance of power, and providing context for dialogue and analysis, the majority of interviews were conducted on the campus of the academic site. Most interviews took place in my office as it was convenient, private, and accommodated interview times between classes within busy schedules. Several interviews took place in library study rooms and participants' offices, both on and off campus as well as online via Skype. Regardless of the location of the dialogue, I perceived interviewees to be at

ease during the conversation. I also used various strategies to enhance comfort and trust between myself and participants, such as building relationships prior to dialogue by connecting with potential participants through email, phone discussion, and/or face-to-face conversations; discussing the purpose of the research; answering any questions participants had about their participation; emphasizing that any information shared would be confidential and not used against them in any way; and reassuring participants that they were experts on their own lives.

Dialogue ranged from 30 minutes to 3 hours in length. Variance in the length of interviews was affected by the interviewee's availability and interest in the conversation. A semi-structured interview guide (Appendix G), which was based upon the research questions and texts, provided questions to initiate dialogue and enabled open discussion. As well, the interview discussion prompts depended upon the interviewee's role as student, educator, or administrator. However, interviewees ultimately guided dialogue in terms of what and how they chose to share their knowledge and teachings with me about their everyday lives. As well, my questions transformed throughout the various stages of data collection and analysis to achieve a deeper level of understanding. For example, when engaging in dialogue with interviewees representing different levels of administration, I revised prompts based upon prior interviews to focus on their particular area of expertise (e.g. funding for Indigenous education). Methods used within IE facilitated my engagement with interviewees in a manner that enabled the interviewee to guide the discussion and enabled me to develop descriptive accounts of how ruling relations coordinated social organization within nursing education. Because data collection and primary dialogue occur simultaneously, interview questions were emergent

and analytical and depended upon what was raised during the discussion as dialogue was representative of a co-construction of knowledge and interpretation.

3.4.7.2 Secondary dialogue. Secondary dialogue ensued when I read the transcripts, fieldnotes, and reflexive journal entries that were collected during primary dialogue. I reviewed transcripts, fieldnotes, and reflexive journal entries to identify how language was embedded within experiences as work processes interconnected with social relations and organized the everyday actions among those involved in the institution. Central to this dialogue was the exploration of how power was embedded within and coordinated ruling relations within nursing education. For example, I used NVivo Pro (Version 11) as a tool to identify work processes that were reproduced repeatedly (e.g. application of the BScN Policy and Regulations Manual). This process enabled me to identify how particular texts were activated as well as how particular forms of knowledge were given primacy. This helped inform future primary dialogue as I was able to build upon previous discussions and uncover how power was embedded within language.

3.4.7.3 Observations and texts. Data were also collected in the form of observations and texts. Within IE, observations were an open-ended undertaking as I needed to be open to what was happening in the setting. However, large amounts of data are not needed. What is needed is very little and specific data that examines how and why various courses of action are taken (Campbell & Gregor, 2008). Because I am an insider to the institution, this context was very familiar to me, and many times, I was recording and reflecting on my own work practices that were well known to me. I made observations during my day-to-day work within the nursing program, during interactions with those involved within nursing education, and during dialogue with interviewees. However, I am also an outsider to the institution as I am a PhD student and researcher.

This location created distance between me and those I was formally observing during meetings that were outside of nursing education (e.g. provincial meeting of Aboriginal Education Councils). Through reflexivity, I was able to develop a better sense of how to manage the reality of being an outsider. For example, prior to my formal observation of the meeting of Aboriginal Education Councils, members of the meeting were alerted to my attendance. However, during the meeting, I sensed that there was some discomfort with my presence. As a result of this, I initiated casual conversation with meeting members during a break. This provided the space to have a more detailed conversation about the nature and intent of my observations. This conversation helped to change the tone of the subsequent meeting as I was able to understand that I had not been introduced to the group in a way that explained my purpose or intent of observing the meeting.

Observations helped to direct future dialogue and helped me unpack the ruling relations within the institution. For example, while observing the meeting of the Aboriginal Education Councils, I began to identify areas within postsecondary education and nursing education to further inquire about during primary dialogue, such as financial support provided for Indigenous students. These observations illuminated how discussed practices may shape participants' day-to-day lives (e.g. challenges Indigenous students experience in transferring funding from Bands to postsecondary academic settings). I recorded my observations in fieldnotes and in a reflexive journal. The fieldnotes and reflexive journal provided me with the opportunity to record my additional contextual insights as well as major topics of discussion in both structured (fieldnotes) and unstructured (reflexive journal) forms. These processes aided me in understanding how relations, within both local (i.e. nursing program) and translocal (i.e. institutional context) settings, were connected as I was able to piece together what I had learned from each

dialogue with related observations and texts. As well, I was able to review the fieldnotes and reflexive journal entries to consider how my understanding transformed throughout data collection and analysis.

In IE, texts are considered level two data that sets IE aside from other forms of ethnography, as texts are central to explicating how local actions are mediated by broader institutional processes and vice versa (Campbell & Gregor, 2008). Texts are material forms that enabled replication, and included: BScN Policy and Regulations Manual, textbooks, Strategic Mandate Agreement, Entry-Level Competencies for Registered Nurses, Professional Standards, best practice guidelines, frameworks, learning activities, course outlines, etc. As I collected texts, I uploaded them into NVivo (Version 11) to help with organizing analysis. Within NVivo (Version 11), I read texts and highlighted areas of the texts that related to dialogue. This enabled me to analyze how participants' language and experiences were shaped by texts, thus illuminating how texts coordinated daily lives. As well, this process helped me to identify how texts were connected to other locales as I was able to identify linkages between and among forms of text. For example, I was able to link the Strategic Mandate Agreement to administrator transcripts to identify how this form of text shaped the work of administrators.

I gathered texts that were related to postsecondary education and/or the nursing profession and that were connected by their intersection within the nursing program. For example, the "BScN Policy and Regulations Manual" is an example of policy that is rooted in the nursing profession and transcends into nursing programs to direct the behaviours of nurse educators and students. Texts connected local actions to other locales, such as administration and governing bodies within the institution of nursing education and provided further insight into the organization of the ruling relations. As

well, texts analysis helped to illuminate how power operated through the coordinating function of texts. Texts were seen as non-discrete means of coordinating peoples' actions because they *were* peoples' actions (Smith, 2005). I tracked and analyzed texts to examine how they mediated and coordinated courses of action within nursing education. According to Campbell and Gregor (2008), participants directed the collection of texts as texts were seen as documents that represented social relations that were embedded within their experience. Hence, I analyzed texts that were discovered during primary and secondary dialogue, as well as used texts as a means to initiate dialogue.

3.4.7.4 Writing up and mapping. Within IE, data collection and analysis are concurrent activities that involve developing an understanding of the micro level of experience to examine the macro level institution and vice versa (Smith, 2005). Data were concurrently analyzed during primary and secondary dialogue, observations, and text analysis as I interacted with participants and texts to explain how actions within the local context were coordinated by the broader institution. The process and goal of analysis were aimed at examining and explicating what was actually happening within the institution. This analysis occurred while writing, as this was an opportunity for me to reflect on the data and goings on in the institution.

The process of writing up occurred simultaneously with mapping and involved writing and rewriting the story as I pieced together and made sense of what I was told by participants, gleaned from observations, and explicated from the textual analysis. During writing up, I analyzed raw data collected from the field to help explain how local accounts and perspectives came into existence. To do this, I moved between explanations of what was going on in the local nursing program and the goings on in the macroinstitutional context. I followed the trajectory of texts from origination to their

activation within the local setting. This process helped me to develop an explanation of the goings on within nursing education. The explanation produced from the writing up focused upon the organization of each structure to identify how experience and texts aligned within structures as well as the work processes that shaped social relations within the institution. According to Campbell and Gregor (2008), analysis was not about detecting similarities and differences among participants' accounts; it was focused on examining how participants' experiences were coordinated by larger institutional processes. The process of writing the analysis allowed me to map (diagram) the institution of nursing education and to make sense of the data by illustrating social relations and organizations.

Mapping brought together the different knowledges of work as well as explaining how texts mediated actions within nursing education. The purpose of mapping sequences of work and text aided in explicating the work processes of institutions and actions, representing an actuality that is known to all who were involved in the context (Smith, 2006). Texts were mapped based upon how they identified and mediated work processes that were embedded within discourse. These processes were further examined through the accounts and actions of participants. Through examining and understanding the map, those who are familiar with nursing education, can develop a critical understanding of how their work within the institution is shaped by social relations and organizations, providing the basis for social action and change.

Data collection, writing, and mapping were synergistic processes. As I collected data, I analyzed it to identify its purpose, intention, and how it was taken up. This provided the basis for writing it up as I endeavored to piece it together with other data, creating a description of the goings on in the institution. The writing up then guided

mapping as I graphically pieced the findings together and further considered the relationship between and among constructs on the map. The map then informed continued data collection as it illuminated areas that needed further investigation and description. This process continued until I came to a write up and map, which represented the major structures, texts, processes, and relationships within nursing education. Although this resulted in a fairly thick description of the institution, gaps persisted as some areas needed further analysis. For example, I was able to identify the ruling relations, but how relations ruled in some parts of the institution were not as clear. As such, I organized focus groups to further refine analysis.

The purpose of the focus groups was to refine analysis as I advanced my interpretation, shared preliminary findings, and member checked findings for credibility. I invited all participants from primary dialogue to join one of two focus groups. Within an email, I provided the original letter of information and a brief description of what participation involved. The original letter of information was included to remind participants of the nature and purpose of the research as well as their rights as research participants. I emailed several reminders spaced out in one week intervals and awaited participants' responses to the invitation. I organized the focus groups into two student and two administrator/educator groups. I opted to separate students and administrators/educators as I was cognizant of the power inequities that existed between groups (Carey, 2016). I also wanted to ensure comfort and felt that organizing participants into like groups would enhance conversation as participants could build upon each other's experiences and ideas throughout the discussion (Carey, 2016). Focus groups were mixed between Indigenous and non-Indigenous participants to promote open discussion of the findings. Overall, four students, six nurse educators, and one administrator participated in

the discussions. The first student focus group had three of four participants attend and the second student focus group transformed into an individual discussion with one participant. The first nurse educator focus group involved three nurse educators who attended in person and one who attended via teleconference. During the second educator focus group, the discussion transformed into a small group discussion as one nurse educator attended in person while the second nurse educator attended via teleconference. As well, I engaged in individual dialogue with the one administrator.

During the focus group discussion, I briefly presented preliminary findings that were relevant for each group and used this as the basis for discussion while participants guided the discussion with their perceptions. I had a notetaker record observations and main discussion points to enable me to focus on facilitation. During individual dialogue, I shared the preliminary findings and continued to use these as the basis of discussion. The insights gleaned from both the focus groups and individual discussions helped enhance the analysis as participants were able to validate findings, provide suggestions on how to improve the map (e.g. suggest moving items, renaming items), and share their reactions. The focus groups and individual discussions were then used to inform the writing up and mapping as I continued to piece together the findings based upon participants' feedback and reactions. Writing up and mapping continued until a rich description of the institution was produced.

3.4.8 Rigour

Establishing rigour within this critical research was complex as knowledge and interpretation were co-constructed by the participants and me (Manderson et al., 2006; Smith, 2005). Therefore, this description of social phenomena will never be exactly the same as another, since it is value laden (Kincheloe, McLaren & Steinberg, 2011; Lather,

1986). It is value laden because each researcher views the topic of inquiry from their own perspective and will produce different descriptions of social phenomenon based upon whichever part of the sociocultural context they examine (Kincheloe et al., 2011). Critical researchers aim to understand whatever social phenomenon that is of interest to them, as well as the inherent processes that shape it, in as thick of a way as possible. It is through the dialogue within the research process that participants and I were changed. Dialogue was a collaborative act that involved me, as the naïve researcher, learning about the participants' everyday experiences. As a result of this interaction, each person involved in the process was made more aware of their actions and how their actions were mediated and coordinated within the institution (Smith, 2005). With this enhanced awareness, the basis for social change was created, as participants become empowered to make changes at all levels within the institution.

It is the social relations and organizations within the institution that were of interest to me and in order to participate in and analyze social phenomenon, I employed a variety of means to ensure rigour. Lather (1986) provided guidelines to establishing rigour in critical research. She offered four strategies that were considered for this study, as these were congruent with the theoretical and methodological underpinnings: triangulation, construct validity, face validity, and catalytic validity.

3.4.8.1 Triangulation. The purpose of triangulation is to include multiple data sources, methods, and theoretical schemes (Lather, 1986). I employed triangulation by collecting data from multiple sources, such as primary and secondary dialogue with participants that included individual dialogue, observations, and text analysis. As well, focus groups provided another opportunity to triangulate data as analysis was further refined through sharing of multiple perspectives and participants building upon each

other's ideas. Including multiple data sources aided me in examining both the patterns and divergences in participants' experiences, and more importantly in PFT and IE, to further examine how these experiences came to be. As well, I employed a variety of strategies to collect data such as dialoging with individuals, facilitating focus groups, conducting observations within interviews as well as in the field, and collected texts using a variety of means. Various strategies for collecting texts involved searching postsecondary and nursing professional websites, as well as the local academic site's intranet; scanning through textbooks and resources used for course development and preparation; and asking key informants, such as the local nursing program administrative assistant for files containing course outlines and learning activities.

3.4.8.2 Construct validity. Construct validity is rooted in peoples' experiences and self-reflexivity (Lather, 1986). In both PFT and IE, the standpoint of those experiencing the phenomenon is central to developing an understanding of the broader processes that shape experiences and to decentralizing the experiences of dominant groups. Smith (2006) argues that the processes and outcomes of IE are, of themselves, a process based upon reflexivity as it is embedded in experience. As such, I employed a process of interviewing that was from the vantage point of understanding the daily lives of participants as they are knowledgeable and understand social organizations within the local setting (Smith, 2006). From this vantage point, I inquired and validated my understanding of participants' accounts during primary dialogue to ensure that my understanding was reflective of their experience. Also, within the analysis I extended participants' accounts beyond their everyday experiences and examined how broader structures, and inherent texts, within nursing education shaped participants' actions.

Within critical feminist research, self-reflexivity is essential (Kincheloe et al., 2011). As such, I critically examined my own assumptions and considered how my social location shaped interactions between myself and those who participated in the study. Self-reflexivity was about how my social location represented a position of power in terms of how I related to participants, as well as my relationship to participants as an insider/outsider (Smith, 2005). Insider/outsider status shaped the way data was collected and analyzed, particularly within this setting, as it is familiar to me (Cudmore & Sondermeyer, 2007). I am a nurse educator within the local site of the nursing program. Being familiar with terminology, routines, and processes, I could understand participants' actions and behaviours. This insider status was advantageous in understanding the local goings on and promoting comfort between myself and colleagues/participants. I had a considerable amount of support from my colleagues and was largely accepted by them; however, even within this insider status, I was an outsider in some ways. Cudmore and Sondermeyer describe feeling like a traitor who was spying on colleagues and "thus betraying them by subjecting their practices to scrutiny" (2007, p. 31). I related to this concept as I wanted to please my colleagues and I did not want to present them in a bad light. While reflecting on this conflict, I have come to recognize the benefit of conducting research within a familiar setting as I am able to give back to the nursing program that shaped this study. As well, I have the opportunity to become involved in work that promotes change within the local setting as well as maintain relationships with participants. For example, I was challenged to critically examine taken for granted practices that were routine for me, as they were as much a part of my day to day work processes as they were for my colleagues. Prior to the research, I often did not think critically about what my practices represented, reproduced, or about the consequences

these entailed. I found it challenging to question work processes within nursing education, as I was blinded as to how daily routines would or could be problematic or were related to larger, macroinstitutional practices. I was attuned to this experience and shared this with my colleagues during interviews to emphasize that I was also critiquing my own work practices, not just theirs. As well, following interviews and observations, I documented my perceptions and critical reflections within fieldnotes and a reflexive journal. As well, through discussions with my dissertation committee, I was able to question the goings on and open my eyes as to how actions and behaviours were connected to other locales and to work out my relationship with colleagues. These strategies provided the basis for future dialogue with interviewees and within the focus groups.

It was also essential to consider that I am a White, middle-class woman and have spent the majority of my adult life involved in nursing education in some capacity (e.g. undergraduate or graduate nursing student, nurse educator). In this context, I had insider knowledge as a nursing student, nurse educator, and a non-Indigenous woman. Yet, for students in this context, I was an outsider as I was a nurse educator and in a direct position of power. To attempt to address this power differential, I ensured that I was not in an active teaching role with the students who participated and was cognizant about my way of being with students. When conversing with students, I ensured that I participated in casual conversation to start the dialogue (e.g. asking about their children, their employment, and clinical/community placements) and ensured that I emphasized that they were experts on their daily life. Also, the use of PFT and IE enabled me, as part of the dominant group, to decentralize dominant forms of knowledge production that I represented by giving primacy to the knowledge produced by participants.

The multiple perspectives based upon my social location posed several ethical, cultural, and methodological challenges. My social location as researcher places me in a position of an outsider with inherent power in the position I hold when interacting with potential participants. This power inequity is based upon the reality that as a researcher, I am fully knowledgeable about the research process that I am involved in and what I represent; whereas, participants are not fully aware. Because of this reality, power imbalances are viewed as inevitable as social relations shape interactions (Lather, 1986; Manderson et al., 2006; Smith, 2005). Through reflexivity, I was able to work through issues as they arose, as I identified and implemented a variety of strategies to help address this power imbalance. For example, participants were involved within the research process as they participated in primary dialogue, helped to refine analysis through focus groups and discussions, and participated in knowledge sharing activities. This involvement provided the opportunity for participants to become more aware of how their knowledge was used and shared throughout the research process.

I also acknowledged that the experiences participants shared with me were a representation of power relations. However, participants were not powerless in this process. Each participant enacted their power through controlling the dialogue and determining what, where, when, how, and if they shared their knowledge and teachings with me. By bearing in mind these ethical situations, I was able to address considerations by providing a comfortable environment in which participants felt at ease in sharing their experiences.

During the process of dialogue and engaging with participants, my own thinking was challenged as I continued to locate my own position within this research. I recorded my thoughts in a reflexive journal and discussed experiences with my dissertation

committee and appropriate community members. Through journaling, guidance, and support, I engaged in three types of reflexivity: self-reflexivity, interpersonal reflexivity, and health (education) system reflexivity (Rix, Barclay & Wilson, 2014). Self-reflexivity identified and challenged my own unknown and deeply held assumptions (e.g. assumptions that I held about gender, race, and class relations). Interpersonal reflexivity enabled me to truly immerse myself in the interaction to gain an understanding of participants' experiences within a context of reciprocity (e.g. acknowledging how the research process is a co-creation of knowledge). Health (education) system reflexivity allowed me to engage in critical reflection of my embedded assumptions within the institution of nursing education (e.g. moving beyond my own knowledge of the institution to fully engage in that of the participants'). In Chapter 7: Discussion and Implications, I continue this discussion to further explicate how I applied the three types of reflexivity.

3.4.8.3 Face validity. Face validity is the process of validating findings with participants to ensure credibility of analysis by refining preliminary findings based upon participants' reactions (Lather, 1986). Within IE, this sort of member checking is an ongoing process that formed the basis of the dialogue, as my goal was to understand the participant's account of their experience in its actuality. This was done through a process of asking questions during dialogue with the intention of understanding not only the daily lives of participants, but to further explicate how these actions came to be. Additionally, I organized several focus groups with existing participants. The purposes of the focus groups were aimed at knowledge sharing, refining analysis, and member checking, as participants had the opportunity to engage in discussion based upon their local experiences. During the focus groups, participants had the opportunity to listen and

respond to initial findings. Through this process, participants shared their insights and perspectives which helped to further refine the analysis. For example, during the focus groups, I was able to initiate discussion with participants that focused on identified gaps in analysis. Focusing the discussion on particular areas enabled me to validate relationships and connections between constructs and to realize additional relationships and areas for inquiry that I had not initially realized.

3.4.8.4 Catalytic validity. Catalytic validity refers to the degree to which the research process brings realities into the consciousness of participants with the aim of changing it (Lather, 1986). One of the main goals of IE is to describe and map the ruling relations within the institution to heighten the awareness of those who participate in the context to provide the basis for social action. Further to this, PFT aims to promote social change to achieve social justice and equity. Therefore, catalytic validity was addressed through knowledge sharing, as those who were involved in the study had the opportunity to develop an enhanced awareness of how their daily lives within nursing education were coordinated and mediated by ruling relations. My role within knowledge sharing was through the engagement of participants in analysis and further knowledge sharing. I facilitated focus groups and individual discussions with the purpose of sharing preliminary findings and seeking feedback from participants to refine analysis. As well, after the study, I shared findings with participants and encouraged them to share findings as they deemed appropriate. Strategies for knowledge translation are expanded upon in the following section.

3.4.9 Knowledge Translation

Knowledge translation (KT) aims for the utilization of knowledge gained through research to positively influence individual and community health (Canadian Institute of

Health Research, 2004). The aims of KT are central to both PFT and IE, as the ultimate purpose is to foster positive social change through heightened awareness of the role each actor plays within the institution (Browne et al., 2007; Smith, 2005). Methodological and theoretical frameworks, such as IE and PFT, are perceived of as forms of activism that are emancipatory and geared towards decolonization (Racine & Petrucka, 2011; Strega & Brown, 2015). Using IE and PFT, emancipation is evoked through an emphasis on the critical awareness of the institutional complex as the impetus for social justice and equity. Furthermore, using a PFT lens is one means to decolonize the research process as the knowledges of those who are marginalized are centralized (Racine & Petrucka, 2011; Strega & Brown, 2015). It is through the research process itself that knowledge was co-constructed and shared in a reciprocal nature.

Within this study, positive changes are aimed at enhancing the experiences and success of all nursing students, particularly those of Indigenous heritage. As such, KT is of added importance when considering research with Indigenous peoples, as KT is situated within both historical and cross-cultural contexts (Estey, Kmetc, & Reading, 2008). KT within Indigenous contexts is viewed as a two-way process, a process of both receiving and giving information that is situated within Indigenous and Western worldviews (Estey et al., 2008). It is essential that Indigenous peoples be involved in determining what and how their knowledge and information is shared (Estey et al., 2008; Jardine & Furgal, 2010). Information sharing was centered upon the 4 R's (respect, relevance, reciprocity, and responsibility), which are foundational First Nations perspectives that are essential in working with Indigenous peoples (Kirkness & Barnhardt, 2001). Respect involves respect for self, others and all things and is rooted in understanding lived experience. Relevance is based upon relationships that encompass

the whole person, not just the needs of the researcher. Reciprocity is the sharing and transfer of knowledge; whereas, responsibility is based upon honesty, motivation, and readiness to participate (Kirkness & Barnhardt, 2001). Within IE and PFT, because knowledge is co-constructed and dominant perspectives are decentralized, knowledge sharing is seen as a reciprocal process that is based upon respect and ability to participate. For example, as participants shared their stories with me, I also was sharing my interpretation of the analysis as I sought their clarification and linked their stories within the institutional complex. This was a cyclical process within individual dialogue that was the impetus for discussion within focus groups. Within the focus groups, preliminary findings were shared with participants to encourage discussion and elicit participant feedback to refine the analysis. As such, participants were active in their involvement, as they provided the standpoint for inquiry and were actively involved in the research process.

As a critical researcher, it is my role and responsibility to facilitate the translation of what occurred within the institution and what can be applied to other settings. As a strategy for KT, I discussed KT with participants during primary dialogue to inform a KT plan that was reflective of reciprocity and respectful of participants' viewpoints (Racine & Petrucka, 2011). Thus, an executive summary of the findings will be emailed to participants. Participants will be encouraged to send their reactions and feedback to me and to share study findings with their associated communities and organizations. The purpose of this sharing is to initiate change across institutions, communities, and organizations and act as a catalyst for changes that may have not been initially realized.

I have planned to share findings within the local setting that includes the nursing program, administration, and the Indigenous Education Department. I will share findings

and recommendations and implications for changes through presentations. The intention of presenting the research is to facilitate changes through the creation of action group(s) that are focused on engaging Indigenous learners. On a local level, this could affect changes within the nursing program in terms of practices, programs, and policies as well as within the broader academic setting.

I also have intentions to become more strategic about my role within the broader institution of nursing education. For example, I am a member of the Provincial Nurse Educators Interest Group (PNEIG), which is an interest group of the Registered Nurses Association of Ontario (RNAO). Within the PNEIG, I intend to take on a more active role in sharing study findings to elicit change within provincial practices in nursing education and by writing articles/blogs to be posted on social media (e.g. PNEIG “For Discussion” section). As well, I plan to pursue opportunity to become involved with national groups, such as the Canadian Indigenous Nurses Association (CINA). Part of CINA’s mandate is to provide direction to nursing education for the inclusion of Indigenous students. Aligning KT strategies with CINA, through this research, will help effect change at a national level, providing broad direction for nursing education. Additionally, I plan to involve students in these experiences by identifying ways to enhance their involvement in advocating for changes within nursing education through active participation in professional associations.

These participatory and transformative strategies for KT are ways that I can work to promote positive social change within nursing education for and with Indigenous students. Dion Stout stated that knowledge sharing is more about “paying respect to the known, learning from the knowers, and fully participating in the knowing” (Bourque Bearskin et al., 2016, p. 27). Thus, it is essential that transformative approaches to

knowledge sharing involve those involved in nursing education to intentionally guide future research activities (Matthew-Maich, Ploeg, Jack & Dobbins, 2010). Most importantly, the above strategies for KT are a means to establish and maintain relationships with Indigenous peoples and groups. If this research is to act as a catalyst for change within the local setting, it is essential that relationships are established that continue after the end of the research study. Continued relationships, which focus on KT as an ongoing process, is a means to ensuring research is ethical, relevant, and most importantly, actionable for Indigenous communities (Estey et al., 2008). Through this process, knowledge is transferred to other researchers, other communities, and other settings to enhance awareness and effect social change (Kincheloe, et al., 2011). Through this awareness, those who are involved can critically examine the role they play within nursing education. The intention is that participants feel empowered and motivated to initiate positive changes within nursing education.

3.5 References

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Chapter 4: Identifying as Indigenous

The purpose of this chapter is to illuminate social relations of *Identifying as Indigenous* within postsecondary education. The institution of nursing education is inclusive of a broader institutional context that includes postsecondary education and the nursing profession. *Identifying as Indigenous* benefitted Indigenous students as it enabled access to financial, academic, and social supports. However, Indigenous students were objectified and exploited as their identity became a means of currency in which learners were remunerated and academic settings were funded. In this way, race ruled relations. This chapter illuminates race as ruling relations within postsecondary education. It is important to note that race relations did not act in isolation from other ruling relations, such as gender and class relations. However, race was brought to the forefront as it undeniably reproduced colonial race relations.

Within postsecondary education, colonial ideology provided the basis for *Identifying as Indigenous*. Indigenous scholars have regarded early childhood as the beginning of identity development and identity as a “pathway to survival and well-being” (Greenwood & Jones, 2015, p. 64). Indigenous identity is closely connected to health and is shaped by community support and relationships with people and the land (Richmond, 2015). However, in many ways, colonialism has stripped Indigenous peoples of their cultural identity and imposed an identity based upon a colonial ideology of race (Lawrence, 2003; Reading, 2015). Colonialism, as a classificatory system of Indigenous race, has shaped a way of thinking that is so familiar that it now seems ‘natural’ (Lawrence, 2003). Thus, in postsecondary education, the identification of Indigenous students centers upon race as a biological construct. Although the identification of Indigenous students is voluntary, as self-identification is encouraged to gain access to

various supports, both financial and cultural, it is problematic. Processes of identification are embedded within a colonial history that has constructed Indigenous peoples as powerless and placed at the bottom of a Euro-Canadian social hierarchy (Lawrence, 2003).

Historically, the colonial practice of identifying Indigenous peoples was to determine the significance of the problem Indigenous peoples posed within society, in which, decreased numbers of Indigenous peoples equated to successful assimilation efforts by the Canadian government (Reading, 2015). However, now Indigenous identity is used as a marker of success with higher numbers of Indigenous students in postsecondary education equating to success. Success is aimed at closing the gap in educational disparity between Indigenous and non-Indigenous students (Government of Ontario, 2011). Yet, inequities in terms of the representation and experiences of Indigenous students within postsecondary education persist. With disparity conceptualized as the number of Indigenous students, attention is directed towards numbers rather than examining the ideology or institutional complex that sustains inequity.

It is known that Indigenous peoples experience significant challenges in accessing and completing nursing education (Canadian Association of Schools of Nursing, CASN, 2007). These challenges are confirmed by the low numbers of Indigenous peoples enrolling in nursing programs, high rates of attrition among Indigenous nursing students, and the underrepresentation of Indigenous nurses within the profession (Anonson, Desjarlais, Nixon, Whiteman & Bird, 2008; CASN & Aboriginal Nurses Association of Canada, ANAC, 2013). Rates of enrollment and attrition of Indigenous nursing students have been attributed to a variety of factors, such as the consequences of self-disclosing

Indigenous identity, differences in worldviews, lack of cultural relevance in nursing curricula, variances in language and communication, perceptions of nursing among Indigenous youth, educational preparation, and racial discrimination (Anonson et al., 2008; Arneault-Pelletier, Brown, Desjarlais & McBeth, 2006; CASN, 2007; Martin & Kipling, 2006; Martin & Seguire, 2013). The most recent statistics estimate that the number of Indigenous nursing students increased to 730 students in 2007 from 237 in 2002 (CASN, 2007). However, attrition among Indigenous nursing students has remained high and is estimated to be 50%, compared to 25% among non-Indigenous nursing students (CASN, 2007; Canadian Nurses Association, CNA, 2009). While increasing numbers of Indigenous students within nursing education is perceived as working towards equity, there needs to be thoughtful consideration of the consequences and benefits, both intentional and unintentional, for Indigenous students. Low numbers of Indigenous students within nursing education are a symptom of a larger problem related to the social organization of race. Thus, bringing attention to the social relations that permeate the institution is a step toward greater equity for Indigenous students. As such, the aim of this chapter is to expose race ruling relations within the institutional complex and illuminate how peoples' everyday activities within nursing education were coordinated by the broader institutional context.

4.1 Literature Review

A literature review was conducted to examine studies that investigated Indigenous students in nursing education. The literature recovered centered upon a variety of programs and initiatives that were aimed at enhancing the inclusion of Indigenous students within nursing education; understanding factors that challenged the engagement of Indigenous nursing students; and examining Indigenous students' responses to nursing

education. The purpose of examining this literature was to help locate this study within the field and to explicate the social organization of Indigenous students within nursing education. As such, the literature review is organized into three sections: programs and initiatives for Indigenous students; Indigenous nursing students; and Indigenous students' responses to nursing education.

4.1.1 Programs and Initiatives for Indigenous Students

The following literature demonstrates how the education of Indigenous nursing students has been managed within nursing education with the objective of enhancing enrollment, retention, and graduation. The majority of the literature recovered on Indigenous nursing students centered on a variety of programs and initiatives that represented various efforts within nursing education. Much of this literature had been used to establish best practices for Indigenous nursing education. Research has shown that nursing access programs were an ideal approach for Indigenous students entering into nursing education as many did not have the needed prerequisites to enroll directly into nursing programs (Anonson et al., 2008; Arnault-Pelletier, Brown, Desjarlais & McBeth, 2006; Curran, Solberg, LeFort, Fleet & Hollett, 2008; Kulig, Solowoniuk, Weselfat, Shade, Lamb & Wojtowicz, 2010; Labun, 2002; Martin & Seguire, 2013; Meiklejohn, Wollin & Cadet-James, 2003; Orchard, Didham, Jong & Fry, 2010; West, West, West & Usher, 2011). Nursing access programs tended to offer a variety of sources of support for Indigenous students, such as tutoring and mentoring. While many initiatives touted success in terms of increased numbers of Indigenous students enrolling and graduating from nursing programs, there was minimal amount of empirical literature that evaluated the effectiveness of these programs and initiatives related to Indigenous students' experiences. In the literature that did report evaluation, students identified

increased levels of confidence and overall positive experiences (Arneault-Pelletier et al., 2006; West et al., 2011).

Within programs and initiatives were several key aspects that were considered essential when providing nursing education for Indigenous students. These included the integration of Indigenous knowledge to promote inclusive learning environments and meaningful partnerships with Indigenous communities to ensure that programs and initiatives were representative of local Indigenous perspectives (Anonson et al., 2008; Arnault-Pelletier et al., 2006; Arnold et al., 2008; Curran et al., 2008; Kulig et al., 2010; Martin & Seguire, 2013; Gregory, McCallum, Grant & Elias, 2008; Orchard et al., 2010; Stansfield & Browne, 2013). Although Indigenous knowledge and partnerships were identified as essential elements within programs and initiatives, of this literature was theoretical and lacked empirical evidence that explored and examined the nature and outcomes of these strategies.

Within Canada, many of these programs and initiatives were a result of the work of the Canadian Indigenous Nurses Association (CINA formerly ANAC), CASN, and CNA, as well as funding opportunities through Health Canada's Aboriginal Health and Human Resource Initiative (AHHRI). These national establishments have worked toward enhanced engagement of Indigenous peoples within nursing education through the development of various frameworks, curricula, and grants. In this way, these programs and initiatives have been constructed as ideal practices; yet, few studies have supported their development. Six studies reviewed provided evaluation of programs and initiatives and have varied in terms of methodology. These studies evaluated programs and initiatives using responsive evaluation (Curran et al., 2008), student survey responses (Metz, Cech, Babcock & Smith, 2011; Rearden, 2010), comparison (Penn, 2014),

mentoring circles (Felton-Busch et al., 2014), and Delphi technique (Parent, 2010). Even though the methodology for evaluation varied among these studies, findings were comparable as each study identified the importance of culturally relevant curriculum (Curran et al., 2008; Parent, 2010), cultural support (Felton-Busch et al., 2014; Metz et al., 2011; Parent, 2010; Penn, 2014; Rearden, 2010), and partnership with Indigenous communities and organizations (Curran et al., 2008; Parent, 2010; Smith et al., 2011). One study provided insight into how curriculum and/or programs were developed in terms of partnership with Indigenous communities (Curran et al., 2008); while other studies explained various initiatives or supports without details about how these were established (Felton-Busch et al., 2015; Metz et al., 2011; Rearden, 2010). Several studies examined ideal programming for Indigenous students based upon an expert panel (Parent, 2010), review of the literature (Smith, 2011), and experiences from a study tour (Penn, 2014). Although these studies aimed to enhance the success of Indigenous learners within nursing education, only two of the studies evaluated students' responses (Metz et al., 2011; Rearden, 2010). Both Metz et al. (2011) and Rearden (2010) surveyed students to determine how various types of programs and supports contributed to Indigenous learners' success, but did not examine learners' experiences within the programs. There was a gap within this section of the literature, as it was not understood how students responded to the programs and initiatives.

While the insights gleaned from this body of literature aided in the development of successful nursing education for Indigenous students, there was a gap in terms of understanding the sociocultural context in which nursing education is located. Understanding the sociocultural context of nursing education could aid in enhancing insight into how the broader social, cultural, political, and historical relations within

nursing education shape programs and initiatives, as well as students' responses. Additionally, of this literature, there was minimal understanding about how students responded to these efforts to enhance their success within nursing education. Insight into students' experiences within these programs is essential for evaluation as this could lend an important understanding of how well intended practices may have unintended consequences.

In summary, few empirical studies have supported and evaluated best practices within nursing education. Much of the literature was theoretical and based upon best practices with Indigenous nursing students. As well, most studies reported increased numbers of Indigenous students as the indicator of success. Although the ultimate goal was to increase the number of Indigenous students in nursing education by providing a variety of supports and programs, there was a gap in terms of how the issue of underrepresentation of Indigenous students was addressed. Much effort was placed on providing some form of accommodation for Indigenous students to adapt to the nursing program; however, this was narrowly considered as there was minimal insight into the broader context in which these programs and initiatives were implemented. Expanding the lens of nursing education to include the sociocultural context could bring into focus other areas for change.

4.1.2 Indigenous Nursing Students

There is evidence that Indigenous students experience unique challenges based upon the effects of colonialism. Within Australia and New Zealand, Indigenous students were found to experience financial hardship, poor study skills, lack of educational preparation, lack of resources, and ongoing family commitments as common factors that challenged their success in nursing education (Usher, Miller, Lindsay & Miller, 2005;

Wilson, McKinney & Rapata-Hanning, 2011). As well, in Canada and Australia, Indigenous students experienced racism, both implicit and explicit, as systemic racism was embedded throughout common practices within many nursing programs (Martin & Kipling, 2006; Usher et al., 2005). Much of this racism was a result of the valuing of dominant sources of knowledge in which Indigenous knowledge was absent or excluded from nursing curricula (Martin & Kipling, 2006). This caused Indigenous students to navigate differing worldviews as they negotiated dominant and Indigenous sources of knowledge (Dickerson, Neary & Hyche-Johnson, 2000; Martin & Kipling, 2006). The literature revealed that it was not how each individual factor shaped Indigenous students' lives, but how factors intersected with others, such as gender and colonialism that magnified challenges within nursing education, as Indigenous peoples and knowledge were reinforced as the 'other' (Martin & Kipling, 2006).

Although this literature has enhanced understanding of Indigenous students within nursing education, it also tends to conceptualize race as an individual, biological trait. It is important to avoid generalizations or assumptions that all Indigenous students require or want additional support. Although there may be a relationship between Indigenous students and the experiences of challenges within nursing education, it is essential to interrogate the broader sociocultural context in which race has been constructed. Furthermore, there is a gap in the literature in terms of examining the broader institution of nursing education. Each of the studies explored a portion of the sociocultural context of nursing education, such as within the classroom or relationships with nurse educators. None of the studies examined nursing education as a sociocultural context that was shaped by a broader institutional context.

4.1.3 Indigenous Student Responses to Nursing Education

Indigenous identity has been found to provide a source of connection and cultural support. However, Indigenous identity was also the basis for assumptions that led to discrimination. Several phenomenological studies provided insight into the experiences of Indigenous students in nursing education. These studies unveiled how a shared Indigenous identity among students provided a source of connection (Dickerson et al., 2000). Although Indigenous identity was a source of connection between students, it was also a source of shared experiences of racism, isolation, and ignorance (Johansen, 2010, Weaver, 2001). As well, Indigenous identity was essential to providing cultural support in cases where it was absent within the nursing program (Weaver, 2001). However, this shared Indigenous identity also provided the basis for nurse educators' assumptions about Indigenous students that led to intercultural miscommunications (Russell, Gregory, Care & Hultin, 2007). Within these relationships, nurse educators represented the dominant, nursing worldview that overshadowed the needs of Indigenous students (Dickerson & Neary, 1999).

Although students experienced many challenges, various elements, such as family support, mentorship, and cultural support were found to be essential to student success (Dickerson & Neary, 1999; Johansen, 2010). This research provided significant insight into many of the practices that were embedded within daily work processes in nursing education, such as racial discrimination. As well, the literature illuminated how nurse educators were blinded as to how their work was connected to the challenges that Indigenous students experienced (Dickerson & Neary, 1999; Dickerson et al., 2000; Johansen, 2010). Thus, Indigenous students developed strategies to survive that entailed

negotiating when and how to enact role expectations of nurses and Indigenous peoples (Dickerson et al., 2000).

In summary, the experiences of Indigenous students in nursing education were varied. However, no studies considered the broader sociocultural context of the institution. Instead, this collection of literature focused on parts of nursing programs, such as teaching practices, learning environments, curricula, and methods of program delivery. This was a narrowly focused approach that was disconnected from the goal of addressing challenges students experience on a larger, institutional level. Although current research has illuminated the experiences of Indigenous students in nursing education, there has been limited insight into the basis of these challenges; in particular, how institutions work to sustain social relations in a way that continues to disadvantage Indigenous students. As such, there is dire need to critically examine the sociocultural context of nursing education to examine and expose the basis of the challenges that Indigenous students experience within nursing education.

4.2 Study Purpose

The purpose of this study was to examine the sociocultural context of nursing education as an institution. Through exposing ruling relations, all involved in nursing education can evaluate their individual participation in their coordination so that positive social changes can be realized through resisting ruling relations. The following research questions guided this study: 1) How do practices, programs, and policies coordinate social relations within the institution of nursing education; and 2) How are Indigenous students' everyday lives shaped by the institution of nursing education?

4.3 Methodology and Methods

4.3.1 Theoretical and Methodological Frame

Following the work of Dorothy Smith (2005), a Canadian sociologist, I used institutional ethnography (IE) as a methodology to analyze the sociocultural context of nursing education. IE is a critical feminist methodology that aims to explicate the institutional complex within institutions. Consistent with Dorothy Smith's (2005) definition of social institutions, nursing education is a social, gendered institution that is structured upon social, cultural, political, and historical relations that are embedded within the education work in undergraduate nursing programs. Nursing education is a social institution that is structured upon ideals of femininity that largely represent White, middle-class, female nurses.

IE examines individual experiences of those within the institution as a starting point for inquiry that is then extended into the sociocultural context to examine how power operates to organize peoples' activities within institutions (Campbell & Gregor, 2008). This process helps to illuminate how peoples' activities are connected with others in ways they cannot or choose not to see (Smith, 2005). According to Smith, the term institution is used to "identify complexes embedded in the ruling relations that are organized around a distinctive function" (2005, p. 225). Smith describes ruling relations as "that extraordinary yet ordinary complex of relations that are textually mediated" (2005, p. 10). Therefore, ruling relations connect people across space and time to organize everyday life and the complex of relations that connect them, such as government bureaucracies and academic and professional discourses (Smith, 2005). Social relations are the social processes that people participate in; whereas social organizations refers to the purposeful coordination of how social relations interrelate

(Deveau, 2009; Smith, 2005). Social relations and organizations are embedded in discourse. Discourse refers to how people use language in a way that acknowledges distinct forms of knowledge and explicates how peoples' actions are directed by entities outside of the local setting (Smith, 2005). In this study, discourse was reflected in how people talked about engaging Indigenous students. Discourse was taken up in both discursive and non-discursive ways that were largely shaped by governmental bureaucracy in postsecondary education, such as through the academic setting's Strategic Mandate Agreement (SMA). Through IE investigation, dominant sources of knowledge are decentralized as the individual standpoint enables entry into the institution of nursing education through the perspective of those who experience the institution first hand (i.e. Indigenous students).

4.3.2 Setting

A local nursing program in one geographic location in a collaborative nursing program that involves one university and six colleges was the site for this study. Because IE is an emergent methodology, I was directed to other locations, such as community placements and collaborative partner sites, that were guided by participants, observations, and texts. These locations further supported my investigation and comprised the institution of nursing education, such as other departments within the academic setting and other locations of the collaborative nursing program. This local setting was selected as a starting point for several methodological and pragmatic factors, as it provided the opportunity to become immersed in data collection, as well as enabled accessibility, feasibility, and in-depth text analysis.

4.3.3 Recruitment and Sampling

Initial recruitment took place after receiving ethics approval from the academic settings associated with the nursing program. I recruited participants from the local nursing program by developing and implementing a recruitment strategy based on MacDougall and Fudge's (2001) three stages of recruiting that included: preparing, contacting, and following-up. I selected this recruitment strategy as it supported the emergent nature of IE by enabling me to connect with, build, and sustain relationships with key contacts and identifying and contacting potential participants throughout the duration of the study.

The aim of IE is to understand the institution from multiple perspectives (Smith, 2005). As such, IE was used in this study with a focus on nursing education to explore how ruling relations coordinate the actions of all involved. To glean an understanding of multiple perspectives, purposive sampling permitted me to connect with participants based on their experience of being involved in the nursing program (Morse, 1991; Smith, 2005). As the study progressed, snowball sampling enabled me to identify additional participants, such as education representatives from local Indigenous communities and organizations. Snowball sampling aided me in developing a more sophisticated understanding of what was going on locally and to consider how it was coordinated within the broader institution (Morse, 1991; Smith, 2006). Inclusion criteria comprised; English speaking, over 18 years of age, and involvement in the nursing program.

4.3.4 Sample

The unit of analysis within this study was the sociocultural context of nursing education, which included the people involved, observations, and texts. Participants varied and resulted in a sample of 33 individuals that included: 17 undergraduate students

(10 identified as Indigenous); 10 educators (2 identified as Indigenous), of which 7 were nurse educators, 1 a preceptor, and 2 counsellors; and 6 administrators (1 identified as Indigenous) that represented a variety of levels of administration.

Student participants' average age was 26.5 years (range 19-44). Of the 17 students, 10 disclosed Indigenous ancestry (e.g. First Nations or Metis), 12 identified as female and 5 identified as male. Students represented all four years of the nursing program as well as recent graduates (4 year one, 3 year two, 2 year three, 7 year four, 1 recent graduate). Fifteen students pursued and/or completed prior postsecondary education that included: 9 pre-health certificates, 8 college diplomas, and 2 baccalaureates. Twelve were employed with 1 student employed full-time, 9 employed part-time, and 2 were casual/self-employed. As well, 5 students relocated to attend the nursing program.

Educator and administrative participants' age averaged 49 years (range 35-69). Four of the educators and administrators disclosed Indigenous ancestry (e.g. First Nations or Metis) and 15 identified as female, while 1 identified as male. In terms of education, 5 completed baccalaureate level of education, 9 completed masters level of education, and 2 completed doctorates as their highest level of education. All educators and administrators worked full-time with their respective employer. As well, time spent observing totaled 78 hours and 45 minutes and 232 texts were analyzed, such as the SMA.

4.3.5 Data Collection

Data collection began in January 2016 and spanned a 15 month period. Data were collected and analyzed on two levels (Smith, 2005). Level one data included local perspectives that were collected through dialogue and observations, in which dialogue

captured participants' experiences in two forms: primary and secondary (Campbell & Gregor, 2008). Level two data comprised an explanation of how local social relations and organization were coordinated by broader institutional processes that were collected through texts (Campbell & Gregor, 2008).

4.3.5.1 Level one data. Primary dialogue included interviews in which participants' experiences emerged as they shared their knowledge and teachings with me. Interviews were used to elicit an understanding of how peoples' experiences were coordinated within the institution (Campbell & Gregor, 2008; Smith, 2005). Interviews included individual discussions that took place where participants felt most comfortable. Before engaging in discussion, participants were requested to select a pseudonym of their choice to use during knowledge sharing activities. I offered participant's choice in selecting a pseudonym to honour their own preference for identifying them self, as names have meaning (Lahman, Rodriguez, Moses, Griffin, Mendoza & Yacoub, 2016). A semi-structured interview guide was used to initiate discussion and was based upon the participants' role within nursing education, such as student, educator, or administrator. As well, the questions transformed throughout data collection as I strove to develop a deeper understanding of participants' experiences. For example, I would gage questions according to the analysis of the previous interview to build upon participants' experiences. Participants ultimately guided the conversation as they determined what and how to share their experiences within nursing education. The interviews ranged in length from 30 minutes to 3 hours. Secondary dialogue involved my interaction with the material produced in primary dialogue, such as transcripts, fieldnotes, and reflexive journal entries. The purpose of this interaction was to identify how language coordinated participants' actions.

Within IE, observations were an open-ended undertaking as I needed to be aware of what was going on around me to determine how and why various courses of action were taken (Campbell & Gregor, 2008). Observations were both an informal and formal undertaking as I was attune to occurrences within peoples' daily work routines within nursing education as well as during interviews and opportunities that I was invited to or that I requested to observe, such as a provincial meeting of Aboriginal Education Councils (AEC). I recorded my observations directly after interviews in fieldnotes (Morse & Field, 1995) and during and after informal/formal observations in a reflexive journal. These forms of observation enabled my investigation of nursing education as they helped to shed light on work processes and on how these came to be (Smith, 2005).

4.3.5.2 Level two data. In IE, texts are central to illuminating power as texts help explicate how local actions are coordinated by broader processes within the institution and vice versa (Campbell & Gregor, 2008). According to Smith (2005), texts are material forms that enable replication, such as the SMA. I collected relevant texts throughout that data collection and analysis phases, as texts both directed and were directed by data collection and earlier analysis. Texts were gathered as they were relevant to postsecondary education and/or the nursing profession, nursing programs, and Indigenous students, as these connected the local nursing program to the larger, institutional context of nursing education.

4.3.6 Data Analysis

Data collection and analysis occurred concurrently as analysis guided subsequent data collection. Data were concurrently analyzed during primary and secondary dialogue, observations, and text analysis as I aimed to develop an understanding of what was actually happening within the local setting. The purpose of developing this understanding

was to explicate how actions were related to the broader institution of nursing education and vice versa (Smith, 2005). This analysis occurred while writing the findings, as this was an opportunity for me to reflect on the data and problematic and to piece it together in a way that it fully described the goings on within nursing education (Campbell & Gregor, 2008). As I pieced data together, I used mapping (diagramming) as a strategy to bring together the different texts and work processes within the institution and to describe the institutional complex (Smith, 2005). Writing up and mapping strategies occurred simultaneously and resulted in a thick description of the institution; however, gaps remained in the analysis. As a strategy to attend to the gaps in analysis, I organized several focus groups as well as small group and individual discussions with participants to share preliminary analysis, seek assistance in refining the analysis, and member check the findings for credibility. Including the participants in analysis enabled me to further refine the write up and the map as I aimed to provide a thick description of the institutional complex, work processes, and ruling relations (Kincheloe, McLaren & Steinberg, 2011). Within IE, analysis results in a map. The purpose of the map is to describe the work processes as dynamic and evolving within the institutional complex.

4.4 Findings

The findings focused on postsecondary education expose social relations *Identifying as Indigenous*. To explicate the institutional complex within nursing education, postsecondary education was examined to investigate how local relations were coordinated and mediated translocally. These findings aim to answer the first research question: How do practices, programs, and policies coordinate social relations within the institution of nursing education? As outlined in Figure 1: Identifying as Indigenous,

social relations within postsecondary education were ruled by race in a way that limited the full participation of Indigenous peoples within postsecondary education.

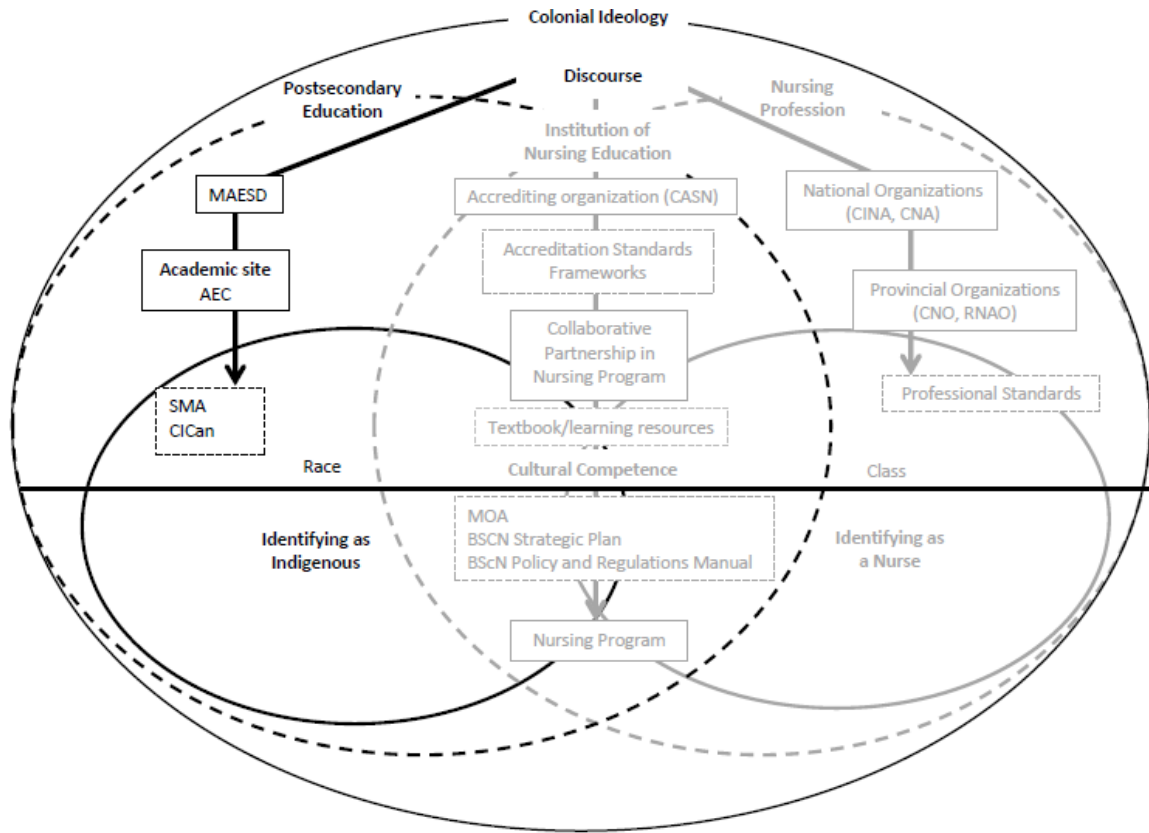


Figure 1: Identifying as Indigenous

Figure 1 illustrates how postsecondary education was socially organized by colonial ideology. As social organization, colonial ideology is the generalized perspective of the dominant group in society that is the result of intersecting social, cultural, political, and historical relations that imposed and maintained control over Indigenous peoples and continue into the present day. Colonial ideology is embedded within ruling relations (race and class) that provides the basis for how postsecondary education addresses the inclusion of Indigenous peoples.

4.4.1 Identifying as Indigenous

Identifying as Indigenous was a social relation that was ruled by race. In this way, race was conceptualized as an inherent or biological attribute that was conflated with culture. Through racialization, Indigenous learners were objectified and exploited as their identity provided the means necessary to satisfy bureaucratic markers of success within postsecondary education. Racialization is the process of identifying boundaries around groups and allotting people within this boundary based upon inherent or biological characteristics, such as skin colour or ancestry (Reimer-Kirkham & Anderson, 2002). Racialization is about keeping people within their place in society based upon racial markers. As such, people who are assigned to these groups and experience race as a key factor in their identity are racialized (Galabuzi, 2001).

Within postsecondary education, the boundaries of Indigenous identity are clearly marked as Indigenous peoples had to provide proof of Indigenous ancestry. Within the colonial system, “Status Indians” are identified as Indigenous peoples who are federally registered and have an “Indian Status and Identification Card”; whereas, “non-Status Indians” are identified as Indigenous peoples who are not federally registered, but identify as Indigenous otherwise (Government of Canada, 2012). The identity of “Status Indians” can expire and has to be renewed to access entitlements, such as funding for postsecondary education. Thus, *Identifying as Indigenous* was political, as Indigenous learners chose whether to disclose their identity by negotiating the benefits and consequences of doing so.

Within postsecondary education, *Identifying as Indigenous* was beneficial as it provided opportunities to access funding for higher education and created safe spaces within the academic setting. However, *Identifying as Indigenous* was also a process in

which Indigenous students were objectified, as their identity was used as a measure of success. Indigenous identity was then exploited in a way that benefited the academic setting. How Indigenous identity was reproduced within postsecondary education, recognized Indigenous departments and students to be separate from or outside of “mainstream” education. Thus, colonial ideology was the basis for racialization that disadvantaged Indigenous peoples while creating advantages for non-Indigenous people. Racialization was not always explicit as *Identifying as Indigenous* was embedded within daily life.

4.4.1.1. Race. Within postsecondary education, the Ministry of Advanced Education and Skills Development (MAESD) has authority over the funding of individual academic settings and Aboriginal Education Councils (AEC). The basis for funding academic settings is a mix of student enrollment numbers, performance on achieving the metrics in the SMA (Strategic Mandate Agreement), and special purpose grants targeted at specific groups, such as Indigenous students. Within the MAESD, AEC are mandatory bodies that are established by each publicly assisted postsecondary academic setting in Ontario. To receive funding through the MAESD, AEC are required to have an established department dedicated to Indigenous education, a council of Indigenous community representatives, and an organized Indigenous Student Council. The funding that AEC receive from the MAESD is separate from the academic setting’s budget and is largely based upon numbers of Indigenous students and numbers of all students who use AEC services. In this way, the MAESD coordinated the funding of academic settings and AEC based upon various data collected on Indigenous students and services. Data on Indigenous students were collected through several processes, such as

voluntary self-identification. Although self-identification was voluntary, it was contentious because of the sociocultural context in which it was situated.

Within the academic setting, ‘Self-Identification Cards’ were distributed among all students within the first month of the academic year. The cards were a means of collecting a variety of data for statistical purposes such as name, program, age category, gender, parents’ attendance in postsecondary education, Francophone status, newcomer to Canada status, and Aboriginal status. The assumed purpose of the Self-Identification Cards was to educate students about the variety of services that were available in Student Services and in the Indigenous Education Department. Depending on how students identified (e.g. Aboriginal status) they were offered additional supportive services, such as academic or financial.

The intention of the ‘Aboriginal Status’ section was to identify Indigenous students as ‘Status or non-Status Aboriginal, Inuit, or Metis.’ Through the local campaign “I Belong,” the goal was to connect Indigenous students to the Indigenous Education Department. However, the Self-Identification Cards were also a tool that was used to collect statistical data on Indigenous students to satisfy the needs of the MAESD. Through the bureaucracy of postsecondary education, local activities were coordinated by the MAESD, as there was a push to create a comprehensive database on Indigenous students. This statistical data was used to demonstrate successes within the MAESD on working toward the goals articulated within the “Aboriginal Postsecondary Education and Training Policy Framework,” as well as to fulfill the MAESD’s commitment to the government’s direction on Aboriginal Affairs (Government of Ontario, 2011).

Within the following example, the MAESD identified the importance of collecting data on Indigenous students as it supported the establishment of “baselines and

for measuring progress on the academic achievement of Aboriginal learners.” However, the statistical data was more about numbers of Indigenous students within the academic setting rather than students’ academic achievement. When the MAESD statement is compared to my observations of a local AEC meeting, it is apparent that statistics on Indigenous students were directly tied to the funding of the AEC. In this way, Indigenous students were objectified as their identity was reflected as a number that enabled funding for the AEC.

MAESD, 2015: Availability of information on voluntary, confidential Aboriginal learner self-identification would allow the ministry to establish a baseline for tracking learner achievement in relation to performance measures provided in the policy framework [Aboriginal Postsecondary Education and Training Policy Framework]. Currently, Aboriginal learner reporting mechanisms at both the system and institutional levels are inadequate to provide consistent, reliable data at the learner level – including data on enrolment, attainment, and graduation rates – that is needed for setting baselines and for measuring progress on the academic achievement of Aboriginal learners.

Observations from local AEC meeting, 2016: How is self-identification information used? Only the Director of [Indigenous] Education, [Indigenous] Recruiter, Registrar, and IT persons are able to access self-identification data and it is used to track numbers of Indigenous students. Self-identification is voluntary and each [academic setting] has its own process. Self-identification processes will also be included on the KPI (Key Performance Indicator surveys) and [Indigenous] Education will cross reference with the Director, KPI personnel, and Registrar for funded students. There is a large push from the [MAESD] as they use self-identification numbers for funding. This year has been the best uptake with self-identification cards, as representatives from [Indigenous] Education have engaged in face-to-face contact using the campaign “I Belong” and all [academic setting] recruiters are encouraged to increase self-identification.

As well, the MAESD funding model was indirectly tied to Indigenous identity, as academic settings received funding based upon achieving metrics within the SMA. The SMA was a document that was created by administrators within the academic setting and approved by the MAESD. It was used as a tool that guided the strategic direction of the academic setting and provided the basis for evaluation. The 2014-2017 SMA had a large

focus on Indigenous students and identified a variety of strategies to enhance enrollment and promote the success of Indigenous students. The strategic direction focused on Indigenous education and was influenced by various occurrences, such as the MAESD's push to increase numbers of Indigenous students within postsecondary education and the signing of the "Colleges and Institutes Canada: Indigenous Education Protocol" (CICan Protocol). The signing of the CICan Protocol represented a commitment that affirmed the academic setting's promise to do their part in truth and reconciliation as recommended by the "Truth and Reconciliation Commission of Canada's Calls to Action" that focused on postsecondary education. In terms of truth and reconciliation, signing the CICan protocol was perceived as the right thing to do because it was aimed at righting the historical wrongs that were based on colonial oppressions.

The increased focus on Indigenous learners within the SMA, as well as the signing of the CICan protocol, was touted as promoting the success of Indigenous students as it was aligned with the goals set within postsecondary education bureaucracy. The following text and talk statements were paired together to illuminate how the CICan protocol and SMA coordinated the work of administrators and the academic setting.

CICan Protocol, 2015: The signatory institutions to this protocol recognize and affirm their responsibility and obligation to Indigenous education. Colleges and institutes respect and recognize that Indigenous people include First Nation, Métis and Inuit people, having distinct cultures, languages, histories and contemporary perspectives. Indigenous education emanates from the intellectual and cultural traditions of Indigenous peoples in Canada. Indigenous education will strengthen colleges' and institutes' contribution to improving the lives of learners and communities.

The signatory institution agrees to:

1. Commit to making Indigenous education a priority.
2. Ensure governance structures recognize and respect Indigenous peoples.
3. Implement intellectual and cultural traditions of Indigenous peoples through curriculum and learning approaches relevant to learners and communities.
4. Support students and employees to increase understanding and reciprocity among Indigenous and non-Indigenous peoples.

5. Commit to increasing the number of Indigenous employees with ongoing appointments, throughout the institution, including Indigenous senior administrators.
6. Establish Indigenous-centred holistic services and learning environments for learner success.
7. Build relationships and be accountable to Indigenous communities in support of self-determination through education, training and applied research.

SMA 2014-17: As we lead the way in student satisfaction, [academic setting] will find new and effective ways to reach and serve diverse populations, including listening and being responsive to the needs of First Nation and Métis students...

Administrator: ...this [academic setting] has been involved in Aboriginal education for a long time. The initial strategic plan under my leadership didn't have as extensive a plan for Aboriginal education as the current one that we just created, a new five-year plan and jumping off from the previous plan. Now, I believe our strategic plan has a much higher profile in terms of Aboriginal education especially because we signed the national protocol in Aboriginal education [CICan Protocol]. Especially because of the truth and reconciliation report that has come down, we are increasingly going to be involved in Aboriginal education and to do our part in terms of ensuring that Aboriginal students succeed...

Although Indigenous students did benefit in terms of increased accessibility to postsecondary education, their identity was exploited as it was used as a marker of success to appease bureaucracy within postsecondary education. Postsecondary education was organized in a way that the academic setting ultimately benefitted, as the identity of Indigenous students was used as data to acquire funding. The following metric is an example of how the SMA was focused on the number of Indigenous students enrolled in postsecondary education. This metric involved the provision of postsecondary training that was implemented within a community to enhance accessibility among Indigenous peoples. Therefore, the identity of students enrolled within the community-based training program would need to be known in order to track the Indigenous student "in-community contact hours." This example illuminated how the push to increase the self-identification of Indigenous students from the MAESD and the CICan protocol was embedded within

the local academic setting. How Indigenous identity was quantified to determine success within the SMA was made apparent.

SMA 2014-2017 metric: Accessible community-based training, particularly for Aboriginal students, measured by Aboriginal student in-community contact hours.

Within postsecondary education, the identity of Indigenous students was constructed by the dominant group and as a means of acquiring funding for the academic setting and the AEC. The acquisition of funding was intended to engage Indigenous students through Indigenous oriented services and programs. However, it was not readily known by administrators as to how the attainment of funding was also a racial process in which race was a key factor in Indigenous identity. In this way, Indigenous students were placed within a racial category based upon disclosure of their Indigenous identity. Additionally, how race was used within postsecondary education was reflective of cultural appropriation as Indigenous identity was produced within a colonial ideological context. Cultural elements, such as identity, were used outside of the original cultural context. Thus, the dominant group represented within postsecondary education defined Indigenous identity to benefit their own bureaucratic needs.

4.4.1.2. Racialization. The way in which *Identifying as Indigenous* was enacted was illuminated through the activation of the SMA. Because the SMA was a text that guided the strategic direction of the academic setting, the SMA was activated through local practices that were based upon achieving the metrics within the SMA. All roles within administration were responsible for operationalizing the SMA in different ways to ensure that various departments, made up of faculty and staff, conducted their work accordingly. Among administration, day to day work processes were organized upon strategizing and operationalizing the SMA. Within the following text and talk examples,

the MAESD articulated the purpose of the SMA. The statement from KP illuminated how her role was directed by the MAESD. In this way, her daily work was directly coordinated by the broader institutional context and it was her role to ensure that the strategic direction set out within the SMA further guided the work within the nursing program.

MAESD website, 2016: SMAs are the tool through which institutions articulate their unique mandates and aspirations. These agreements help guide future growth by encouraging more focus on individual strengths, while avoiding or limiting expansion in academic areas where programs already exist.

KP: ...my role is strategic, strategic initiatives. I'm involved in taking the strategic plan of the [academic setting] and taking what the Board of Governors and the President's Executive Committee have formatted for the strategic direction of the [academic setting] over five years into an operational level. It's to ensure that the strategic plan is put into operation and that all of our programs and our services and what we do follow the strategic direction that has been set forth by the Board of Governors...I work with the [administrator], [name], to operationalize what we're doing to set the goals for her and for the programming area [nursing program].

The inclusion of Indigenous learners within postsecondary education centered upon race in a way that was embedded in peoples' work. The way in which race permeated the institutional complex was based upon the dominant group's ideal of inclusion of Indigenous peoples within postsecondary education. As such, it was understandable that administrators and respective departments of faculty and staff would adhere to the SMA, as this was based upon the MAESD's approach to engaging Indigenous students.

With a major focus of the SMA on Indigenous students, much of the work was directed towards the Indigenous Education Department as they had expertise in providing academic and support services for Indigenous students. Although the Indigenous Education Department viewed the increased focus on Indigenous education positively,

this strategic direction placed an increased demand on the department's human resources. As a result, the Indigenous Education Department was expected to play an active role in achieving the metrics within the SMA to benefit the rest of the academic setting. However, the education of Indigenous students was coordinated by the MAESD in a way that it was different from the rest of the academic institution. Within texts from the MAESD, the work of the academic setting was identified as "mainstream," in which Indigenous education was not part of. Both Mary Jo and Jane illuminated how the work of the Indigenous Education Department was "unusual." A majority of people who worked and/or used the services within the Indigenous Education Department commented on the way in which services were "different" from the rest of the academic setting. This was because the Indigenous Education Department provided services based upon an Indigenous worldview that was relational and inclusive, whereas the mainstream of the academic setting was based upon a dominant perspective of postsecondary education. For example, within the Indigenous Education Department, Mary Jo explained the "open door policy" that differed from the mainstream process of making appointments to access supports.

Mary Jo: Our department's a **little unusual** compared to other areas of the institution in that we really truly maintain a kind of an open door policy.

Jane: We're **very different** from all the rest of the colleges in the system in our counselling services.

With Indigenous education viewed as different from the mainstream within the MAESD, it became apparent that Indigenous education was seen as the work of the Indigenous Education Department. Although the Indigenous Education Department's mandate was Indigenous education, the way in which Indigenous education was placed within the Indigenous Education Department ensured that Indigenous education stayed

within its respective place in the academic setting. Consequently, the existence of the Indigenous Education Department offset the responsibility of the mainstream from integrating Indigenous education into mainstream departmental practices, programs, and policies. The mainstream did not have to integrate Indigenous education because the metrics were satisfied through the work of the Indigenous Education Department. This ran contrary to the notion of inclusion in which Indigenous education was to be a priority and integrated into mainstream work. Inclusion was idealized within the SMA and CICA protocol because in reality, Indigenous education was excluded from the mainstream.

The following example identified how the SMA was integrated into the local context in a way that produced an actuality that conflicted with the ideal of inclusion. Although the academic setting indirectly received funding for Indigenous education, funding was identified as a barrier to implementing recommendations from the Indigenous Education Department. This example illuminated how local work practices idealized inclusion. Inclusion was idealized as efforts made by the Indigenous Education Department were overshadowed by the dominant group's perspective within the academic setting to maintain current practices. This exemplified how the Indigenous Education Department was unable to fully participate in the mainstream as they were held back by racial boundaries, such as limitations in funding initiatives. The act of undermining the efforts of the Indigenous Education Department was also identified as a postsecondary education wide challenge. A similar discussion was observed during a provincial meeting of AEC, in which some of the representatives identified that Indigenous Education Departments were working hard to engage Indigenous learners, but they were continually met with challenges.

Mary Jo: That's probably the biggest barrier right there is while we want to hire more Indigenous faculty, we don't have the money for that...we want to implement this program...we don't have the money for that. So it's like, what's the point? We're never going to have enough money...If Indigenous Education's a priority, why can't you find the money? And it shouldn't have to fall on the [Indigenous] Education Department to fund all of this. If you're serious as an institution to committing, then find the dollars because we're not going to make the changes that are needed unless we have the people in place to do it.

Observations from provincial AEC meeting 2016: One member of the committee was visibly upset while she stated that "Indigenous peoples have done their work on reconciliation and now is the time for non-Indigenous people to work towards reconciliation. Indigenous peoples will help, but we're not doing all the work." Although she was talking broadly about Indigenous peoples, she was implying that Indigenous Education Departments have been solely responsible for engaging Indigenous learners within postsecondary education. Indigenous Education Departments are tired of not being heard. Postsecondary education at large and administrators within academic settings need to be held accountable for working toward engaging Indigenous learners throughout the system.

In the following example, even though the services provided by the Indigenous Education Department were available to all students, the perception of Indigenous students and education belonging exclusively to the Indigenous Education Department was apparent. The following two statements illuminated how Indigenous students were perceived as belonging to the Indigenous Education Department. In this way, Indigenous students were placed within a physical racial location. Because this action was seen as promoting inclusion, it was expected that Indigenous students would feel included within the rest of the academic setting. Even the traditional Indigenous practices that were integrated within the academic setting were identified as belonging to the Indigenous Education Department. Butterfly explained that the services in the Indigenous Education Department were available for all students; however, it was assumed that Indigenous students would benefit most as they would feel welcomed and included. As well, Sienna expressed her positive feelings associated with the occurrence of Indigenous traditional

practices and ceremonies within the academic setting, but how she explained it, it was clear that she conceptualized it as an “expression of their culture”.

Butterfly: The [Indigenous] center...fact that they're welcoming and they have free soup and for any students that want to go there and it's just, I think it's a warm environment for anybody, so even if those [Indigenous] students come in not having any friends in the program or not knowing anybody, they still have a place in the [academic setting] that they can go to feel comfortable and welcome and, which is nice.

Sienna: ...and the only thing I might notice is that it seems separate. So while I feel they can express their culture, it almost seems still segregated. They have their own wing; they have their own events like powwows, and well, of course, other students are welcome.

These assumptions restricted Indigenous students' participation within the mainstream as Indigenous students were pushed into the Indigenous Education Department where it was assumed they would feel more comfortable in terms of shared identity. Assumptions about Indigenous students and the Indigenous Education Department were illuminated within language. Language such as “they,” “them,” and “their” identified Indigenous students and the Indigenous Education Department as a homogenous group that did not belong within the mainstream. As well, non-Indigenous students were cognizant of their ability to be involved with Indigenous education and peoples. Chester's statement exemplified how assumptions about Indigenous students created more distance between Indigenous and non-Indigenous peoples, as the focus was on differences from the mainstream rather than inclusion. In this way, non-Indigenous students were segregated from Indigenous education.

Chester: I'm not First Nations but I want to know more about them. But I always feel there's that like, can I? You know what I mean? Can I know more? Can I get involved? Or is it there's like a divide almost sometimes between.

Important to note is that the Indigenous Education Department was looked upon as a positive space among many nursing students, particularly for new Indigenous

students, as it promoted a sense of shared identity, needed assistance, and social support. However, it was also a space in which Indigenous peoples shared experiences of racialization. As such, Butterfly, Sienna and Chester's statements are contrasted with a statement from the Indigenous Education Department's website that described the purpose of the department. This statement was of importance because it identified how Indigenous education was idealized as the inclusion of all students; however, there was disconnect between how Indigenous education was idealized and how it was enacted.

Indigenous Education Department website, 2017: Dedicated to YOUR success, our [Indigenous] Education Department offers a unique learning environment which embraces our language, culture, and traditions with an emphasis placed on student success strategies that will assist you in achieving excellence both academically and in your chosen career.

Many people did not necessarily consider how or why Indigenous education was separated from the rest of the academic setting. It was part of daily life within the academic setting and it was not acknowledged how the MAESD had shaped the local ways in which Indigenous education had been organized as separate racially, physically, and financially. How this played out in the local setting racialized Indigenous students and identified Indigenous education as exclusive. These practices formed the basis for differential treatment of Indigenous students that reinforced the colonial distance between the mainstream and Indigenous 'others'. Jane's statement exemplifies how differential treatment based upon race was embedded within postsecondary education, as it was a persistent experience of many Indigenous learners.

Jane: ...and you can experience racism if you're white, but you don't experience my racism, right, because mine's all the time.

4.4.1.3. Racism. How Indigenous learners were racialized within the local setting produced a variety of assumptions about Indigenous students and Indigenous education.

These assumptions were based upon how Indigenous education had been organized within postsecondary education that was embedded with racism. Racism was mostly implicit, as it was integrated into daily work routines that privileged the dominant group's perspective. Within postsecondary education, identity had been organized as a dichotomy between Indigenous and non-Indigenous, which formed the basis of racial categories. Assumptions made by non-Indigenous people about Indigenous students transcended into Indigenous students' perceptions of themselves. Within the following statements, Indigenous students conceptualized their life experiences as contradictions to the category of Indigenous. There was a focus on physical appearances and life experiences and students who did not have 'typical' Indigenous physical appearances or life experiences perceived themselves to be "undercover" or closer to the edge of the boundary, 'witnessing' Indigenous identities rather than engaging in them. In this way, Indigenous students were marginalized because they did not necessarily fit within their racial category as their identity set them apart from assumptions about Indigenous students. This illuminated how identity was a platform for racism as it was believed that Indigenous students possessed particular characteristics or traits.

X: And then it's always funny. They'll be like, "You're Aboriginal? What?" "Yes, even as pale as I am"...

Jessica Jones: [explaining a conversation with another student] ...because he was super white too and I was like "undercover Natives!"...it's hard for me to express those identities...I don't feel like I belong physically. So kind of trying to assert that identity is a little bit harder. I feel my identity as a woman of color isn't a woman of color because of how I look. And I have these different experiences and I have seen how it affects it. But it's more as a bystander or an after effect. I've seen the discrimination that's gone on with my sisters, with my mother, and I'm kind of just there as a witness.

As well, this dichotomy had established a clear boundary around Indigenous identity in which Indigenous students were perceived as all requiring accommodation to

succeed in postsecondary education. As such, racialization was harmful as it pushed Indigenous students into Indigenous Education that was perceived as accommodation. What was not acknowledged was how assumptions about accommodations were racist as assumptions implied that Indigenous learners were receiving preferential treatment based upon their identity. However, what was largely unknown was how people's assumptions within postsecondary education disregarded the extra work that Indigenous learners had to engage in order to participate in postsecondary education. One means in which Indigenous identity was used as the basis for differential treatment was through financial support provided to Indigenous postsecondary students. Financial support involved various Indigenous organizations and communities providing financial support for Indigenous students through the "Postsecondary Student Support Program" and/or other funding programs. Financial support was seen as a benefit of being Indigenous by both Indigenous and non-Indigenous students as it was a treaty right that enabled financial access to postsecondary education.

Historically, many Nations signed treaties that included education; as a result, financial support of Indigenous students was common practice. Based upon this entitlement, many perceived that education was free for all Indigenous students. John Brown identified how he originally believed that postsecondary education was free for Indigenous students. Through his relationship with an Indigenous person, he was able to learn that funding was limited and that there was a priority system in place. Graham also identified how he believed education for Indigenous students was free and that it was not fair to non-Indigenous people who could not afford postsecondary education. Although not intentional, these statements illuminated the racist beliefs about the education of Indigenous peoples as an all-expense paid venture in which funding was easy to acquire.

This assumption regarded Indigenous learners as not deserving of financial support as compared to other students. Some Indigenous students expressed the guilt they felt in terms of acquiring funding when they were aware of non-Indigenous people who were unable to afford education.

John Brown: I wouldn't mind their free education or free tuition... I always thought there was almost unlimited funding when it came to education but I didn't know.

Graham: ...non-Aboriginal people attending postsecondary school who have to pay all of their education, their housing, food, and stuff like that. There's your Aboriginal people; they get their education free and then they get a certain amount of money for living expenses and stuff like that. But non-Aboriginal people, we get that, they take out loans, they've got to work really hard, not that Aboriginal people don't work very hard, it's just sad to see other people who can't attend postsecondary school because they aren't of that culture I guess you could say. And does that help Aboriginal people go to school? Absolutely. Probably, if my education was paid for, my God, I would be so pumped; I would probably have so much money right now. But yeah, so I think that's just, I think that's unfair, for sure.

This belief blamed Indigenous learners in a way that denied them the acknowledgement of a colonial past that shaped life opportunities for many Indigenous peoples and discounted the gross inequities Indigenous peoples faced in accessing, enrolling, and graduating from education at all levels.

The assumption that Indigenous education was free supported a misperception that someone's individual tax dollars paid for Indigenous students' educational costs. The following experience provided an example as to how racism played out in the local setting. Elisabeth explained how she overheard a classmate joking around with a friend who was Indigenous. Elisabeth explained how there was a perception that another student's tax dollars directly paid for an Indigenous student's education. Because the students were friends, this somehow justified the racist remark. The remark was racist because it implied that non-Indigenous people paid for the educational expenses of the

Indigenous student. In this way, the non-Indigenous student making the comment was implying that they were part of a superior group that was made to pay for the inferior Indigenous student and also assumed that Indigenous peoples did not pay taxes. Although the students may have perceived it to be a joke, overhearing the comment angered Elisabeth. Education was not a free endeavour as ‘free’ education involved a complex system that was embedded with layers of bureaucracy that detailed a process for prioritization according to individual students and program of choice.

Elisabeth: ...because even amongst my classmates I’ve heard some super racist things. Like there’s another Native girl in my class. She’s younger, and her friends are younger and I’ve heard her friends say “oh, our taxes pay for your education right now.” And like, “I don’t think you’ve paid any taxes in your entire life.”

Even though some students were able to acquire funding for a postsecondary program, depending on their grades, they were not guaranteed funding year to year. As such, tracking grades and attendance were methods that funding agencies used to assign a level of priority to each individual student that provided the basis for allocating funding. Rbell described the complex process within his community for determining and maintaining priority for funding. Rbell explained how Indigenous learners were not guaranteed funding throughout the entire program because the prioritization process was based upon academic success (i.e. grades). Rbell’s experience was further supported by a statement from the Canadian Ministry of Indigenous and Northern Affairs website that identified that “funding was not guaranteed.” As such, the assumption of free education rendered the bureaucracy attached to funding and the complexity of attaining and maintaining funding as invisible.

Government of Canada: Indigenous and Northern Affairs website, 2017: Funding is limited and not all students may be funded. Partial funding may be provided. Applications are valid for one school year only.

Rbell: ...so how it works is there's different priorities...one or two is either returning students or new students from high school. So those two get the top priority and third is returning student, it's a new student out of another program. So say I graduated and I wanted to go back and take my master's, I'd be third because I would already have attained a level of education that would qualify me to get funding. They'll only fund you if it's upgrading a level, so I wouldn't get funded to take a bachelor's of business or something because all the bachelors are kind of at the same level. But if I were to take a master's in nursing, they would fund that because it's a step up.

Although Rbell described the intricacies of being rated as a priority for educational funding, he also explained how learners who experienced challenges were punished. If learners received prior funding and did not complete the program or failed, their priority level was lowered. This was related to the limited funding that Indigenous communities and organizations received for education. Thus, funding was granted to those learners who demonstrated their academic merit and learners who experienced challenges were "shamed" for their failures and seen as inferior within the funding process. This was a bureaucratic system that further disadvantaged students who struggled academically or personally within postsecondary education.

Rbell: ...fourth and fifth are similar too...if you fail class...you get dropped down to that, it just shows that you weren't putting the effort and time in kind of thing. So it's almost like a shame thing...it's not outright "you should have done better," some people just aren't ready to go, but it puts them underneath a lot of people so when they do return...it's harder for them to get funding because they failed that first time and the band is kind of wary of funding them again because "well, if you failed the first time what's going to be different this time." So I think, I didn't have to, but I believe they have to write a letter saying why they'll do better, what supports they have in place, so they'll be more successful. And then the last one is mature student, so say if my mom wanted to go to college...I don't even think she has grade 12, or if my brother wanted to go to school...if there were enough money left over, he could go.

Though financial support was provided to some Indigenous students, students were not necessarily free to choose which program they enrolled in or when they started a program. Each Indigenous organization and community had policies that determined

which students and postsecondary programs were a priority that was based upon national guidelines. B explained how she experienced challenges in gaining approval to enroll in postsecondary education. The process of acquiring funding ended up costing her an additional year because she was late in applying by the time she was approved for funding. B eventually was able to enroll within the program of her choice; however, she required someone to advocate on her behalf. This illuminated the complexity of the funding system, as assistance was required to navigate its intricacies and without that support, B likely would not have pursued postsecondary education. The assumption that education was free for all Indigenous students disregarded the right of choice and complexity of navigating additional bureaucratic processes.

B: ...I had a hard time and I dropped out of school and they told me at my Band office that I would be able to apply again and I would be at the top of the list. But when I went to apply they said “no.” So I found another program, a local program, it was called [name] and they would pay for a one year certificate program and...my counsellor...said if we can get you on for the pre-health program I can make a contract with your Band that they’ll pick you up after that. And so we did...And we signed the contract with the band that they were going to pick me up when I was done, and when I was done, again, they said “no.” So she actually advocated and fought on my behalf and they did pick me up again because they already signed the contract and they had agreed to that so by the time that it came through there was a waitlist. So I had to wait another year before I can actually go in...there was a couple of barriers but I’m glad I had support of people around me that advocated for me because...I probably wouldn’t have finished. I wouldn’t have done it...

Free education involved additional monitoring of attendance and grades from another organization that mainstream students did not experience. Administrator described how Indigenous learners were not “free agents”, as their freedom within postsecondary education was limited by constant monitoring. The information that funders of Indigenous education were able to acquire to track Indigenous students was considered a breach of the Privacy of Information Act among mainstream students.

However, the practice of providing financial support to promote the success of Indigenous students rationalized the breach in confidentiality. Although funders did not breach the academic setting's privacy statement because many Indigenous students were requested to sign disclosures, providing funding for education overshadowed student's privacy. Students who were funded by non-Indigenous organizations, such as Second Career and Ontario Works, were not requested to provide personal information to a third party. Indigenous students willfully provided their private information as they determined that the benefit of receiving funding outweighed the consequences of agreeing to provide private information to the funding agency.

Administrator: And they're not free agents. People have a hard time understanding this. The education counselors of the reserve are monitors, if you will. And they get their marks. And they're looking at them. And they get class attendance and they're looking at it going, "Whoa! They shouldn't be able to do this." And they go, "Oh, yes, students sign a disclosure when we take this, we get to see how they're doing all the way through." So they're not free agents, I guess, is what I'm saying.

Academic setting Privacy Statement: The [academic setting] is committed to meeting its obligations under the *Freedom of Information and Protection of Privacy Act*.

The purposes of the Act are to:

Provide a right of access to information under the control of institutions in accordance with principles that, information held by institutions should be available to the public, necessary exemptions from this general right of access should be limited and specific, and decisions of the disclosure of government information should be reviewed independently; and

To protect the privacy of individuals with respect to personal information about themselves held by institutions and to provide individuals with a right of access to that information.

Many Indigenous students had to maintain employment and acquire student loans to help finance their education. C shared how she and her partner, who were both enrolled in the academic setting, started a summer business to help offset the costs of postsecondary education that their community sponsor did not cover. The assumption that

funding for education was substantial and covered all the costs associated with postsecondary education disregarded the work that many students had to do to finance their education.

C: I haven't been working there because as a nursing student, even though I do get funding, but it's a limited amount so I'm still using whatever resources I can, so the pay for being a student is not too high. So me and my husband actually started a business last year.

Within assumptions about financial assistance was the notion that all Indigenous students received a free education. However, this assumption disregarded the complex and challenging process of acquiring funding, particularly for Indigenous students who were not federally registered. Many Indigenous learners who were not federally registered were excluded from acquiring financial support from Indigenous communities and organizations or experienced significant challenges in doing so. Jessica Jones explained how she struggled financially throughout the first year of the nursing program, which had left her homeless for several months. She explained how acquiring her "Status Card" was a challenge because her grandmother was enfranchised when she married a non-Indigenous man. Once her grandmother applied for her Status Card, Jessica Jones was also able to and this provided her with financial security in terms of continuing in the nursing program. People outside of this process may not understand the challenges of acquiring funding within the current system and in many ways, how important funding may be for Indigenous students to pursue postsecondary education. The assumption that financial support was easily acquired devalued the additional work that Indigenous students had to do in order to prove their Indigenous identity.

Jessica Jones: My grandma had finally gotten her Status Card a few years prior. And then after that, it's getting through the gauntlet and getting one person approved...once [name] got her Status Card approved, everybody else [cousins] was able to...And it was just that whole waiting period...And I'm still lucky

because this year, now that I have my Status Card, it opened up a lot more scholarships and bursaries that I wouldn't be eligible for. I applied for a couple. I got \$2,500 from [name]

In addition to the bureaucracy associated with acquiring a Status Card, students who did have a Status Card experienced challenges seeking funding from other sources, such as government student loan programs (i.e. Ontario Student Assistance Program, OSAP). Several students shared how they originally opted to apply through OSAP to avoid the bureaucracy and limitations in funding through their Indigenous community or organization. When they applied for OSAP, they were asked to self-disclose their Indigenous identity. Because self-identifying was commonplace in the daily life of Indigenous learners, they self-disclosed their identity not anticipating the consequence of doing so. Elisabeth's statement illuminated how she felt that Indigenous identity denied Indigenous learners the "privilege" of being treated the same as non-Indigenous students. As a result, Indigenous students were pushed into Indigenous funding systems that excluded them from non-Indigenous funding opportunities. This was a racist practice as Indigenous learners had limited options for funding postsecondary education that did not always meet their financial needs. Elisabeth identified this as an oppressive system in which an Indigenous student, as a member of a disadvantaged group, had to participate in further oppressive acts of asking for permission from her band for the privilege of being treated as a non-Indigenous person.

Elisabeth: OSAP wants you to prove that you're not getting any extra money, "oh no, you can't double dip"...I get it...there's lots of people that need that money to go to school...it's almost offensive that they're "are you sure you're not getting this funding that you should be getting," when in reality, it's really hard to get that band funding to go to school. It's not easy and I would say, even in ten years it won't even be there...So for OSAP to be "you must prove you're not getting band funding to get OSAP," it's, well...yeah, "write me a letter to OSAP telling them you're not funding me please." It's almost offensive that you have to be "nope, nobody is giving me money, I'm poor." And to prove that you're poor

when you're already so, marginalized and underprivileged to begin with, prove that so we can treat you like all the other privileged people who still have to get loans and it makes me angry.

The way in which Indigenous learners were funded depended on the community or organizational sponsor. However, the assumption that all Indigenous students were funded provided the basis for racism. The perception of students being well supported financially undermined the challenges many Indigenous students experienced in acquiring sufficient funding for postsecondary education. In the following example, Elisabeth perceived her experience as racist, as the nurse educator assumed that because Elisabeth was Indigenous that she may have been able to go through her band to acquire funding for a service learning experience. Although the nurse educator's efforts were well intended in that she wanted to ensure that Elisabeth was informed about ways that other Indigenous students acquired funding for similar opportunities, it disregarded Elisabeth's challenges. In this way, the nurse educator's assumptions about financial support provided the basis for differential treatment that was perceived negatively by Elisabeth.

Elisabeth: ...and she's "oh, are you interested in going?" I was "I would be super interested if I could afford it." And she was "oh well, you know, this girl got her band to pay for it." And I'm "I can barely get my band to fund me"... Yeah, they're not going to pay for a trip for me to go to [country].

Experiences of racism undermined the challenges that Indigenous students experienced in *Identifying as Indigenous*. Indigenous students were challenged to identify as Indigenous as they had to navigate complex systems and bureaucracy to attain postsecondary education. Indigenous students had to readily display their proof of registration as an Indigenous person throughout their daily experiences. The way in which race coordinated the work within postsecondary education did not enable the full

participation of Indigenous students, as *Identifying as Indigenous* led to racialization and racism that ran contrary to the intended goal of inclusion.

4.5 Discussion and Implications

The way in which the inclusion of Indigenous students was idealized within the broader institutional context was disconnected from how it was enacted within the academic setting. Within postsecondary education, a focus on race drew attention away from the social, cultural, political, and historical relations that continued to oppress Indigenous students. In this analysis, a portion of nursing education was explored, which explicated the work processes involved in *Identifying as Indigenous*. These findings expand on the current understanding of how Indigenous identity has been addressed within nursing education (Dickerson & Neary, 1999; Dickerson et al., 2000; Johansen, 2010; Martin & Kipling, 2006; Russell et al., 2007; Weaver, 2001). The findings from this study offer insight into how the work of individuals within the academic setting was interrelated with larger institutional processes in postsecondary education. As such, the findings of this research offer three main insights: postsecondary education, as an institution that racialized Indigenous learners; voluntary self-identification, as objectifying and exploiting Indigenous identity to satisfy the institution; and racialization, as forming the basis for racism.

Firstly, the way in which *Identifying as Indigenous* had been constructed within postsecondary education and was reflected in discourse represented a dichotomy between Indigenous and non-Indigenous peoples. This provided the basis for categorizing students according to race. The racialization of Indigenous students within postsecondary education was reflective of how the identity of Indigenous peoples had been created by the dominant group throughout a colonial history. Colonial ideology conceptualized

Indigenous peoples based upon race and colonial policy that explicitly defined Indigenous identity in terms of who could and could not be Indigenous, as well as associated entitlements (Allan & Smylie, 2015; Reading, 2015). This was replicated within postsecondary education as students were requested to voluntarily self-identify their Indigenous ancestry. If students identified as Indigenous, their race was the basis for differential treatment, beneficial or not.

This finding is akin to Kirkness and Barnhardt (1991) who wrote about how postsecondary education was focused on its own established practices, programs, and policies that were intended to “meet the needs of the society in which it is embedded” (p. 2). When groups of students, such as Indigenous learners, challenged these established work practices, they were identified as high risk and referred to the Indigenous Education Department, placing the responsibility on the student. In this way, Indigenous identity was seen as the problem and understood to be the reason why learners experienced challenges within postsecondary education (Allan & Smylie, 2015; Kirkness & Barnhardt, 1991). It was then the student’s responsibility to accommodate the academic setting and navigate unnecessary levels of bureaucracy to access supports. With this in mind, it is apparent why many Indigenous peoples face challenges in accessing, remaining in, and graduating from postsecondary education programs, such as nursing.

This insight has implications in terms of the organization of postsecondary education. The findings from this study illuminate the need to engage Indigenous learners in a way that leads to decolonization, not re-colonization. Decolonizing strategies are integral to redressing nursing education for Indigenous students, such as through partnerships that bring together Indigenous and non-Indigenous groups and that integrate Indigenous perspectives and experiences in a meaningful way. For example, the extent of

power and control that AEC have to make real changes within the academic setting is debatable. AEC typically have minimal representation on Board of Governors and Indigenous education is seen as another item to respond to (Gregory et al., 2008). Thus, meaningful partnership that works toward decolonization involves the full participation of Indigenous peoples and communities in which there is shared decision making and power.

Secondly, the voluntary self-disclosure of Indigenous identity was one means in which Indigenous students were objectified and Indigenous identity was exploited. Indigenous identity was a means to satisfy the needs of postsecondary education and formed the basis for how AEC and academic settings were allotted funding. Increased numbers of Indigenous students was seen as success and signified that the academic setting was doing the right thing. Although there were other indicators of inclusion of Indigenous students within postsecondary education, numbers were central. Focusing on numbers of Indigenous students is problematic, as it is reductionist and has no legitimate meaning. Instead, efforts need to focus upon how to make the postsecondary educational environment more inclusive for all students, particularly Indigenous students. The focus on numbers of Indigenous students illuminates how Indigenous identity was used as a form of tokenism. The Indigenous Education Department was meant to attend to all things Indigenous while lacking the budget and power to effect major changes within the academic setting. Based upon the learnings from a case study analysis, Gregory et al. (2008) identified the importance of partnerships with Indigenous communities and organizations when implementing programming for Indigenous nursing students. An advantage of working with Indigenous communities and organizations was that these partnerships challenged institutions, such as nursing education, to implement changes that

fostered the education of Indigenous peoples (Gregory et al., 2008). However, it was essential to consider how these efforts could be undermined within the institutional complex as institutional needs superseded those of the Indigenous partners (Gregory et al., 2008). This finding resonated with this study as the efforts of the Indigenous Education Department were undermined within the academic setting. As such, oppressive, colonial behaviours were perpetuated within postsecondary education. Although mostly unintentional, these provided the basis for racist actions (Vickers, 2002).

Further to this, a majority of the literature to date has demonstrated nursing education's focus on ideal initiatives and programs that were aimed at supporting Indigenous nursing students. Although well intended practices, programs, and policies were developed, these were by and large a production of a mainstream view of nursing education for Indigenous students. In accordance with Penn (2014) it is questionable as to whether nursing education had the capability to recognize its own hegemonic practices and cultural domination of a group. In many ways, nursing education has complied with the idealized ways of promoting inclusion among Indigenous students from the broader institutional context as it strove to be inclusive and perceived as non-racist. There is a dire need for changes that enable the full participation of Indigenous communities and organizations and the need to consider Indigenous peoples "not as outsiders, to be 'responded to,' but as insiders and as full participants in health-care education and delivery" (Gregory et al., 2008, p. 146). This leads to implications in terms of the unintended consequences for funding academic settings and AEC as well as the organization of Indigenous education within postsecondary education. If postsecondary

education strives to engage Indigenous students, integrating Indigenous education and practices throughout postsecondary education and academic settings is integral.

Finally, experiences of racialization have formed the basis for differential treatment within postsecondary education. *Identifying as Indigenous* was ruled by race in a way that formed the basis for racism within the academic setting. This finding is reflective of Dickerson et al. (2000) who found that Indigenous students in a graduate nurse practitioner program felt as though they were isolated from the main student body. Dickerson et al. (2000) identified that Indigenous students felt constrained to maintain their personal identity while being assimilated into the mainstream. While Indigenous students were marginalized within the nursing program, they found a sense of pride and togetherness in being with other Indigenous students (Dickerson et al., 2000). In this study, Indigenous students identified the importance of shared identity with other Indigenous students within the Indigenous Education Department. Indigenous participants explained how the Indigenous Education Department was welcoming and particularly important for new Indigenous students who had to learn how to navigate institutional processes. These findings extend Dickerson et al.'s (2000) study, as the Indigenous Education Department promoted a space of inclusion it was also a space of shared racial experiences among Indigenous students. Although the aim of the Indigenous Education Department was inclusion, it leads to the question as to why Indigenous students needed a place of refuge within an academic setting that was aimed to include them? If Indigenous education was integrated across the academic setting, all students should feel safe and included throughout the entirety of the academic setting. This is particularly troublesome, as postsecondary education aspires to drive social progress, but instead reproduces racism. As well, there was a missed opportunity for non-Indigenous

people who were excluded from learning more about Indigenous peoples. Many non-Indigenous people were unaware of how Indigenous students were disadvantaged within postsecondary education or how colonization shaped life experiences for Indigenous peoples as well as themselves. If non-Indigenous people were more informed about Canada's history of colonization and its effects, many assumptions about Indigenous students and Indigenous Education would be negated.

Moreover, Indigenous students' experiences of racism were rooted in assumptions. Assumptions about Indigenous students within the academic setting (e.g. high risk, learning challenges, free education) were processes that categorized Indigenous students and created a basis for racism. Consistent with this finding, Weaver (2001) identified how assumptions about Indigenous students were related to the racial discrimination they experienced, such as assumptions about Indigenous students being experts on Indigenous peoples and culture. Additionally, Russell et al. (2007) found that nurse educators were quick to draw assumptions about Indigenous students, as nurse educators equated many of the issues experienced to the racial identity of Indigenous students. These assumptions further reinforced the ethnocentric practices of the nurse educators that reified power structures, objectified individuals/groups, and led to unintentionally harmful acts (Russell et al., 2007). Many of the discriminatory experiences of Indigenous peoples were not intentional acts, but based upon people's ignorance of how colonialism had and continued to shape everyone's lives. This was reflected within the findings from this study as people were largely unaware of how colonial ideology organized institutional processes that shaped *Identifying as Indigenous*. How these social relations were rooted in the identity of Indigenous students that

centered upon race builds upon previous findings found within the literature as it illuminates the processes that exclude Indigenous students.

Furthermore, Martin and Kipling (2006) reported how assumptions about resources being readily available to Indigenous students or how non-Indigenous peoples expressed opinions about Indigenous peoples illuminated how blind people were to the effects of colonialism. Martin and Kipling (2006) described how these experiences “further added fuel to the fire” (p. 385), as these were reproductions of how Indigenous peoples have historically been treated. This speaks to how experiences within postsecondary education magnify the day to day colonial oppressions of Indigenous students. Those involved within nursing education at all levels need to acknowledge how cultural identity constitutes an important part of each person within the institution, including themselves (Russell et al., 2007). Acknowledging cultural identity could illuminate how particular groups have been and continue to be silenced within postsecondary education that could provide the basis for positive changes.

It is concerning that the move towards the inclusion of Indigenous students within nursing education started over a decade ago and minimal advances within nursing education have transpired. There is a need to step back and question why many things have not significantly changed. Through critical examination, it is apparent that many of the changes have been initiated within the current institutional context that continues to silence Indigenous perspectives. While postsecondary education continues to solve the ‘problem’ of Indigenous education by focusing on accommodating Indigenous students, it has failed to understand that engaging Indigenous students cannot become reality until significant changes are made within institutional processes that define and impose Indigenous identity.

4.6 Conclusion

Ultimately, race ruled the coordination of work within postsecondary education that transcended the institutional complex. In this study, social relations of *Identifying as Indigenous* were examined. *Identifying as Indigenous* uncovered how discourse within postsecondary education was based upon a colonial ideology in which Indigenous peoples were objectified and exploited based upon race. As such, racialization formed the basis for racism that precluded Indigenous learners' full participation in postsecondary education. This study enhances the limited empirical knowledge in Indigenous nursing education that focuses on broader social relations. Additionally, this study uncovers the ways in which Indigenous identity has been addressed within postsecondary education and transcends into work processes that contribute to inequities and begins to explore how these may be redressed.

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Chapter 5: Identifying as a Nurse

Building upon Chapter 4, the aim of this chapter is to explicate the institutional complex within the nursing profession as part of the broader context of nursing education. This chapter focuses specifically on the nursing profession, as the purpose is to illuminate social relations of *Identifying as a Nurse* that are embedded within the daily work routines throughout the institution. Consistent with Smith's (2005) definition of institutions, in this study, the institution represents the cluster of relations that are organized around the education of undergraduate nursing students as well as the coordination of these relations. As an institution, nursing education is inclusive of the broader institutional context that includes postsecondary education and the nursing profession. Thus, it is essential to examine how social relations within the broader context interconnect, intersect, and are embedded within the institutional complex.

In this study, social class was found to rule within the nursing profession. Although nursing identity benefitted Indigenous learners as it represented inclusion in the nursing profession and a move up in class ranking for some, the way in which class operated on dominant knowledge ultimately excluded Indigenous students who valued other sources of knowledge (i.e. Indigenous knowledge). Indigenous students were excluded through processes that aimed to uphold a high standard within the nursing profession that was based upon White, middle-class, female nurses. In this way, colonial ideology organized social and ruling relations within the nursing profession to sustain dominant perspectives on professional boundaries. This chapter discusses how colonial ideology socially organized and pervaded the institution, while social class was a ruling relation that reinforced and sustained colonialism within the nursing profession.

Reform in nursing education has been identified as a significant strategy in the professionalization of nursing. Historically, nursing education evolved from hospital-based training programs to educational programs within postsecondary education (Keogh, 1997). The transition from traditional training programs represented a direction to move away from medically dominated nursing training toward more nursing centered educational programs (Daiki, 2000; Forsyth, 1995). The development of nursing knowledge enabled the nursing profession control of nursing education as it moved into postsecondary education (Adams & Bourgeault, 2003; Beedholm & Frederiksen, 2015). The development of doctoral programs in nursing was significant, as doctoral programs represented the cornerstone of developing and integrating nursing knowledge (Daiki, 2000; Keogh, 1997). More recently, in Canada, the move to a Bachelor of Science in Nursing (BScN) as the minimum requirement to enter the nursing profession continues the professionalization movement as it opens new possibilities for the future direction of nursing (Daiki, 2000).

Based upon this history, the professionalization of nursing has been structured upon a masculine, middle-class model (Soine, 2010). This model of professionalization reflects a competitive pursuit for power and status by the professions in which compliance with dominant knowledge is a source of power (Kessler, Heron & Dopson, 2015). Thus, the concept of hegemony helps to shed light on the “connectedness of gender, race, and class in the masculinities of professional projects that tend to exclude those who are labelled as ‘others’” (Kuhlmann & Bourgeault, 2009, p. 6). Further to this, McCallum (2009) argues that professionalization in nursing is about “gate-keeping to the extreme among white women” (2009, p. 527). In this sense, professionalization has been about marking a clear boundary around the nursing profession in terms of people and

tasks. This boundary ensures that the nursing profession continues upward mobility in social status for professional recognition by keeping ‘others’ out. However, the way in which power and professional control have been situated at the forefront of professionalization has largely represented the interests of White, middle-class women (Flynn, 2009; Kuhlmann & Bourgeault, 2009). This has resulted in an occupational hierarchy based on gender, race, and class differences that provide the basis for exclusion (Flynn, 2009).

Historically, Indigenous peoples, as well as people from other racialized groups, were explicitly excluded from the nursing profession up to and well into the 1950’s (Aboriginal Nurses Association of Canada, ANAC, 2007; Flynn, 2009). Indigenous women who were interested in pursuing a career in nursing were relegated to nurses’ aide positions that paid lower, working-class wages (ANAC, 2007). This limited access to the nursing profession maintained Indigenous women’s place in society as second class citizens. When Indigenous women were permitted access to the nursing profession, they had to demonstrate their intellectual merit and health status (ANAC, 2007). Thus, by obtaining additional inclusionary criteria, Indigenous women had to transcend common assumptions about Indigenous peoples as intellectually inferior and of poor health (ANAC, 2007).

Although explicit social exclusion within the nursing profession is no longer practiced, it continues to manifest in new and modified ways. Exclusion persists as Indigenous learners continue to be disadvantaged within nursing education that is organized around the dominant perspective. Exclusion is demonstrated through the challenges that many Indigenous peoples experience in accessing and completing nursing education (Canadian Association of Schools of Nursing, CASN, 2007). These challenges

are associated with a variety of factors within nursing education, such as disclosure of Indigenous identity, ethnocentrism, variances in language and communication, prerequisite education, and discrimination (Anonson, Desjarlais, Nixon, Whiteman & Bird, 2008; Arneault-Pelletier, Brown, Desjarlais & McBeth, 2006; CASN, 2007; Martin & Kipling, 2006; Martin & Seguire, 2013). As a result of these challenges, there continues to be low numbers of Indigenous peoples enrolling in nursing programs, high attrition rates among Indigenous nursing students, and underrepresentation of Indigenous nurses within the profession (Anonson et al., 2008; CASN & ANAC, 2013).

5.1 Background

Indigenous peoples represent a particular social location in Canadian society since the inception of colonialism. Historically, colonialism produced the belief that Indigenous peoples were intellectually and morally inferior to White people (Reading, 2015). As such, colonization was the move to devalue and eradicate Indigenous cultures and environmental dispossession was aimed at forcing assimilation (Reading, 2015). Based upon the impact of colonization, Indigenous peoples have been socially stratified in a way that has manifested in high rates of unemployment, scarce economic opportunities, poor housing, low literacy, low educational attainment, and limited community resources (Loppie-Reading & Wien, 2009). Most recent unemployment rates among Indigenous peoples in Canada have been reported at 13.9% compared to 6.2% among the total Canadian population (Government of Canada, 2017; Statistics Canada, 2017). On average, just over 50% of Indigenous peoples aged 25-64 have not completed high school, compared with 13% of non-Indigenous people in Canada (Assembly of First Nations, 2012; Gordon & White, 2014). These statistics demonstrate the continued disparities within employment and education among Indigenous peoples. However, these

statistics also represent inequities related to social class. The challenges accessing education and employment opportunities limits Indigenous peoples' full participation within postsecondary education and professional occupations, such as nursing.

Social class has been defined as a combination of economic, social, and cultural capital that involves a person's financial wealth, their available social networks, and their knowledge and familiarity with the practices of the dominant culture (Bourdieu, 1986). Defined as such, social class is more than socioeconomic status, as it is inclusive of expectations, aspirations, support, role models, and values (Beagan, 2005). Classism is a type of discrimination in which people in underprivileged social classes experience treatment that excludes, devalues, and separates them (Day-Langhout, Rosselli & Feinstein, 2007). Further to this, McMullin (2010) discusses the variation in defining social classes as related to the multiplicity of theoretical approaches to examining class relations. However, within Canadian society, three main social classes emerge that are based upon the possession of revenue from production and occupation: upper-class, middle-class, and working-class (McMullin, 2010). As well, it is important to note that variation within social classes occurs based upon other factors, such as income, status, and power (McMullin, 2010). As a power relation, social class has lacked consideration within nursing education research. Much of the focus has been on individual experiences of social class and socioeconomic status, but not on the examination of social class from a sociocultural perspective (Day-Langhout et al., 2007). Acker (2000) explains how in particular, feminist researchers "forgot about class," which she attributes this to running into a "dead end" based upon the types of discourse feminists were exploring at the time, as well as the political-economic climate. Furthermore, Acker (2000) argues that examining class is essential to understanding societal problems and explicating gendered

organizations. However, part of the challenge is that social class is often overlooked as it is interconnected with other power relations, such as race and gender, in which, experiences of discrimination have been closely intertwined into experiences of racism and sexism (Day-Langhout et al., 2007). Thus, minimal attention has been given to class and classism as it is often ignored and masked by other sources of discrimination.

While the focus of this chapter is on class relations, it is important to understand how gender relations are embedded within nursing education to further explicate organizations of race and class. Gender is defined through its differentiation from sex and sex category. Sex is biological and based upon sex organs; whereas, sex category is based upon appearance and behaviours that imply that one is male or female (West & Zimmerman, 1987, 2009). Sex category points towards a social rather than biological organization of masculinity and femininity (West & Zimmerman, 1987, 2009). As such, gender is accomplished through a “doing” of gender that is interactional and contextual (West & Zimmerman, 1987, 2009). West and Zimmerman (1987, 2009) explain that “doing gender” is shaped by social attitudes, behaviours, and values that are regulated by broader social structures, such as institutions. Smith (2005) describes how ruling relations are textually mediated relations of institutions that organize everyday life. Thus, gender is institutionalized through ruling relations. Ruling relations shape gender in a way that is taken up as part of daily life and that is appropriately gendered for the institutional context (Acker, 1992). For example, the nursing profession is based upon ideals of White, middle-class femininity that are enmeshed within everyday work within nursing education, such as the notion of caring. Caring permeates nursing education through various texts, such as Professional Standards that direct caring behaviours, attitudes, and practices. As such, ‘caring’ actions are a performance or “doing” of gender that is

produced and reproduced in nursing education. However, the way in which ‘caring’ organizes Professional Standards further interconnects with class. Professional Standards are inclusionary tools that are used to mark class boundaries within the nursing profession. Thus, the purpose of this study was to examine the institutional complex within nursing education to explicate social relations and organization with the ultimate purpose of engaging Indigenous students.

5.2 Literature Review

Literature was reviewed with the purpose of locating this study within the field, examining the social organizations of nursing education, and constructing relevant research questions. As such, the literature reviewed focused upon the professionalization of nursing and nursing students. This literature is relevant to this study as it helps illuminate how and why the nursing profession has pursued professionalization and how this pursuit has produced practices that have worked to include and exclude both Indigenous and non-Indigenous students.

Professionalization is defined as the “process by which an occupation develops the characteristics of a profession” (Hamilton, 1992 as cited in Keogh, 1997, p. 302). Through professionalization, occupations gain social status as they are afforded the power of developing professional boundaries and determining inclusionary criteria (McCallum, 2009). Professionalization, from an occupational perspective, focuses upon the process of developing professional status that has been commonly referred to as the “professional project” (Adams & Bourgeault, 2003; Kessler, Heron & Dopson, 2015) and the “professional movement” (Soine, 2010) within nursing literature. The literature reviewed on professionalization included historical and case study analyses that reflect various strategies, such as education and registration that the nursing occupation has

utilized in its pursuit toward professional status (Beedholm & Frederiksen, 2015; Forsyth, 1995; Soine, 2010), as well as discussion that illuminates the current challenges of continued professionalization (Adams & Bourgeault, 2003; Keogh, 1997; Kessler et al., 2015). However, these analyses have lacked a critical perspective that examines how social class operates to advantage particular groups within the nursing profession.

Historical analyses have revealed how medicine, nation state, and gender have largely shaped the professionalization of nursing (Adams & Bourgeault, 2003; Forsyth, 1995; Soine, 2010). Nursing was historically defined as a “subordinate part of the technical division of labour surrounding medicine” in which, nursing knowledge and practice were defined and directed by medicine (Forsyth, 1995, p. 165). Medical control over nursing training and knowledge was conceptualized as double subordination, as male dominance in medicine and hospital based administration reified the subservience of women in society within nursing (Adams & Bourgeault, 2003; Forsyth, 1995). However, as revealed in Soine’s (2010) comparative analysis of three nation states in Europe and North America, nursing’s professional project was dependent upon the women’s movement. As women gained rights in their respective societies, such as the ability to vote, so did nurses as they were permitted political power. This political power enabled nurses’ greater control over nursing as they pushed for state regulation and equal educational opportunities (Soine, 2010). State regulation and postsecondary education programs were considered logical professionalization strategies for nurses to use as it followed the pattern of other professions, such as physicians and lawyers (Soine, 2010). However, Soine identified that the lack of cross-class unity early on in the pursuit was a danger to professionalization as “unaffiliated local and national nursing organizations sought protective labour legislation and broader nursing recruitment” which threatened

the transnational professional movement amongst the three nation states (2010, p. 53). Although Soine (2010) explicates some of the broader influences that shaped nursing's professional pursuit, it did not illuminate how race or class relations played out within this movement as nursing's professional project was largely a project of White, middle-class women. Critical analyses could help call into question the representativeness of nursing's professionalization project as there is potential to create further divide between those who are advantaged and disadvantaged.

Furthering insight into the professional journey of nursing, Beedholm and Frederiksen (2015) explained the patterned move away from medicine through analysis of a seminal Danish nursing textbook. Through examining the evolution of this seminal text and applying the concept of "rupture", Beedholm and Frederiksen (2015) identified that achieving respect from doctors was a crucial element early in the discourse, while it became less important toward the end of the century. In this way, the drive to gain professional recognition continued; however, the strategy to do so evolved as the nursing profession pushed away from dependence on medicine to pursue independent professional recognition that was comparable to medicine. Beedholm and Frederiksen explicated how the medical discourse remained "essential to the articulation of nursing – simply as negation" (2015, p. 185). Thus, Beedholm and Frederiksen illuminate how medical discourse served as a driver toward emancipation. However, Beedholm and Frederiksen (2015) did not provide insight on how medical discourse is reflected within nursing's professionalization and continues to serve as a source of dominant knowledge.

Historical and case analyses have illuminated how and why several key factors played a role in early professionalization efforts and how these early efforts have set the course for current professionalization strategies. However, it is clear that gender was an

obstacle as well as a driver in professionalization as healthcare systems continued to cater to medical discourse. In this way, gender relations continued to challenge nursing professionalization. Although this section of the literature examines the pervasiveness of gender relations throughout professionalization, it does not explicate how gender was used as a tool to maintain women's place outside of medicine through exclusionary tactics. Nor does this literature illuminate how other power relations, such as race and class intersected with gender.

Within the body of literature on gender and nursing, a subsection of the literature focuses upon gender in terms of the role of men nurses. Evans (1997) conducted an extensive literature review and found that the participation of men in nursing resulted in male tokenism that ultimately privileged men nurses. Based upon this tokenism, men were more likely to pursue elite specialty areas, challenge nursing's image, and socially distance themselves from their female counterparts (Evans, 1997). Although the encouragement of men in nursing was aimed at bolstering nursing's social status, as men constituted a privileged group in a patriarchal society, it was men nurses' own prestige and power that was enhanced within the profession as women nurses pursued more "inferior female roles" within nursing (Evans, 1997).

Further to this, Evans (2004) found through a feminist historical analysis about men in nursing that nursing professionalization has premised upon keeping men outside of the nursing profession. Yet, this act inadvertently pushed men to specialty areas within nursing that were associated with masculinity, such as emergency or psychiatric care or into management positions (Evans, 2004). Thus, the nursing profession had inadvertently aided in men's career advancement as men were pushed into more powerful and higher status positions (Evans, 2004).

With a particular focus on feminism and women's health professions in Ontario, Adams and Bourgeault (2003) examined how prevailing gender ideologies were used as exclusionary strategies by male occupational groups and opposing women's groups, as well as used as a platform to push forward with professional projects. Adams and Bourgeault (2003) explained how both liberal feminism and cultural feminism have played large roles in the professional projects of women's health professions as both gender equality and greater valuing of ascribed gender roles guided professionalization. As well, femininity played a large role in early nursing in that ideals of femininity equated "good nursing" to being a "good woman" (Adams & Bourgeault, 2003). The major implication of Adams and Bourgeault's (2003) analysis was the need to redefine "professional" and "professionalism" in a way that was suited to feminism. In this way, feminism is used as a professionalization strategy for nursing to define success based upon its own terms. However, focusing exclusively on feminism excludes those that represent a variety of social locations, undermining the intersectionality of social relations. This is important in terms of representation as some perspectives on feminism, such as liberal feminism, do not account for women's experiences beyond a White, middle-class perspective. Although gender relations have been identified as a major driver towards professionalization, gaps persist. There is minimal understanding of how relations, such as race and class, are embedded within professionalization that ultimately creates inequities within the nursing profession.

Within nursing's professional project, various professionalization strategies have been employed. Specifically, Kessler et al. (2015) examined the hoarding and discarding of tasks in nursing as various strategies that nurses have utilized to define the profession. Conceptualizing professionalization generally, Kessler et al. explained how professional

projects are “a competitive and power-driven pursuit of labour market status and reward by self-interested occupations” (2015, p. 739). As such, to acquire professional status, professions are keen to acquire tasks by expanding their knowledge base and jurisdiction to define a boundary on their “tasks” (Kessler et al., 2015). Professional logic was based upon two logics, one that involved discarding tasks that were seen as mundane to the profession, and two, hoarding tasks that were seen as essential to providing care and defined a profession via its definitive tasks (Kessler et al., 2015). Kessler et al. (2015) found that while tighter regulations on nursing have enabled a robust nursing jurisdiction with the delegation of tasks to assistants, looser regulations have permitted a more flexible flow of tasks to assistants. As a result, nursing has teetered between professional logics. Kessler et al. (2015) stated that nursing had regularly been referred to as a quasi-profession and implied that adhering to a professional logic may serve nursing, and other caring professions well in completing their professional projects. Yet, Kessler et al. (2015) did not illuminate how both professional logics advantaged those within the nursing profession while further disadvantaged those outside of the profession. As tasks are discarded, they are typically delegated to lower paid and lower class assistant roles. Tasks that are hoarded typically require additional education and training that further excludes those that are on the periphery of the nursing profession and unable to acquire inclusionary criteria. Further analysis of how professionalization further supports social stratification could help shed light on the ways in which professionalization is about upward mobility in social status and keeping ‘others’ out.

In summary, the above literature demonstrates how feminism and gender have played a large role in nursing’s professional project. However, several gaps in knowledge have been identified. Literature on the development of professionalization has been

conducted mostly through historical and case study analyses that identified how gender, medicine, and nation state have constrained professionalization. There has been limited insight into how professionalization strategies have constrained the individual professionalization of nurses and students based upon other power relations, such as race and class. Therefore, there is need to examine nursing education from a critical lens to explicate the broader sociocultural context and illuminate the embedded and intersecting social relations that coordinate the experiences of Indigenous nursing students.

5.3 Methodology and Methods

5.3.1 Theoretical and Methodological Frame

Using postcolonial feminist theory (PFT) as a theoretical frame as well as Institutional Ethnography (IE) as a methodology, I analyzed the sociocultural context of nursing education. PFT illuminated intersecting social relations, such as race and class, by situating the individual experiences of Indigenous students as well as the involved practices and activities, within the broader context of nursing education (Reimer-Kirkham & Browne, 2006). Complementing this theoretical frame, the aim of IE is to begin with the individual experiences of those who are being ruled, in which, this experience is used as an entry point for inquiry that is extended into the larger institutional context to examine how power operates to shape peoples' activities (Campbell & Gregor, 2008; Smith, 2005). Thus, using IE as a methodological framework complemented the theoretical foundations of PFT by uncovering not only social relations, but how social relations intersected and were embedded within the coordinating of peoples' everyday activities within nursing education.

The aim of this study was to explicate how ruling relations (social class) were embedded within the institutional complex (postsecondary education and nursing

profession) to mediate activities (policies) while beginning with the standpoint of the individual (students, nurse educators, and administrators) within the local setting (nursing program). According to Smith (2005), ruling relations are how power manifests within institutions and is socially organized to rule people. The term institution is used to “identify complexes embedded in the ruling relations that are organized around a distinctive function” (Smith, 2005, p. 225). Institutional complexes are the observable structures of establishments and discourses, such as those within nursing education and the nursing profession (Smith, 2005). As such, the sociocultural context of nursing education, as an institution, represents the complex of organizations and discourses that coordinate the work involved in the education of undergraduate nursing students. Discourse refers to how people use language in a way that acknowledges distinct forms of knowledge. Discourse explains how and why peoples’ actions are directed by entities outside of the local setting (Smith, 2005). This study exposes how ruling relations transcend the institutional complex to mediate activities, while beginning with the standpoint of the individual within the local setting.

Central to IE are texts. Smith (1990) explains how texts are pervasive within society and are used to process people and manage aspects of their lives, such as written law dictating peoples’ behaviours in society. As such, the organization of texts becomes routine in reproducing the status quo within institutions in a way that people cannot readily see (Smith, 1990). Therefore, IE aims to illuminate the obscurity of texts as reinforcing ruling practices within institutions (Campbell & Gregor, 2008). Accordingly, this IE study addressed the following research questions: 1) How do practices, programs, and policies coordinate social relations within the institution of nursing education; and 2)

How are Indigenous students' everyday lives shaped by the institution of nursing education?

5.3.2 Setting

The local nursing program that was selected for this study represents one geographic location in a collaborative nursing program that involves one university and six colleges. However, because IE is an emergent methodology, I was directed to other locations, local and translocal, as guided by participants, observations, and texts. These locations further supported my investigation and comprised the institution of nursing education (e.g. other departments within the local academic setting). This setting was selected for several methodological and pragmatic reasons as it provided the opportunity to become immersed in data collection as well as accessibility, feasibility, and in-depth text analysis.

Work processes within nursing programs in Ontario are coordinated by governmental ministries within postsecondary education (i.e. Ministry of Advanced Education and Skills Development, MAESD) and national and provincial nursing professional organizations within the nursing profession (i.e. Canadian Indigenous Nurses Association, CINA; Canadian Nurses Association, CNA; Registered Nurses Association of Ontario, RNAO; College of Nurses Ontario, CNO). Further to this, nursing programs are accountable to an accrediting body (i.e. Canadian Association of Schools of Nursing, CASN). CASN is the “national voice for nursing education, research, and scholarship and represents baccalaureate and graduate nursing programs in Canada” (CASN, n.d., para. 1). CASN directly shapes practices within nursing programs as it sets accreditation standards for nursing programs. As well, CASN has partnered with national

nursing organizations to develop several frameworks to direct nursing education and health care with Indigenous peoples.

5.3.3 Recruitment and Sampling

Initial recruitment took place after ethics approval was received from my affiliated institution as well as from the academic settings involved. I recruited participants from the local site of the collaborative nursing program by developing and implementing MacDougall and Fudge's (2001) stages of recruiting (i.e. prepare, contact, and follow-up). I selected this recruitment strategy as it supported the emergent nature of IE and it enabled me to connect with and build relationships with key contacts throughout the duration of the study.

The aim of IE is to understand the institution from multiple perspectives within nursing education and to explore how ruling relations coordinate the actions of all involved (Smith, 2005). To glean an understanding of multiple perspectives, purposive sampling permitted me to connect with participants based on their experience of being involved in the local site of the nursing program (Morse, 1991; Smith, 2005). As the study progressed, snowball sampling enabled me to identify additional participants (e.g. administrators within the other locations of the collaborative nursing program). Snowball sampling aided a more sophisticated understanding of what was going on locally and to consider how it was coordinated within the broader institution of nursing education (Morse, 1991; Smith, 2006). Inclusion criteria comprised: English speaking, over 18 years of age, and involvement with the local site of the collaborative nursing program.

5.3.4 Sample

Consistent with IE, the unit of analysis within this study was the sociocultural context of nursing education, which included the people involved, observations, and

texts. IE utilizes these sources of data as these are seen as entry points into the institutional complex rather than objects of inquiry (Smith, 2005). Of the 33 participants, 17 were undergraduate students, 10 were educators, and 6 were administrators. Student participants averaged 26.5 years of age, in which 12 identified as female and 5 identified as male. Ten students disclosed Indigenous ancestry (First Nations or Metis) and represented all four years of the nursing program (4 year one, 3 year two, 2 year 3, and 7 year four) as well as a recent graduate. Prior to the nursing program, 15 pursued and/or completed postsecondary education (9 pre-health certificates, 8 college diplomas, 2 baccalaureates). As well, 12 were employed full-time (n=1), part-time (n=9), and casual/self-employed (n=2), and 5 relocated to attend the nursing education program.

Educator and administrative participants averaged 49 years of age, in which, 15 identified as female and 1 identified as male, and 3 identified as Indigenous. Of these participants, 5 held baccalaureates, 9 held masters, and 2 held doctorates as their highest level of education. All educator and administrative participants worked full-time with their respective employer. Additionally, time spent observing totaled 78 hours and 45 minutes and 232 texts were analyzed.

5.3.5 Data Collection

Data collection spanned over a 15-month period, beginning in January 2016. Using the tools of IE, data were collected and analyzed on two levels: level one data included local perspectives that were collected through dialogue and observations; and level two data included an explanation of how local social relations were coordinated by broader institutional processes that were collected through texts (Campbell & Gregor, 2008; Smith, 2005). Within the two levels of data, language was critically analyzed as it

emerged from experiences and texts. According to Smith (2005), experience occurs dialogically in two forms: primary and secondary.

5.3.5.1 Level one data. Primary dialogue included interviews in which participants' experience emerged as they shared their knowledge and teachings with me. Interviews were used to elicit an understanding of how peoples' experiences were coordinated within nursing education (Campbell & Gregor, 2008; Smith, 2005). Interviews included individual and small group (i.e. 2-3 participants) discussions and took place where participants felt most comfortable; however, all participants opted for individual interviews. Prior to the discussion, participants were requested to complete a brief demographic questionnaire and identify a pseudonym of their choice for use in knowledge sharing activities. The notion of choice in selecting a pseudonym was to honour participants' preference for identifying them self, as names have meaning (Lahman, Rodriguez, Moses, Griffin, Mendoza & Yacoub, 2016). A semi-structured interview guide was used to ensure that the research questions were covered sufficiently and to initiate discussion. The semi-structured interview guide was based upon the participants' role within nursing education (i.e. student, educator, and administrator). As well, questions transformed throughout data collection as I strove to develop a deeper understanding of participants' experiences. For example, in early interviews, a question about the "BSCN Policy and Regulations Manual" explored how the manual was or was not an accurate representation of the nursing program. As data were analyzed, this question evolved to examine how and why the manual was used to shape relationships between and among participants. In this way, each interview built upon the next. However, participants ultimately guided the conversation as they determined what and how to share their experiences. The interviews ranged in length from 30 minutes to 3

hours. Secondary dialogue involved my interaction with the material produced in primary dialogue (e.g. transcripts, fieldnotes, and reflexive journal entries). According to IE, the purpose of this interaction is to identify how language coordinates participants' actions.

Within IE, observations are an open-ended undertaking in which very little and specific data is needed that examines how and why various courses of action are taken (Campbell & Gregor, 2008). Observations are open-ended as the researcher aims to see what is occurring; however, not all observations are relevant to analysis (Campbell & Gregor, 2008). For example, during observations, I was mindful of my study purpose and reason for observing; as such I focused observations upon topics related to Indigenous students and nursing education. This enabled me to be open to what was going on in the context while not overwhelming myself with data that had less relevance to the study purpose.

Observations were both an informal and formal undertaking as I am an insider within the institution of nursing education. I am an insider as I am a White, middle class, female nurse educator and many times, observations were a reflection of my own practices. As well, observations were formally conducted during interviews and during opportunities that I was invited or I requested to observe (e.g. provincial meeting of Indigenous Community Education Councils). I recorded my observations directly after interviews in fieldnotes (Morse & Field, 1995) and during and after informal/formal observations in a reflexive journal. These forms of observation enabled my investigation of nursing education as they helped to shed light on work practices and processes and on how these practices came to be (Smith, 2005).

5.3.5.2 Level two data. In IE, texts are central to illuminating power as texts help explicate how local actions are coordinated by broader processes within the institution

and vice versa (Campbell & Gregor, 2008). According to Smith (2005), texts are material forms that enable replication (i.e. BScN Policy and Regulations Manual, Entry-Level Competencies for Registered Nurses, Professional Standards and Guidelines). I collected relevant texts throughout the data collection and analysis phases as texts both directed and were directed by data collection and analysis. Texts were gathered as they were relevant to postsecondary education and/or the nursing profession, nursing program, and Indigenous students as these connected the local nursing program to the larger context of nursing education.

5.3.6 Data Analysis

In keeping with IE, data collection and analysis occurred concurrently as analysis guided subsequent data collection. Data were inherently analyzed during primary and secondary dialogue, observations, and text analysis as I aimed to develop an understanding of what was actually happening within the local setting. The purpose of developing this understanding was to explicate how actions were related to the broader institution of nursing education and vice versa (Smith, 2005). This analysis occurred while writing the analysis, as this was an opportunity for me to reflect on the data and problematic and to piece it together in a way that it fully described the goings on within nursing education (Campbell & Gregor, 2008). As I pieced data together, I used mapping (diagramming) as a strategy to bring together the different structures, texts, and work processes within the institution and to describe the institutional complex (Smith, 2005). Writing and mapping strategies occurred simultaneously and resulted in a thick description of the institution; however, gaps remained in the analysis. As a strategy to attend to the gaps in analysis, I organized several focus groups, small group and individual discussions with participants to share the preliminary analysis, seek assistance

in refining the analysis, and member check the findings for credibility. Including the participants in analysis enabled me to further refine the write up and the map as I aimed to describe the institutional complex, work processes, and ruling relations (Kincheloe, McLaren & Steinberg, 2011). Within IE, analysis results in a map. The purpose of the map is to describe the work processes as dynamic and evolving within the institutional complex.

5.4 Findings

Identifying as a Nurse explicates social class as ruling relations that pervaded the institutional complex and afforded nurses social status. Although *Identifying as a Nurse* was ruled by social class, class was a challenging relation to examine as it was interrelated with race relations (discussed in Chapter 4). In this way, people within the institution were ‘blind’ as to how social class operated to exclude Indigenous learners from the nursing profession. Within the institution, people responded to texts in various ways to participate in discourse that sustained class in ways they could not readily see. This was because harmful discourse was reflected within ruling relations throughout the institution in varying ways, such as in the way in which people talked about and enacted a dominant perspective of caring. This dominant perspective of nurturing, supporting, and including students within the nursing program was a guise that masked the primary focus on students achieving inclusionary criteria within the nursing profession. Thus, *Identifying as a Nurse* illuminates how class relations manifest within the nursing profession.

The findings within this chapter are focused on the broader, sociocultural context of nursing education within the nursing profession as illustrated within the map *Identifying as a Nurse* (Figure 2). The sociocultural context of nursing education involves

the broader social, cultural, political, and historical relations within nursing education that shape the experiences of all involved. To explicate the institutional complex within nursing education, the nursing profession was examined to investigate how it mediated and coordinated activities within the nursing program through processes of *Identifying as a Nurse*.

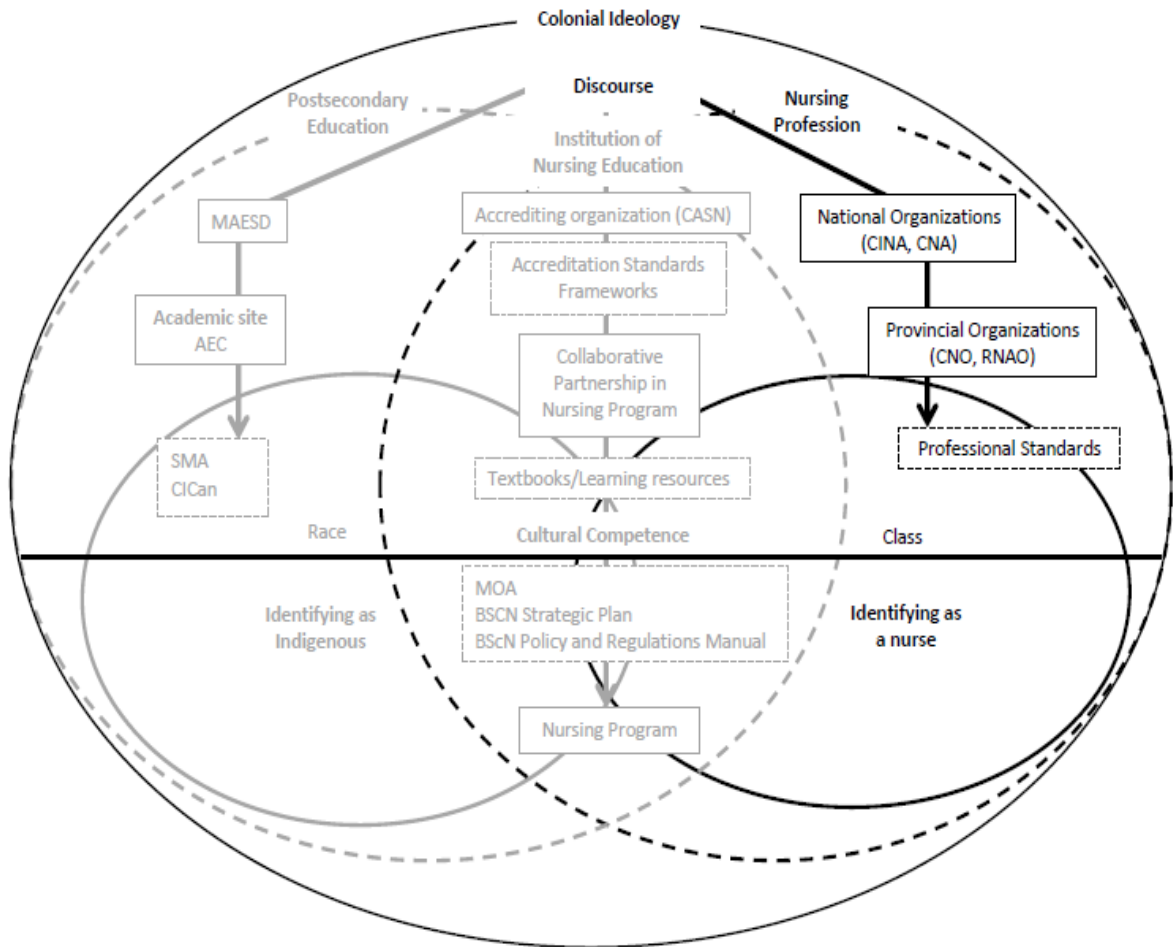


Figure 2: Identifying as a Nurse

Figure 2 illustrates how social organization was the pervasive ideology that transcended the institutional complex while the ruling relations were the embedded social processes that reinforced social organization. Thus, colonial ideology, as social

organization, represented the generalized perspective of the dominant group in nursing education. Colonial ideology was based upon the intersecting social, cultural, political, and historical relations that imposed and maintained control over Indigenous peoples and continued into the present day. Colonial ideology represented how historical colonial beliefs, ideas, and values transformed throughout history into new forms to produce the status quo, shaping the experiences of everyone. Colonial ideology was embedded within the institution and sustained by the ruling relations that provided the basis for how the nursing profession socialized and educated students.

The nursing profession represents the totality of the work that centers on nursing. It represents the national establishments that produce ethical codes, frameworks, position statements, and guidelines for nurses in Canada, and is inclusive of each jurisdictional structure that governs nursing on a provincial/territorial level. These establishments are both an outcome of professionalization as well as a driver of continued professionalization, as the nursing profession continues to strive for power within healthcare through protecting professional boundaries.

5.4.1 Identifying as a Nurse

Identifying as a Nurse was about the various ways that people participated in discourse that included and excluded Indigenous nursing students based upon social class. The nursing profession is associated with a social class as it has vied throughout its history to establish a place within healthcare that has largely privileged White, middle-class women. Professionalization strategies within the nursing profession have aimed to promote the profession among the upper echelons of healthcare professions, such as medicine. In this way, professionalization has been about social mobility and promoting the social location of the nursing profession through maintaining a high ethical standard.

Thus, as much as nursing education was about socializing and educating students for entry into the nursing profession, it was also about class stratification in which students were categorized according to their ability to access and adhere to the class expectations (rules) of the nursing profession. As a result, classism was about keeping students within their place in society based upon markers of social class. In particular, Indigenous students experienced classism, as expectations of Indigenous students placed them within a particular social category that challenged their full participation within nursing education.

Within the nursing profession, professional boundaries are clearly marked as nurses are provincially registered according to their jurisdictional governing body. In Ontario, “Registered Nurses” are registered through the College of Nurses of Ontario (CNO) and through registration processes that have strict inclusionary criteria that grant nurses the privilege of using the protected professional designation of ‘nurse.’ Within the local setting, *Identifying as a Nurse* was driven by the CNO. The CNO, as the provincial governing-body for nurses in Ontario, fulfills its role by establishing requirements for entry to practice, articulating and promoting professional standards, administering quality assurance programs, and enforcing standards of practice and conduct (CNO, 2013). The CNO continues to hold much power within the nursing profession as it controls who can and cannot be a nurse. The CNO constructs the values and beliefs of the nursing profession, producing dominant knowledge and constraining what nurses say and do. As well, the CNO has the power to expire, suspend, or seize a nurse’s license. Because nursing was granted the privilege of self-regulation, nurses are expected to conduct themselves to uphold the professional and ethical standards of care that are set and enforced by the CNO. To continue marking its stake on professional boundaries, the

CNO is currently proposing an approval program for nursing programs in Ontario (CNO, 2017). By adding the provision of nursing education to its mandate, the CNO will acquire additional power to more directly control nursing education.

5.4.1.1 Class. The CNO's overall focus is nursing practice; as such, nurse educators conceptualized the nursing program as their 'practice setting' and identified students as their 'client.' Within the nurse-client relationship, there is an inherent power imbalance in terms of class relations. Nurses are in a powerful position as they are privy to knowledge that is exclusive to the nursing profession and healthcare. When reproduced within nursing education, a hierarchy within nursing is apparent as students hold less power and status within the nursing profession based upon their lack of professional knowledge. Students are in the midst of professionalization, ultimately working toward attaining registration within the general class of the nursing profession.

In the following example, the first text excerpt was from a year one course outline that compared the relationship between the nurse educator and students to the therapeutic nurse-client relationship and how this relationship was built upon 'caring.' Caring is the nursing professional ideal of nurturing and supporting an individual towards health, or in the case of nursing education, towards successful completion of the nursing program. 'Caring' was discourse that was reflected throughout the institution to coordinate everyday work routines within the nursing profession as 'caring' controlled what people said and did and was centered upon the ways that nurses developed and managed relationships with clients. Discourse was reproduced within texts throughout the nursing profession, such as Professional Standards, in a way that guided inclusionary/exclusionary criteria. Thus, this text example is followed by the Queen's statement of how she viewed the nurse-client relationship as synonymous with the nurse

educator-student relationship in a way that complemented the course outline. The Queen did this while speaking about key attributes that she identified as central to caring: power, non-judgement, and relationship boundaries.

Year 1 Course Outline - Process: The faculty's intent is that a **caring** relationship will develop between the teacher and learners, indicative of the type of relationship that learners will be developing with their clients. It is hoped that learners will understand that **caring** involves challenges, critical thinking, and nurturing and that this will be the nature of the relationship in the seminars...

The Queen: I think that no matter what, you can never get rid of that power. That power will always be there; it's like a nurse-client, the power is there. So how do you kind of diffuse that power? I think one way that we can do is...you have to respect. If you have respect for whatever is said in your class, or said to you, and you're not judging, I think that diffuses the power, a bit. So, it's the way we conduct ourselves with our students.

To illuminate how the course outline and the Queen's statement are aligned with the CNO Professional Standards, these excerpts are followed by a second text. The CNO excerpt provided an example as to how Practice Standards have been integrated into everyday routines within nursing education to mediate relations between nurse educators and students. Not only did Practice Standards mediate relations in the nursing program, they directly dictated the behaviours and practices of nurse educators. In this way, nurse educators maintained what was believed to be a professional, caring relationship with their client while socializing students into the nursing profession.

CNO 2006: At the core of nursing is the therapeutic nurse-client relationship. The nurse establishes and maintains this key relationship by using nursing knowledge and skills, as well as applying caring attitudes and behaviours. Therapeutic nursing services contribute to the client's health and well-being. The relationship is based on trust, respect, empathy and professional intimacy, and requires appropriate use of the power inherent in the care provider's role.

However, what was believed and valued as professional knowledge, skills, and behaviours, reproduced dominant ideals of caring that set nurses apart from clients and students. In this way, Practice Standards were a means of categorizing nurses and clients

within a hierarchy to ensure students, as clients, stayed within their place. Students were socialized to replicate these practices with clients as nursing programs are directed by CASN to prepare students according to their respective jurisdictional practice standards.

Further to this, the CNO had developed “Competencies for Entry-Level Registered Nurse Practice” that identified 100 competencies that were organized into five broad competency categories (CNO, 2014). The inclusion of students into the nursing profession was based upon 100 competencies. While the competencies were not problematic, how discourse within the nursing profession conflated competence with professionalism was problematic. However, competencies were a means of controlling entry into the nursing profession and maintaining social status. Although the purpose of professions is to delineate a minimum set of standards for ethical practice, it is how standards represent dominant perspectives that are problematic. In this way, White, middle-class expectations are reproduced to sustain the social status of nurses and the nursing profession.

Within the local setting, professionalization occurred through applying the ‘rules’ from the “BSCN Policy and Regulations Manual” (herein referred to as the manual). The manual centred upon the CNO Professional Standards and Ethical Framework and represented the main tool that the nursing program used to shape expected student behaviour. Within the manual was the perception that each nursing student would be treated the same as the rules applied equally to everyone. To ensure the rules were understood, the manual both directly and indirectly identified the expected behaviours of those involved in the nursing program, such as students, nurse educators, and administrators.

BSCN Policy and Regulations Manual (2015-16): This manual is to assist you in your integration and success in the [name] Nursing Program. It is meant as an adjunct to the following:

- Student Code of Conduct and Appeal Process
- Computer Use and Security Policy
- College of Nurses Practice Guideline: Supporting Learners

One is not exclusive of the other. It is important that you read this booklet as it is designed to assist you to have a meaningful and productive experience at [academic setting].

The above excerpt exemplifies how the manual reinforced dominant knowledge as “integration,” “success,” “meaningful,” and “productive experiences” were based upon individual students’ ability to follow the rules. Students demonstrated competence by accepting and following the rules. These rules would help students to develop professional nursing behaviours and it was explicit that success was obtained by following the rules. However, because the rules were based upon the dominant perspective within nursing education, it is questionable as to how the rules could be applied equitably, particularly among non-dominant groups, such as Indigenous students. Based upon limited access to cultural capital within the dominant group, Indigenous students may be disadvantaged in terms of integration and success as they must first accommodate to dominant knowledge prior to applying it. Whereas integration and success were likely common knowledge that non-Indigenous students did not have to work as hard to understand.

As an example of how the rules worked to advantage non-Indigenous students, Sienna described how she perceived the rules within the manual to be firm and that extenuating circumstances needed to exist in order to receive leeway. Because Sienna’s values reflected the dominant perspective, she conceptualized this rigidity as promoting her success. In this way, discourse mediated students’ perceptions of caring and inclusive behaviours from nurse educators. What Sienna described was how she had been

socialized into the nursing profession in a way in which she learned that nurses followed the rules and that the rules were applied equally to everyone.

Sienna: It's pretty much this is the deadline and unless there's extremely extenuating circumstances, pretty much somebody has to be in the hospital for you to get that extended...I don't know. I've never had that problem. I've never had to ask. But I would assume that the teachers are pretty firm...So it's all about time management.

The above example describes the dominant group's valuing of time management.

Time management is tied into competence as adhering to deadlines demonstrates the students' ability to follow strict expectations. However, it is important to note that outside of the dominant perspective, the value placed on the concept of time varies. In this way, competence is based upon students' knowledge and familiarity of dominant practices. Hence, it is questionable as to how the rules can be applied equitably when Indigenous students may be disadvantaged based upon differences in cultural understandings.

As an Indigenous student, Rbell described his experience of seeking support from a nurse educator. He explains how he experienced challenges on an assignment in which the nurse educator referred him back to the course outline. Rbell did not feel that the course outline was helpful, as it could have been interpreted in different ways. As such, he was sent in a "tailspin" in which he felt he was "hitting his head against a brick wall" as he tried to navigate the assignment. In this sense, the nurse educator assumed that the course outline provided a shared understanding of the nature of the assignment; however, Rbell explains how he did not share that understanding and that it was a means of excluding him. This example illuminates how dominant knowledge can act to disadvantage Indigenous students.

Rbell: I have to stop and figure out what to do, and try to do it myself, but I'm a totally different person than my professor, so I might be going this way, and she wanted me to go this way, and then come back, and go that way again.

Those who shared the dominant perspective had the privilege of opting to not see social class differences and ignore the power imbalance that existed. In Judy's statement, she explains how she aims to be supportive of each student, but she does so without explicitly considering how factors, such as culture, shape how she provided support. As such, she provided equal support. The intention of treating students equally was to avoid applying generalizations based on class and race; however, students were indirectly excluded based upon these very relations. The notion of common sense is based upon the dominant perspective that assumes that students and educators have a shared understanding of support. Thus, the practice of treating students equally reproduced social class relations, as not everyone was familiar with dominant practices or shared the same definition of support. This practice illuminates how nurse educators were unaware of how class relations were at play.

Judy: I feel like common sense, just try to be supportive of every student but not necessarily considering culture or age or anything like that.

Treating students equally was a tenuous process as some students felt that using culture as source for accommodation was playing the "race card." Lynn explained how it bothered her that students played the "race card" to acquire accommodation. She described how she had been socialized in a way in which she believed that race and class should not matter as it was a responsibility of the student to accommodate to the social norms within nursing education. This is reflective of the dominant perspective in which making accommodations for race and class relations were seen as inequality. Thus, this practice further marginalized students who were already marginalized. Placing the responsibility on students to accommodate to the expectations of the program rendered issues of class as invisible. As an Indigenous student, Lynn enacted class as she explained

how she accommodated to the belief that nurses did not use race as a means to offset individual accountability. The manual was a tool that socialized students into the nursing profession, yet it was also a tool that socially organized students according to social class. Lynn's statement was compared to the manual to illuminate how "students are accountable for their own decisions" in a way that race was not excusable. Because the manual was a text that represented the dominant, White, middle-class female perspective, Lynn's statement exemplifies how she was expected to push past expectations of Indigenous peoples and accommodate to nursing professional expectations.

Lynn: ...I don't play the race card, I hate it when people do it. Because everybody should be seen as equal. You should have no more, no less. See us equal, and if you're struggling, tell your teacher. Maybe they can understand, maybe they can help you, maybe they can get you resources. But don't tell them last minute.

Student Learning Responsibilities: Students are accountable for their own decisions and actions and for developing competence throughout their BScN education. It is an expectation that students will integrate all previous learning (cognitive, affective, and psychomotor) as they progress through the nursing program. This may be a challenge, particularly for those students who have not maintained good academic standing with successful completion of the program. Students are encouraged to seek opportunities to facilitate their success in the program including, but not limited to consultation with course professors, academic counseling, attendance at practice labs, and tutoring.

Both Lynn and the manual identified the importance of reaching out to nurse educators/course professors to support their success. In this way, it was assumed that each student had an equal opportunity to attain success. However, the notion of forced relationships that is promoted within the dominant model of professionalization was another way in which social class was reinforced. Not all students had an equal opportunity because not all students were able to build relationships with nurse educators. In the following statement, Jessica Jones described how it was "uncomfortable" for her to discuss her grade with the nurse educator as she found the nurse educator to be

“intimidating.” In particular, Jessica Jones identified this as a “personal flaw,” which reflected her professionalization and how she came to believe that the problem was with her. This illuminates how pervasive and effective the manual is at enforcing dominant knowledge as people were blind as to how the manual was a mechanism of professionalization that further disadvantaged Indigenous students who were already marginalized.

Jessica Jones: I was a little uncomfortable with the teacher. She was a little intimidating for me. And I know when I’m uncomfortable with something, I avoid it. So that was something I kind of understood was a personal flaw and I was trying to work through.

Through the above examples, *Identifying as a Nurse* centered upon upholding a high level of professionalization that was based upon social class. The major way that class ruled was through cultural capital. Cultural capital enabled those with a shared understanding of dominant knowledge to be advantaged while those with less cultural capital were disadvantaged. The examination of class relations within the nursing profession helped illuminate how class operated to set Indigenous and non-Indigenous students apart and ultimately challenged Indigenous students’ participation.

5.4.1.2 Classism. The basis of classism were generalizations about Indigenous peoples that were acted upon in a way that identified Indigenous students as ‘others’ based upon differences from the dominant group within the nursing profession. One of the main ways that classism was enacted was through generalizations that were cited frequently about ‘others.’ Generalizations about cultural others were a construction of the nursing profession, in which, the CNO reproduced in Practice Guidelines “Culturally Sensitive Care.” The CNO defined culture based upon Leininger’s (1991) definition:

“Culture refers to the learned values, beliefs, norms and way of life that influence an individual’s thinking, decisions and actions in certain ways.”

Based upon this definition, nurses are led to believe that cultural differences are differences between the nurse's and client's learned values, beliefs, norms, way of life, and systems of knowledge. However, this definition also exemplifies how social class manifests, as people from various classes interact with one another to realize class differences. Thus, this definition reproduces class differences that guide nursing practice. In the following example, these differences are identified as a problem that the nurse must address.

CNO, 1999: There are many challenges associated with working across cultures. The purpose of this guide is to support nurses in problem solving in commonly encountered situations.

As such, inequities in social class are problematic to nursing care as the focus is placed on differences between the nurse and the client. Nurses are expected to implement various practices when working across cultures with the ultimate goal of the client accommodating to the dominant perspective. This practice ensures that the nursing profession sustains the nurse's social location as a representative of the dominant nursing perspective and the client is placed in the disadvantaged social class position of 'other.' The practice of focusing on cultural differences was not unique to the CNO, but present throughout many nursing establishments. These practices are further reproduced among subsequent groups of nurses, as texts within the institution were embedded with generalizations about Indigenous peoples that shaped culturally sensitive, culturally competent, and culturally safe practices. This represents a form of classism in which generalizations about Indigenous peoples were continually cited. This continual citation shaped peoples understanding and practices related to Indigenous students as generalizations were prolific within the discourse.

The following is an example of how textbooks reflected discourse and were one means in which generalizations about Indigenous peoples were reproduced. The basis of this textbook chapter was for nursing students to develop culturally competent practices that centered upon teaching and learning strategies when working with cultural others. In particular, there was a section that provided insight into strategies for working with Indigenous peoples. In this way, attention was drawn toward cultural differences that were based upon generalities.

Textbook excerpt: When teaching American Indians, you should be aware that they are comfortable with extended periods of silence, so allow them adequate time for information processing. You should use straightforward and easily understood language and clarify misconceptions in a direct manner.

What is problematic about this example is that textbooks are the rhetoric of the nursing profession that provides direction for discussion. How Indigenous peoples and culture were portrayed was harmful and further reinforced socially constructed ideas of social class by giving precedence to dominant knowledge. In the following statement by Payeur, she described how she discussed Indigenous peoples within one of her courses that she taught. This example illuminates how nurse educators unknowingly integrated texts into their class discussions in a way that sustained generalizations about Indigenous peoples. This was a form of classism in which Indigenous peoples were separated from the dominant group as possessing differences. A generalization, such as eye contact, as a disrespectful cultural practice among Indigenous peoples dismisses the class relations at play. Although avoiding eye contact is identified as a respectful behaviour within many Indigenous cultures, this practice is also situated within a colonial context in which Indigenous peoples were devalued and not permitted to maintain eye contact with those in advantaged classes. Thus, reproduction of this practice perpetuates classist practices

that act to maintain Indigenous peoples' and students' place in the disadvantaged social classes.

Payeur: But we did talk about nonverbal communication and what the books were telling us about Aboriginal peoples...with eye contact and those things.

The following statement demonstrates how students reacted and responded to the inclusion of Indigenous peoples and culture within resources. Elisabeth explained how she did not identify with how Indigenous peoples were described in textbooks. Elisabeth illuminated how, as an Indigenous student, she experienced classism in a way that she felt dissociated from the descriptions of Indigenous peoples and culture within texts. The idea that texts reinforced generalizations of Indigenous peoples that were seen as “dehumanizing” for Indigenous students within the nursing program demonstrated how class relations and classism were embedded within daily work routines to exclude and devalue Indigenous peoples. In this way, Indigenous students had to transcend class expectations of Indigenous peoples as class relations were constantly reproduced within nursing education.

Elisabeth: I feel it speaks to a caricature of Indigenous people versus actually what an Indigenous person is. I am an Indigenous person, I wear the same clothes as you do, I am getting the same education, I live in a city. We don't all live in cities but I feel that's the vision people have of us are like “oh drums, and smudging and teepees and powwow” and that's it. But that's a component of our culture but it's not everything. And I feel that it's teaching people that we are a cartoon character versus we are a people...And it's really dehumanizing.

Further to Elisabeth's statement, Pinky Pie explained how she did not feel that she had knowledge to speak from an Indigenous perspective as traditional knowledge was not part of her past experiences. In this way, generalizations of Indigenous peoples undermined Pinky Pie's Indigenous identity as she viewed herself from a different position than other Indigenous students. This suggests that generalizations about

Indigenous peoples within texts may cause Indigenous students to feel inadequate, as they may not live up to social expectations of Indigenous peoples and further marginalize Indigenous students who are located within an underprivileged social class location.

Pinky Pie: I don't feel very confident in speaking about my values and beliefs because they're very different from a Metis person or an Aboriginal person, because I don't follow their traditions.

Further to this, Sara explained how she used to feel ashamed to identify as an Indigenous person based upon her own family history and how her Indigenous grandmother was perceived of by her non-Indigenous grandfather. Thus, the notion of Indigenous peoples as part of an underprivileged class is illuminated as her mother "distanced herself from her culture." This illuminates how generalizations that are embedded within the dominant narrative within nursing education intersect with Indigenous students' experiences.

Sara: Growing up, I felt really ashamed to be Aboriginal at all and so that's probably why I don't know a lot about my culture. If people would ask me if I was, I would just say 'no.'...my Mom grew up being told that it was kind of like, her Mom is native but her Dad wasn't...her Mom ended up leaving when she was very young because she was in a really abusive relationship and then her Dad ended up telling her it's wrong to be native and that her Mom's a dirty Indian. He'd say really rude things like that. So she grew up thinking that it's completely wrong, so she kind of distanced herself from her culture and she was ashamed of it.

Some nurse educators were aware of how Indigenous peoples were portrayed in texts and identified how they shifted their practices to provide more information about colonization. However, many assumed that the generalizations were correct because they were so prevalent within the dominant narrative. This illuminated how unaware many were to how texts produced generalizations that operated to keep Indigenous students within underprivileged social class positions. *Identifying as a Nurse* was a social relation that was ruled by social class to ensure that nursing continued upward mobility within the

professions. Classism was prevalent within *Identifying as a Nurse* based upon generalizations and class stratification that disadvantaged Indigenous students. In this way, Indigenous students experienced classism routinely.

5.5 Discussion

Nursing education is a time in which students aspire to develop a professional nursing identity. As well, throughout their careers, nurse educators continue to rework their own nursing identity. In this way, the nursing profession and nursing education are symbiotic as they shape and are shaped by each other. As new graduates and nurse educators develop and rework their nursing identity, the nursing profession is changed by these renewed perspectives. As the nursing profession integrates new strategies to push forward with professionalization, nursing program standards and entry to practice competencies evolve, changing the basis of professional socialization. As such, this study is timely and significant as it examined how the nursing profession was organized around social class as well as explicated how these ideals coordinated social relations of *Identifying as a Nurse*. Findings from this study expand upon current knowledge of the nursing profession as it illuminated how hegemony was reflected within the professional discourse to sustain class relations and how the broader context shaped relations within the nursing program.

The first point of discussion is how nursing establishments represent hegemony within the professional discourse through protecting nursing identity that was embedded with classism. Nursing establishments, particularly jurisdictional structures such as the CNO, play an integral role in the professionalization of nursing. Although the CNO is shaped by the larger professional project via its relationship with national (i.e. Canadian Nurses Association, Canadian Association of Schools of Nursing) and international (i.e.

International Council of Nurses) establishments, it is how these broader institutional practices represent dominant sources of knowledge within the local nursing program that render issues of social class as invisible. Discourse in the nursing profession is built upon power as jurisdictional nursing establishments have the authority to construct nursing identity. The construction of nursing identity is embedded within the larger professionalization project as nursing strives to define itself as an elite profession with its own distinct values, beliefs, and body of knowledge (Keogh, 1997; Kirmayer, 2012). This distinct body of knowledge has aided in establishing a clear boundary around nursing's identity and its social location (Keogh, 1997; Kessler et al., 2015). Thus, nursing identity represents a competition for status within professional ranks. When considering the CNO's role, its purpose is to protect and control this boundary through standards of practice, codes of ethics, and registration practices to determine who can and cannot be a nurse. However, these practices represent standards that are meant to maintain a particular class within the nursing profession to support its upward mobility in the endeavour for professional status. This maintenance of class has manifested asymmetrical forms of inclusion (Kuhlmann & Bourgeault, 2009). This is particularly significant when considering Indigenous students as Indigenous peoples are excluded from White, middle-class society that the nursing profession vies to represent. Thus, Indigenous students are disadvantaged, as they may be privy to other forms of knowledge that may not be valued within the nursing profession and may be unfamiliar with the requisite knowledge that would enable them to meet nursing professional expectations. As well, Indigenous students must conform to class expectations in order to enable their participation in nursing education. In this way, the idea of Indigenous students within the

nursing profession runs contradictory to inclusion as the nursing profession's inclusionary criteria are aligned with particular gender, race, and class expectations.

Just as the CNO works to protect nursing identity, so do nursing programs as they have the power to grant the educational credentials that enable students to enter into the nursing profession. The notion of credentialism itself works to sustain class divisions as higher status occupations, such as nursing, limit entrance into the profession via onerous entry to practice requirements (McMullin, 2010). Entrance requirements and market demands play a role in the supply of nurses, which increases the status of the profession. The registration process through the CNO further legitimizes this process as the privilege of being a nurse is bestowed on some and denied to others (McMullin, 2010). Although nursing programs have the power to determine who will become a nurse, nurse educators and nursing programs perceive they have minimal influence. There is the perception of minimal ability to effect change as nursing establishments that control accreditation and program approval do not appear receptive to change. This was reflected in how many involved in nursing education did not question the texts that were produced by national and provincial nursing establishments, particularly those from the CNO, as these were seen as the governing authority for nursing. As such, nursing establishments use power as a means to ensure that nurses follow the rules. The rules are about ensuring that nurses work to sustain a strong nursing ethic that is based upon White, middle-class women. Thus, the rules inadvertently advantage those within this social location while disadvantage those excluded from privileged social classes. Following the rules was embedded within the nursing program as students learned that following the rules were central to becoming a nurse. Nurse educators' role modelled class expectations and students were socialized to do the same. However, those within nursing education were

blinded as to how it was challenging for some Indigenous students to follow the rules based upon their inherent social disadvantage, as class was embedded within professionalization.

This resonates with Soine's (2010) analysis of how it became progressively impossible for middle-class women to reproduce the masculine model of middle-class professionalization without the privilege of political citizenship and education opportunities. Although Soine's analysis centered upon disadvantage in terms of gender relations and historical oppressions of women, the findings from this study extend Soine's (2010) as it illuminated how social class, as another power relation, is largely overlooked as a source of social disadvantage within the nursing profession. As well, Flynn reported that during early professionalization, racialized and working-class women were explicitly excluded from the nursing profession as "bolstering the professional image of the occupation was more important to nursing administrators than addressing its discriminatory legacy" (2009, p. 131). This study builds upon Flynn's (2009) research as it illuminated that although exclusion based upon race and class is no longer explicitly practiced, in many ways, professionalization, or following the rules, continues as a means of excluding people who differ from the elite nursing student. In this way, Indigenous students who cannot socialize easily into the nursing profession based upon their divergence from the dominant worldview are excluded. Considering how hegemony was embedded within professionalization has significant implications in terms of considering how the nursing profession excludes Indigenous learners based upon social class.

The second key insight from this study illuminates how practices within the broader institutional context shaped relations within nursing programs. Within the nursing program, there was variance in terms of treating all students as a homogenous

group by applying the rules equally to individual treatment based upon each student's unique circumstances. A majority of those involved in the nursing program recognized the importance of treating each person the same, or in other words, being blind to class divisions and other unique relations and how this affects the learning of those in disadvantaged classes. Some nurse educators identified how they treated each student the same regardless of gender, race, or class. This ideal was further acknowledged within various nursing program documents, such as course outlines and policies as well as in Professional Standards that valued egalitarianism. However, what is important to understand is that ideals about treating each person the same were largely based upon dominant perspectives of what constituted the norm and the distribution of resources. Nurse educators relied on the context to be equitable in that they assumed each student had the opportunity to fully participate within the nursing profession. Because norms represented dominant, middle-class perspectives that were pervasive within the nursing profession, many were blinded to the consequences of treating each person the same.

Similarly, Paterson, Osborne, and Gregory (2004) found that nurse educators could not understand the basis of students' behaviours as they diverged from what was conceptualized as the norm within nursing. As such, nurse educators assumed their dominant perspective was right and formed assumptions about the actions and behaviours of students that deviated from this perspective (Paterson et al., 2004). As a result, students felt that in order to socialize into nursing they had to conceal their cultural identity to some degree (Paterson et al., 2004). Although students within this study did not explicitly discuss their need to conceal their cultural identity; it was implicit as Indigenous students had to navigate dominant sources of knowledge that largely operated on a White, middle-class perspective. Thus, Indigenous students were disadvantaged by

their cultural identity as they had to accommodate to middle-class expectations in order to be included within the nursing profession. As well, this study provided additional insight into how dominant knowledge that was prevalent throughout the nursing profession sustained class relations by disregarding and devaluing other perspectives. This study also examined how and why dominant knowledge was valued and propagated as correct.

As well, Dickerson, Neary, and Hyche-Johnson (2000) found that graduate nursing students developed strategies to survive; in which, they had to conform to program expectations in order to “play the game.” However, the students identified that sometimes conforming conflicted with their Indigenous values (Dickerson et al., 2000). In this way, Indigenous students had to learn the unwritten rules of the nursing program in order to attain success (Dickerson et al., 2000). Dickerson et al.’s (2000) findings are extended as processes of *Identifying as a Nurse* were found to be ruled by class relations that provided the basis for inclusionary criteria into the nursing profession to exclude Indigenous students. Therefore, it is questionable as to whether Indigenous identity is reconcilable with nursing identity as each identity represents differences in social location and a potential for conflict in understanding what constitutes knowledge. This finding is significant as many were blinded as to how Indigenous students were included and excluded based upon their social location and their ability to integrate into White, middle-class nursing.

Furthermore, students were idealized as individuals with unique circumstance, which caused some variance in their treatment. The idea of individuality was also promoted within various texts, such as course documents and professional standards. Individuality conceptualized each client as a unique person with various life experiences

that shaped their lives in various ways. As such, nurse educators strove to promote not only equality, but equity. However, equity was idealized as it was based upon the dominant perspective that overlooked aspects related to class. Nurse educators were keen to promote what they thought was ‘caring’ in terms of equity and veered away from assumptions about gender, race, and class. However, the notion of ‘caring’ is based upon a dominant, colonial, and feminine ideal of nurturing and helping students to succeed within the nursing program. In essence, ‘caring’ was the basis for exclusion as many were unaware of inequities in social class. For example, when students identified race or class as a contributing factor to their circumstances, some identified this as playing the “race card” and felt it was an attempt to acquire accommodation. But, this was also a demonstration of class, given that race and class were simultaneously at play and that Indigenous students were judged for behaving according to class expectations of Indigenous peoples. Thus, as students were treated as individuals, circumstances, such as the effects of colonization on Indigenous peoples, were overlooked as contributing to students’ challenges. As a result, students were idealized as individuals as they were treated as such based upon a dominant understanding of individuality. This is aligned with Browne (2005), who found that three major discourses shaped nurses’ perceptions of Indigenous patients that included discourse on culture, professional nursing, and Indigenous peoples. Although Browne (2005) focused upon the nurse-client relationship, there are parallels to the nurse educator-student relationship as nurse educators identified the nursing program as their practice setting. Browne (2005) explained how nurses were blind as to how their ‘individual’ perspective reflected the perspective of dominant society that worked to ‘other’ Indigenous patients, centered upon egalitarianism, and integrated stereotypes about Indigenous peoples into their nursing practice. This has

particular relevance to this study as nurse educators could not see how their activities were coordinated by broader institutional practices that operated to exclude Indigenous students. For example, the practice of treating every student the same was seen as a neutral practice that provided each student with the same opportunity. This is reflective of the professional value of egalitarianism in which the nurse ‘sets’ their biases aside in order to provide non-judgmental care to all patients (Browne, 2005). Through egalitarian practices, nurse educators were not intentionally excluding Indigenous students. However, when enacted, these practices unknowingly contributed to Indigenous student’s exclusion, as there was an assumption that all students had the same opportunity to fully participate in nursing education. This was not the case when considering the broader sociocultural context in which nursing education was situated.

Furthermore, Patterson et al.’s (2004) findings identified how the nursing profession was promoted as an inclusive and caring profession in principle, but this notion was challenged by students’ experiences of differences that marginalized them from the dominant group within their nursing program. As such, treating students both equally and equitably posed challenges within the nursing program as dominant knowledge was reinforced as the right way (Pateron et al., 2004). When practicing in accordance to dominant knowledge, nurse educators promoted ideal practices with Indigenous students with the expectation that the students would accommodate to the nursing program. This is an important finding as nursing education, as an institution, needs to be mindful that as students are undergoing professional socialization they are also inadvertently enduring class stratification as they gain cultural capital.

Class stratification is the process through which people/groups are ascribed as belonging to a particular social class and resultantly subjected to different treatment.

Although implicit, class was overlooked within interactions as practices were embedded throughout institutions as dominant knowledge was valued and enforced as the right way. Many were largely unaware of how their practices sustained middle-class knowledge as there was the assumption that all students possessed this requisite knowledge. This brings into light how *Identifying as a Nurse* is a construction of the larger institutional context in which it is embedded and works to sustain particular sources of knowledge to maintain the status quo. The status quo supports the continued professionalization of the nursing profession at the expense of those who are challenged or unable to participate, as they do not or cannot meet class expectations. This insight has implications in terms of the need to consider how and why the dominant perspective was professed as right, as well as the unintended consequences of doing so.

5.6 Conclusion

When examining the sociocultural context of nursing education from the standpoint of Indigenous students, it is apparent how Indigenous students are excluded in various ways. In particular, how dominant knowledge works to sustain the institutional complex. Throughout the nursing professional movement, there has been a focus on dominant perspectives of professionalization in a way that has silenced nursing's own voice. Aligning with professionalization strategies from medicine has shaped nursing in a way that has reproduced a hegemonic structure that perpetuates subordination of nurses and students. This hegemony is further reified as those that have been granted the professional status of nurse reproduce power relations within nursing education to keep students within their respective place. This culture of nursing is based upon dominant sources of knowledge that inadvertently exclude students and nurses based upon social class. As such, it is timely for those leading nursing's professional project, as well as

nursing programs and nurses, to question what has been accomplished in this quest for professional status? Although progress has been made from a dominant perspective, what have been and will continue to be the unintended consequences of professionalization as nursing moves forward? Given that *Identifying as a Nurse* is about social class, what does this mean for an applicant who is Indigenous?

5.7 References

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Chapter 6: Cultural Competence as Intersecting Relations

This chapter focuses upon the local site of the institution of nursing education. Nursing education, as an institution, is part of a broader institutional context that includes postsecondary education and the nursing profession. Based upon Dorothy Smith's (2005) definition of institutions, nursing education represents the social, cultural, political, and historical relations that are embedded within the work involved in the education of undergraduate nursing students. Within nursing education, *Cultural Competence* represents the intersection of race and class ruling relations that mediate social relations. In this study, *Cultural Competence* emerged as dominant knowledge within the broader institution and organized peoples' activities within the local setting through various texts, such as standards of practice and frameworks. *Cultural Competence* was primarily enacted within the institution contrary to the purported ideology of 'caring' in a way that many were unaware of, as race and class relations were embedded within everyday work routines. Thus, intersecting social relations of *Identifying as Indigenous* and *Identifying as a Nurse* were not compatible, as Indigenous students had to maneuver within a culture of nursing that was predominantly developed, organized, and operated based on White, middle-class knowledge. Although this chapter focuses upon the intersection of race and class ruling relations, other relations, such as gender, were also embedded within social relations. However, the purpose of this chapter is to illuminate the intersection of race and class ruling relations.

As a result of how race and class relations were reproduced within nursing education, it is likely that Indigenous (First Nations, Inuit, Metis) students may continue to experience challenges accessing and completing nursing programs (Canadian Association of Schools of Nursing, CASN, 2007). The barriers that Indigenous students

are reported to experience have been reflected in the high attrition rates among Indigenous nursing students and the underrepresentation of Indigenous nurses in practice (Anonson, Desjarlais, Nixon, Whiteman & Bird, 2008; CASN & Aboriginal Nurses Association of Canada, ANAC, 2013). The most current statistics estimate that there were 730 Indigenous nursing students in Canada in 2007, which represents an increase from 237 in 2002 (CASN, 2007). Attrition of Indigenous students has been reported to be as high as 50% compared to 25% among non-Indigenous students (Canadian Nurses Association, CNA, 2009). These statistics illuminate a reality among Indigenous nursing students that is ruled by race and class relations.

Relations, such as gender, race, and class provide the basis for inclusion and exclusion within many social institutions, such as nursing education (Reimer-Kirkham & Browne, 2006). In terms of Indigenous peoples, unequal relations of power are sources of exclusion that are largely the legacy of colonialism (Reimer-Kirkham & Browne, 2006). As both Indigenous and non-Indigenous people continue to live within a colonial context, colonialism is an ideology that provides the basis for viewing gender, race, and class relations within society and nursing education. Ideologies refers to the way that people in society view social relations through a lens that promotes actions that sustain the needs of those in power (Deveau, 2009). In this way, colonial ideology has constructed race and class as signifiers of difference that set Indigenous peoples apart from the dominant group (Reading, 2015; Reimer-Kirkham & Anderson, 2002). Through processes of social stratification, such as racialization and class stratification, Indigenous peoples are identified as the 'other' based upon apparent differences (Reading, 2015).

Racialization is the process of people identifying racial categories and allotting others into these categories based upon racial characteristics, such as skin colour

(Reimer-Kirkham & Anderson, 2002). People who are ascribed to these groups and experience race as a key factor in their identity are recognized as racialized (Galabuzi, 2001). Furthermore, class stratification is a similar process as racialization, in which social categories are produced and people are prearranged into these hierarchical categories based upon their social status. Social class has been defined as a combination of economic, social, and cultural capital that involves financial wealth, available social networks, and knowledge and familiarity with the practices of the dominant culture (Bourdieu, 1986). Defined in this way, social class is inclusive of a variety of factors that contribute to economic and social status, such as expectations, aspirations, support, role models, and values (Beagan, 2005; Scatamburlo-D'Annibale & McLaren, 2004).

Although race and class are defined independently, it is essential to understand that social relations of race and class are not mutually exclusive as each relation interconnects with other relations, such as gender, within institutions (Walby, 2007). Within colonial ideology, race and class have become conflated with culture that is understood from a culturalist perspective of general values, beliefs, and behaviours about cultural groups (Reimer-Kirkham & Anderson, 2002). As such, colonial assumptions about Indigenous peoples and Indigenous culture have provided the historical, and largely ongoing, basis for social stratification. Within this study, culture is understood to be a complex, socially constructed concept that is enacted relationally and varies between and among ethnic groups and individuals based upon several factors that include gender, race, and class (ANAC, 2009; Browne & Varcoe, 2006; Kirmayer, 2012). Traditionally, ideal approaches to addressing race and class relations within nursing education for Indigenous students have centered upon Transcultural Nursing Theory (TCN). The development of culture as significant to nursing care initially emerged during the late 1950's based upon

the work of Madeleine Leininger. As an early nursing scholar and anthropologist, Leininger identified the challenges and need for nurses to address cultural differences and developed TCN theory, as well as the field of TCN. TCN was originally developed for nurses to anticipate the care needs of clients from cultures that differed from the dominant, White, middle-class female within the nursing profession (Seaton, 2010). TCN continues as a theoretical approach within the nursing profession, as well as guides the development of nursing specialties, throughout the global nursing context (Gustafson, 2002). As TCN theory has evolved, it reflects a spectrum of approaches that include: cultural awareness, cultural sensitivity, cultural competency, and cultural safety.

Cultural awareness is the acknowledgement of difference, whereas cultural sensitivity is expressed through behaviours that are thought of as polite and respectful (ANAC, CASN, & CNA, 2009). As early as the 1990's nursing research began to focus on the concept of cultural competence. Cultural competence refers to an individual's, organization's, or system's capability in understanding and responding appropriately to cultural norms, values, beliefs, and customs shared by members of a cultural group with the goal of working effectively in cross-cultural situations (CASN & ANAC, 2013). This trend aligned with Leininger coining the term "cultural competence" in 1992 (Bourque-Bearskin, 2011; Leininger, 2005) that was further endorsed by the American Academy of Nursing (AAN) through their expert panel report "Culturally Competent Health Care" (AAN, 1992). In Canada, TCN was taken up as it aligned with national policy on multiculturalism (Browne & Varcoe, 2006; Gustafson, 2002). Thus, as TCN evolved, the concept of cultural competence was integrated into the Canadian nursing profession. In the late 1990's, nursing professional governing bodies, such as the College of Nurses of Ontario (CNO), produced Professional Standards and Guidelines "Therapeutic Nurse-

Client Relationship” and “Culturally Sensitive Care” that guided cross cultural nursing practices.

Cultural awareness, cultural sensitivity, and cultural competence have been conceptualized as a starting point for nurses to develop an understanding of the complexity of culture with the goal of moving toward cultural safety (ANAC et al., 2009; Bourque-Bearskin, 2011). As such, starting in the late 1990’s there was a shift toward the concept of cultural safety. Cultural safety is promoted as the ideal within nursing education and broader nursing profession as it premises upon the concept of safety. Papps and Ramsden (1996) identified unsafe health care interactions as a contributing source to the poor health conditions among Indigenous peoples in New Zealand. Nursing care is described as unsafe when clients “feel humiliated or alienated or are directly or indirectly dissuaded from accessing necessary care” based on their cultural identity (Ramsden, 2002 as cited in Bourque-Bearskin, 2011, p. 553). Safety is identified as an ethical approach that enables nurses to analyze power imbalances, institutional discrimination, and the nature of colonial relations that are embedded throughout all aspects of healthcare (Browne & Smye, 2002; Browne, Varcoe, Smye, Reimer-Kirkham, Lynam & Wong, 2009). Through education and critical reflection it is believed that health care providers can become empathetic towards Indigenous peoples and develop an understanding of how to redress health and social inequities that are rooted in colonialism (Papps & Ramsden, 1996).

Cultural safety has also been identified within nursing education as an ‘ideal’ approach to engaging Indigenous students (ANAC et al., 2009). Cultural safety, as an approach to inclusion of Indigenous peoples was adapted within the Canadian nursing profession because the concept of cultural safety was developed by Indigenous (Maori)

nurses and gives primacy to Indigenous knowledge that is relevant within the Canadian context (ANAC, 2009; Papps & Ramsden, 1996). However, it cannot be assumed that the colonial context within New Zealand mirrors that within Canada. Although there are parallels between nation states, there are nuances, such as the nature of health care systems and of colonial relationships that create significant differences. These nuanced differences could change the interpretation and implementation of safety. As well, the Maori concept of ‘safety’ implies not doing harm and focuses on a minimum standard of providing care to Indigenous peoples (Papps & Ramsden, 1996). However, within other areas of the nursing profession, competence is focused on the optimization of health and excellence (Kirmayer, 2012). This notion illuminates how the concept of safety is limited in its approach to inclusion when conflated with cultural competence (Papps & Ramsden, 1996). Cultural safety is a step towards antiracist discourse; however, as an ethical approach, it has not been given rightful space within nursing education as it is commonly misapplied. Cultural safety is misapplied as the institution continues to operate from a dominant perspective that perpetuates the othering of Indigenous peoples. Thus, it is imperative that cultural safety is applied in a way that not only respects, but centralizes Indigenous knowledge to disrupt processes that limit Indigenous students’ participation in nursing education.

In 2004, Health Canada provided funding through the Aboriginal Health Human Resource Initiative (AHHRI) for projects that aimed to increase the representation of Indigenous peoples in health care (Health Canada, 2008). In 2008, the National Aboriginal Health Organization (NAHO) acknowledged the need for culturally safe care for Indigenous peoples in Canada that paralleled the need for culturally safe learning environments for Indigenous students (ANAC et al., 2009). As a result of these

influences, various groups within nursing education acquired funding through the AHHRI, such as national and provincial nursing establishments and nursing programs. Most noteworthy, the ANAC, CASN, and CNA (2009) received funding for a project that focused on the development of a national framework for Indigenous nursing education titled: “Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit, and Metis Nursing”. The purpose of the framework was to support the health needs of Indigenous peoples by educating future nurses and increasing the number of Indigenous nurses in both nursing education and practice with the ultimate aim of working toward the elimination of discrimination and disparity in the health care system. As well, the group conducted a literature review that provided an overview of the history of Indigenous peoples and an explanation of various approaches to caring for people with cultural differences.

With the development of the ANAC et al. (2009) framework and literature review, six nursing programs across Canada were selected to pilot the framework. The six nursing programs reported on projects that aimed to integrate the framework through various initiatives such as enhancing content about Indigenous peoples within the curriculum. Although the reports were a means of evaluating the framework, it is largely unknown how the ANAC et al. (2009) framework has been integrated across the institution. This framework is an important start, as it has directed attention towards redressing inequities within nursing education for Indigenous students. However, there needs to be continued movement in this area toward critical perspectives that interrogate exclusionary practices that are embedded within nursing education. ANAC started working on engaging Indigenous peoples within nursing education since the early 2000’s

and continues this work both independently and in partnership with other national nursing establishments.

ANAC, CASN, and CNA have collaborated to promote cultural safety in health care and education for Indigenous peoples through focusing their efforts on increasing the number of Indigenous peoples pursuing nursing education as well as supporting strategies that promote cultural competence and cultural safety among all nursing students.

Collaborative efforts have occurred through several symposiums focused on Indigenous nursing education that have resulted in the development of frameworks that built upon the ANAC et al. (2009) framework through recommendations for curriculum development (i.e. ANAC, 2011 and CASN & ANAC, 2013). Much of the results of these efforts have focused on enhanced inclusion of Indigenous students through integrating content about Indigenous peoples and providing a variety of supports (e.g. mentoring) for Indigenous students. Although these frameworks have illuminated inequities in the inclusion of Indigenous students within nursing education, the frameworks are limited as the focus is on individual nursing programs. Thus, attention is drawn away from inequities within the broader institution of nursing education that mediate exclusionary practices within nursing programs.

6.1 Review of the Literature

Research suggests that Indigenous learners experience unique challenges based upon their cultural identity. These challenges are aligned with the vulnerability of Indigenous peoples in broader society. Indigenous learners have been found to experience financial hardship, poor study skills, lack of educational preparation, lack of resources, and ongoing family commitments as common factors that challenged their success in nursing education (Usher, Miller, Lindsay & Miller, 2005; Wilson, McKinney & Rapata-

Hanning, 2011). Furthermore, Indigenous learners have experienced racism, both implicit and explicit, as systemic racism was embedded throughout common practices within many nursing programs (Martin & Kipling, 2006; Usher et al., 2005). Much of this racism was a result of the valuing of dominant sources of knowledge in which Indigenous knowledge was absent or excluded from nursing curricula (Martin & Kipling, 2006). This caused Indigenous learners to navigate differing worldviews as they negotiated dominant and Indigenous sources of knowledge (Dickerson, Neary & Hyche-Johnson, 2000; Martin & Kipling, 2006). The literature revealed that it was not how each individual factor shaped Indigenous students' lives, but how factors intersected with others, such as gender and colonialism, that magnified challenges within nursing education (Martin & Kipling, 2006).

Although this section of literature has enhanced understanding of Indigenous students in nursing education, it also indirectly identifies all Indigenous students as experiencing challenges. However, it is important to avoid generalizations or assumptions that all Indigenous students require or want additional support. Through generalizing the needs of Indigenous students, race was conceptualized as culture and by the mere fact that students were Indigenous; it was assumed they would experience challenges.

Although there may be a relationship between Indigenous students and the experiences of challenges within nursing education, it is essential to interrogate the broader sociocultural context in which social relations have been constructed. None of the studies examined nursing education as a sociocultural context that was shaped by a broader institutional context.

Several phenomenological studies revealed insight into the experiences of Indigenous nursing students. These studies unveiled how shared identity among

Indigenous students provided a source for connection (Dickerson et al., 2000), but it was also a source of shared experiences of racism, isolation, and ignorance (Johansen, 2010, Weaver, 2001). Shared identity was essential to providing cultural support in cases where it was absent within the nursing program (Weaver, 2001); however, it also provided the basis for nurse educators' assumptions about Indigenous students (Russell, Gregory, Care & Hultin, 2007). Within these relationships, nurse educators represented the dominant, nursing worldview that overshadowed the needs of Indigenous students (Dickerson & Neary, 1999).

Although students experienced many challenges, various elements, such as family support, mentorship, and cultural support were found to be essential to student success (Dickerson & Neary, 1999; Johansen, 2010). This research provided significant insight into many of the practices that were embedded within daily work processes in nursing education, such as racial discrimination. As well, this literature illuminated how nurse educators were blinded as to how they contributed to the challenges that Indigenous students experienced (Dickerson & Neary, 1999; Dickerson et al., 2000; Johansen, 2010). Nurse educators were unaware of how their role perpetuated dominant ideals within the nursing profession. As such, Indigenous students developed strategies to survive that entailed negotiating when and how to enact role expectations of nurses and Indigenous peoples (Dickerson et al., 2000). These experiences caused Indigenous students to negotiate various aspects of nursing education in relation to the context in which they aspired to work (Dickerson et al., 2000).

In summary, the experiences of Indigenous students in nursing education were varied. However, none considered the broader context of the institution. Instead, this collection of literature focused on parts of nursing programs, such as teaching practices,

learning environments, curricula, and methods of program delivery. This narrowly focused approach is disconnected from the goal of addressing challenges students experience on a larger, institutional level. Further to this, most of the literature explicated race relations as significant to Indigenous students' experiences. However, there is a gap in understanding how other social relations, such as class, interconnect with race to unveil other sources of discrimination and exclusion. There is dire need to critically examine the sociocultural context of nursing education to examine the basis of challenges experienced by Indigenous students.

6.2 Study Purpose

The purpose of this institutional ethnographic (IE) study was to examine the sociocultural context of nursing education as an institution. The ultimate aim was to enhance nursing education for all students through promoting positive changes throughout the institutional complex. To explicate the institutional complex within nursing education, the broader context of postsecondary education and the nursing profession was examined. Examining the broader context helped to shed light on how local social relations were coordinated and mediated outside of the local context. Thus, this chapter critically examines the intersection of social relations that shape everyday work practices within the institution of nursing education. In particular, it aims to answer the second research question: How are Indigenous students' everyday lives shaped by the institution of nursing education?

6.3 Methodology and Methods

6.3.1 Theoretical and Methodological Frame

Postcolonial Feminist Theory (PFT) provided a theoretical lens, while Institutional Ethnography (EI) provided the methodological frame for this study. PFT as a

theoretical lens: 1) explicates how gendered institutions shape peoples' lives; 2) builds upon common critiques of feminism; and 3) redresses social justice and equity by uncovering various intersecting forms of oppression (Reimer-Kirkham & Browne, 2006; Olesen, 2011; Smith, 2005). Additionally, PFT is valuable in shedding light on how colonialism reproduces specific forms of oppression that are of particular relevance to research with Indigenous peoples (Browne, Smye & Varcoe, 2007; Racine & Petrucka, 2011). For example, past waves of feminism have not represented Indigenous women (Browne et al., 2007). Thus, PFT illuminates how oppressions differ among Indigenous peoples based upon colonial realities (Browne, et al., 2007).

Complementing PFT, I used the tools of IE, as described by Dorothy Smith (2005), to analyze the sociocultural context of nursing education. IE begins with individual experience that provides an access point into the local perspective within institutions (Smith, 2005). The purpose of understanding the local experience is to explicate how local experiences came into existence by examining experiences within the broader institutional context (Deveau, 2009; Smith, 2005). Exploration into the broader institution provides insight into how experiences are coordinated translocally (Deveau, 2009). Translocal coordination refers to the way in which locally occurring social relations are shaped by social relations that are constructed within the broader institution that exists outside of the local setting (Smith, 2005). In this way, social relations and social organizations explain how and why peoples' experiences came to be and how peoples' activities are ruled outside of the context in which they take place (Smith, 2005). Social relations are the social processes that people participate in; whereas social organizations refers to the purposeful coordination of how social relations interrelate (Deveau, 2009; Smith, 2005). Smith (2006) describes how social organization cannot be

completely understood by looking at the local setting; thus, it is essential to examine the context that is beyond the local experience to explicate how these experiences came into existence. Peoples' activities are ruled by ruling relations that Smith defines as "that extraordinary yet ordinary complex of relations that are textually mediated" (2005, p. 10).

Essential to ruling relations are texts, as texts are how ruling relations are produced translocally by those who have power (e.g. nursing establishments) who package the ruling relations into texts (e.g. standards, competencies) and distribute them within the institution to coordinate peoples activities (i.e. registration processes, Deveau, 2009). Therefore, ruling relations connect people across space and time to organize everyday life and the complex of relations that connect them (Smith, 2005).

6.3.2 Setting

To access the local standpoint of those involved in nursing education, I selected a nursing program that represented one geographic location in a collaborative nursing program that involved one university and six colleges. I selected this setting to begin my inquiry as it provided the opportunity to become immersed in data collection, as well as afforded me accessibility, feasibility, and in-depth text analysis. Also, I was aware that the local site of the nursing program was a starting point for inquiry because IE is an emergent methodology; thus, I could not always anticipate where the investigation would lead. Throughout my inquiry, I was directed to other locations, locally and translocally, as guided by participants, observations, and texts, which further supported my investigation and was representative of the institution of nursing education (e.g. other locations of the collaborative nursing program, professional nursing establishments).

6.3.3 Recruitment and Sampling

After receiving ethics approval from my affiliated academic setting as well as from the academic institutions that provided access to the local perspective, I recruited participants from the local site of the collaborative nursing program. I recruited participants by developing and implementing a recruitment strategy based on MacDougall and Fudge's (2001) three stages of recruiting (i.e. prepare, contact, and follow-up). Using MacDougall and Fudge's (2001) strategy as a basis further supported the emergent nature of IE as I was able to identify and contact as well as build and sustain relationships with key contacts and potential participants throughout the duration of the study.

To acquire an understanding of the institution from the local standpoint, I engaged in purposive sampling that permitted me to connect with potential participants based on their experience and involvement with the local nursing program (Morse, 1991; Smith, 2005). Further to this, snowball sampling enabled me to identify additional participants (e.g. education representatives from local Indigenous communities and organizations; counsellors) as the study progressed. These sampling methods enabled me to develop a refined understanding of what was occurring locally and to consider how it was coordinated within the broader institution of nursing education (Morse, 1991; Smith, 2006). Inclusion criteria comprised: English speaking, over 18 years of age, and involvement with the nursing program.

6.3.4 Sample

The sampling methods resulted in 33 participants that included 17 undergraduate nursing students, 10 educators, and 6 administrators as well as 78 hours and 45 minutes of observations and 232 texts. Participants averaged 37.75 years of age, 26 identified as

female and 6 identified as male. Thirteen participants voluntarily disclosed their Indigenous ancestry (First Nations or Metis). Student participants represented all four years of the nursing program as well as a recent graduate, 15 had pursued and/or completed prior postsecondary education, 12 were employed, and 5 relocated to attend the nursing program. All educator (e.g. nurse educators, clinical educators, preceptors, counsellors) and administrator (e.g. upper and lower administration) participants completed postsecondary level education at the undergraduate or graduate level and all worked full time for their respective employers.

6.3.5 Data Collection

Beginning in January 2016 and spanning over a 15 month period, I collected and analyzed data on two levels (Smith, 2005). Level one data were collected through interviews and observations that reflected local perspectives; whereas, level two data were collected through texts to explicate how local social relations and organizations were coordinated translocally (Campbell & Gregor, 2008). Within the two levels of data, language was critically analyzed as it emerged from experiences and texts. Experience occurred dialogically in two forms: primary and secondary dialogue.

6.3.5.1 Level one data. Level one data included interviews and observations. In terms of experience, interviews were primary dialogue in which I gleaned insight into participants' experiences through conversations. Interviews included individual and small group (i.e. 2-3 participants) discussions that occurred where participants felt comfortable, in which all participants opted for individual interviews. A semi-structured interview guide helped me to initiate discussion and tailor the conversation to the participants' role within nursing education (i.e. student, educator, administrator). As well, the questions transformed throughout time spent in primary dialogue as I endeavored to develop a

deeper understanding of participants' experience. However, participants ultimately guided the conversation as they determined what and how to share their experiences with me. The interviews ranged in length from 30 minutes to 3 hours and depended upon the participant's availability and interest in the discussion. Prior to conducting interviews, participants were requested to sign for consent, complete a brief demographic questionnaire, and identify a pseudonym that would be used during knowledge sharing activities. I offered participant's choice in selecting a pseudonym to honour their own preference for identifying them self, as names have meaning (Lahman, Rodriguez, Moses, Griffin, Mendoza & Yacoub, 2016). Secondary dialogue involved my analysis with the material produced in primary dialogue (e.g. transcripts, fieldnotes, reflexive journal entries) to identify how language coordinated participants' actions.

Observations were an open-ended undertaking that occurred both informally and formally. I am an insider within nursing education as I am a nurse educator and many times, informal observations were a reflection of my own experiences. Formal observations totaled 78 hours and 45 minutes and occurred during interviews and during events that I was invited to observe (e.g. provincial meeting of Indigenous Community Education Councils). I recorded informal observations in a reflexive journal. The reflexive journal provided an opportunity to reflect and examine how and why various courses of action were taken through examining my own values and beliefs and my social location as both a nurse researcher and educator (Campbell & Gregor, 2008). Formal observations were recorded directly after interviews in fieldnotes (Morse & Field, 1995). These forms of observation enabled my investigation of nursing education as they helped to shed light on work practices and processes and on how these practices came to be (Smith, 2005).

6.3.5.2 Level two data. The purpose of level two data is to illuminate power as occurring through the coordination of activities within the institution, in which texts are central (Deveau, 2009). Texts are material forms that enable replication (i.e. Entry-Level Competencies for Registered Nurses, Professional Standards) and are how activities are coordinated and mediated throughout institutions (Campbell & Gregor, 2008; Smith, 2005). Through data collection and analysis phases, I collected relevant texts. These texts directed and were directed by subsequent data collection and analysis. Texts were gathered as they were relevant to nursing education and Indigenous students as texts were seen as connecting the local nursing program to the broader institutional context of nursing education.

6.3.6 Data Analysis

Data collection and analysis occurred concurrently as analysis guided subsequent data collection. Data were analyzed during primary and secondary dialogue, observations, and text analysis as I aimed to develop an understanding of what was happening locally. The purpose of developing this understanding was to explain how peoples' actions were mediated translocally and how peoples' local actions shaped institutional practices (Smith, 2005). Analysis occurred through writing, as it was an opportunity to reflect on the data and problematic and to piece it together in a way that described what was going on (Campbell & Gregor, 2008). As I pieced data together, I used mapping (diagramming) as a strategy to bring together discourse, texts, and work processes within the institution and to describe the ruling relations that were embedded in social relations and organization (Smith, 2005). Writing and mapping strategies occurred simultaneously and resulted in a description of the institution; however, gaps remained in the analysis. As a strategy to attend to gaps in analysis, I organized several focus groups,

small group, and individual discussions with participants to share the preliminary findings, refine analysis, and member check the findings for credibility. Including the participants in analysis enabled me to further refine analysis as they further informed insights into the institutional complex, work processes, and ruling relations in as thick a way as possible (Kincheloe, McLaren & Steinberg, 2011).

6.4 Findings

As outlined in the map (figure 3), *Cultural Competence* ruled the intersection of social relations within postsecondary education and the nursing profession. *Cultural Competence* illuminated how race and class relations intersected to shape lives within nursing education. Race and class relations were both prevalent within nursing education; yet, race relations were more apparent. Class was not merely an addition, but exposed the complexity of irreconcilable social relations.

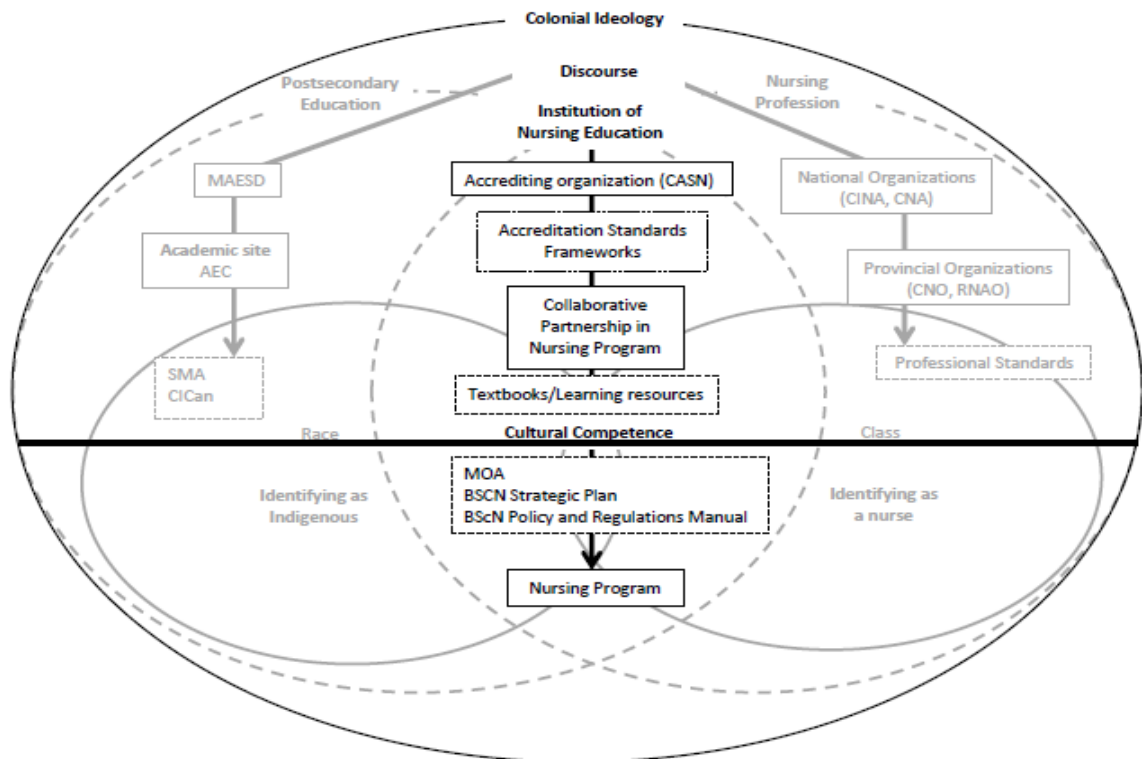


Figure 3: Cultural Competence

6.4.1 Social and Ruling Relations

Within postsecondary education and the nursing profession, social relations of *Identifying as Indigenous* discussed in Chapter 4 and *Identifying as a Nurse* discussed in Chapter 5, were social processes in which people participated. Social relations were social processes that occurred both locally and translocally within the institution. Locally, *Identifying as Indigenous* involved the various ways that the inclusion of Indigenous students was integrated into daily work routines. However, *Identifying as Indigenous* was ruled by race in a way that Indigenous identity became a form of currency for remunerating Indigenous students and academic settings. *Identifying as a Nurse* was ruled by class as ideals of professionalization created strict inclusionary criteria that were based upon dominant knowledge that inadvertently excluded Indigenous students. Within nursing education, social relations intersected to mediate the actions of those involved in the local site. *Cultural Competence* illuminated how race and class relations intersected in a way that ruled irreconcilable social relations. *Cultural Competence*, as ruling relations, illuminates how local social relations were coordinated within the broader institutional context. Within nursing education, the dominant notion of culture focuses upon racial and ethnic differences; while, the idea of competence centers upon dominant knowledge that reproduces class differences between nurses and others. Thus, *Cultural Competence* is representative of the intersections of race and class relations that mediate social relations through texts, such as policies, standards of practice, and textbooks. *Identifying as Indigenous* and *Identifying as a Nurse* were irreconcilable social relations, as Indigenous nursing students were socially stratified in a way that challenged their ability to fully participate in nursing ‘culture’. The following findings aim to explicate

how *Cultural Competence* ruled social relations within nursing education in a way that ran contrary to intended outcomes.

6.4.2 Cultural Competence as Ruling Relations

In the following section, various text and talk statements demonstrate how embedded the concept of *Cultural Competence* was within nursing education. Because cultural competence was promoted by the nursing profession through standards of practice and frameworks, it was taken up in a way that many did not question. As an example, the “BScN Policy and Regulations Manual”, herein referred to as the manual, is a text that is used to articulate the structure of the nursing program as well as identify various policies and regulations that shaped the work of all involved in the nursing program. The purpose of the Manual was to provide a structure for activities within the nursing program. During the first week of the nursing program, year one students were provided a hardcopy of the Manual. As well, the Manual was posted electronically to the nursing program’s learning management system to facilitate access for all nursing students and educators. In one of their first classes, students reviewed the Manual with a nurse educator who highlighted the main points. The Manual was also revisited within clinical education during year two and three and was reviewed in preparation for consolidation during year four.

Within the Manual, the program philosophy explicitly described the concepts of context and culture as foundational processes that guided actions throughout the nursing program. Through the program philosophy, the nursing program explicitly identified that cultural competence and cultural safety were the ways to address the “richness, complexity, and diversity of clients.” As well, cultural competence and cultural safety were identified among the program goals. Culture had been constructed as an important

concept that students needed to be attuned to. Cultural competence and cultural safety were idealized as approaches to address culture within nursing education. In this way, the purpose of the Manual was to cultivate a culture of caring that socialized students to integrate these dominant values and approaches into their nursing practices.

BScN Policy and Regulations Manual 2015-16: Program Philosophy:

...culture is examined as it relates to the richness, complexity, and diversity of client care, including the concepts of cultural competence and cultural safety.

BScN Policy and Regulations Manual 2015-16: Program Goals: Be prepared to practice nursing at an entry level within a variety of contexts and with diverse populations, integrating cultural competence and cultural safety.

The way in which cultural competence and cultural safety were paired together within texts implied they were similar, but different approaches. Neither cultural competence nor cultural safety was defined, which further blurred differences. The way in which culture, cultural competence, and cultural safety were addressed within text identified culture as an important concept as culture and cultural differences were seen as a common problem that created a barrier to nursing care. Within documents, such as the Practice Standard “Culturally Sensitive Care” and “Competencies for Entry-Level Registered Nurse Practice”, culture was discussed in a way that identified culture as a problem for nurses. The Practice Standard (CNO, 2009) described how “there are many challenges associated with working across cultures” and that the Culturally Sensitive Care document is the guide that nurses are to use to direct their “problem solving” in these “commonly encountered situations”. Further to this, the competencies (CNO, 2014) for entry-level practice identified a shift cultural safety as the ideal in promoting inclusive caring environments.

CNO, 2014: 23. Demonstrates professional leadership by:

- a. building relationships and trust with clients and members of the health care team

- b. creating healthy and **culturally safe** practice environments
- c. supporting knowledge development and integration within the health care team
- d. balancing competing nursing care values and priorities

76. Identifies the effect of own values, beliefs and experiences in relationships with clients, and recognizes potential conflicts while ensuring culturally safe client care.

Because nursing programs were to ensure students met Practice Standards and entry-level competencies, cultural competence and cultural safety had been identified as important elements within the nursing program's documents. However, the goal of cultural safety was idealized within the broader institutional context as the CNO directed nursing programs to ensure students developed competence in cultural safety. In the broader institutional context, cultural safety was touted as being more than the acquisition of knowledge and skill (competence). The idea of attaining competence in cultural safety was a contradictory message that was reductionist. The complexity of relational practices were simplified into procedures that the nurse was expected to enact to demonstrate knowledge and skill in areas where there was the 'potential for conflict.' However, it is important to consider the basis of the "potential for conflict", as it illuminates power differentials between the nurse and client. In this way, cultural safety was taken up similarly to cultural competence, which further conflated the two approaches as important knowledge and skills nurses and students needed to acquire in order to work effectively with cultural others. Thus, it was *Cultural Competence* that ultimately ruled nursing education.

Furthermore, within nursing education, people who are not White, middle-class, or female represent differences that were categorized under the term "culture." Culture was a catch-all term that drew attention to differences, such as skin colour and familiarity

with dominant practices, and was largely based upon generalizations about racial and ethnic groups. This understanding of culture was culturalist as people were defined according to generalizations about their cultural group. Thus, dominant perspectives of culture prevailed to undermine notions of inclusion as ‘culture’ was a guise for identifying race and class differences that diverged from the dominant group.

The concept of *Cultural Competence* as an ‘ideal’ practice infiltrated texts, such as course outlines and learning activities that were consistent with the Manual and the direction of the nursing profession. This exemplifies how texts are the rhetoric of the nursing profession that mediates the agenda of nursing education. Learning activities provided specific detail as to how course topics were to be integrated within each class interaction. Learning activities guided nurse educators’ work in terms of planning class discussion as well as students’ work by introducing the topic of discussion and articulating instructions for preparation. Within the course outlines, culture was defined in various ways that reflected a variety of perspectives. However, culturalist constructions were mostly adhered to as these definitions were concrete and aligned well with cultural competence, as it assisted in establishing a clear boundary around cultural groups. For example, in a year one course on communication, culture was conceptualized as “uniqueness” that provided the basis for engaging in nursing work that was perceived to be “culturally appropriate.” Although this statement did not explicitly identify who determined cultural appropriateness, it was assumed nursing care that was based on this approach would be well received because it was supported by evidence (i.e. TCN) and best practices (i.e. standards of practice). In the example below, a learning activity was compared to a statement from the CNO Practice Guideline Culturally Sensitive Care to illuminate how the CNO coordinated local actions.

Learning Activity: Getting Started – Responsible Communication Progress to Praxis: Due to cultures being so diverse and unique to a clients' specific healthcare beliefs and behaviours, nurses and other health care professionals begin to address this by developing, planning and implementing culturally appropriate interventions. We can understand this further by examining conceptual frameworks. Please review Leininger's sunrise model (Leininger 1988).

CNO (1999): There is no single right approach to all cultures or all individuals with a similar cultural background. The focus of care is always the client's needs. Each client and each situation is unique and requires individual assessment and planning (p. 3).

Although the client is seen as central to managing cultural differences, clients are placed in a lower class position vis-a-vis the nursing profession as it is assumed they do not have the educational preparation or status within the health care system as do nurses. Thus, when clients present with cultural differences from the dominant group, they are placed into race and class categories based upon assumptions. In this way, clients are othered as they are identified as belonging outside of the nursing profession's class and race boundaries. This practice is further produced and reproduced among students, as nurse educators used cultural approaches to include Indigenous students.

In the following statement, Elisabeth explains the reactions she received about her participation in nursing education. She explains how people within nursing education were surprised that she graduated from high-school and enrolled in nursing education. In this way, Elisabeth was seen as transcending social expectations of Indigenous peoples by surpassing race and class boundaries. This illuminates how race and class were reproduced within nursing education as many were unaware of how their actions perpetuated social stratification among Indigenous students that reflected White, middle class privilege.

Elisabeth: "oh well, how did you do that? How did you graduate from high school and how did you come to nursing school?" "The same way that you did, I

worked for it.” There wasn’t any special sort of magic that got me here, I worked for it, just like everybody else because I’m human like everybody else. And I think that is really what people need to know or be taught, that Indigenous people are human.

Elisabeth’s statement also illuminates how *Cultural Competence* reinforced dominant values as Indigenous students were seen as different. Although Elisabeth did experience challenges in completing high-school, her statement demonstrates how Indigenous students must prove themselves as worthy and capable of participating in nursing education. This sheds light on how nursing education is predominantly based upon a White, middle class perspective in which Indigenous students are disadvantaged when compared to non-Indigenous students.

In the following statement, Joy, a nurse educator, provides insight into how cultural competence is not necessarily about meeting the client’s needs, but more about nurses demonstrating their knowledge and skill in working with cultural others that is based upon a dominant perspective. Thus, the boundary between nurse and client is clearly identified as nurses demonstrate knowledge relevant to their professional status. Joy illuminated how the CNO had produced competencies that were meant for nurses to integrate into practice. However, Joy validated how nurse educators were so conditioned to “do the right thing” as directed by standards and competencies that they did not step back to consider what achieving an “A” meant. By focusing on achieving an “A,” nurses are missing the mark in relational practice as culture is a “dynamic force” that is not a static concept that a nurse can achieve competence.

Joy: ...I think that someone has identified that we need to be culturally competent so everybody has said “so how do we demonstrate that, where’s our check boxes?” ...And we all just want the check boxes so we can say we’re proficient in this. But they forget that it’s dynamic and continuously changing. You know when we come into a relationship or when we come into a situation we bring a tremendous amount of baggage with us, we bring our own cultural bias, right? I

think that what our problem is that as a profession, we're just wanting to compartmentalize it again and we're not recognizing it as the dynamic force that it really is, that it's constantly in a state of shift... Again, that's us striving to want to know the rules of the game so we can get an A.

Further to Joy's statement, Elisabeth explained how cultural competence was about "shoving people into boxes" that determined how they should be treated. This statement exemplifies how the premises of cultural competence are well intended, but when enacted, it is about identifying cultural differences and racializing cultural others that direct nursing practices. Elisabeth explains how this is counterintuitive to relating to humans.

Elisabeth: Especially in my multi-cultural class I took last year. It was like we have all these little boxes and we're going to shove everybody into them. And this is how you treat somebody in this box, and this is what you should consider with somebody in this box, and there was no really, interconnectivity or intersectionality between any of them. You treat them all like they're human beings because they are. And not necessarily even how you want to be treated, but ask them, how do you want to be treated?

Tracing the flow of texts in this sequence illuminated how cultural competence ruled as it mediated daily work within nursing education. The way in which cultural competence and cultural safety were enacted, conflicted with how the approaches were idealized within the broader institutional context. Cultural competence and cultural safety were thought of as very different concepts that promoted inclusive environments in education and health care. Specifically, cultural safety was meant to achieve equity in health care and education as sources of inequity, such as colonialism, would be addressed. However, as cultural safety was enacted within the local nursing program, it was misapplied and *Cultural Competence* ruled. *Cultural Competence* ruled as race and class relations intersected in a way that identified Indigenous students as the other as

people enacted culturally competent practices. These practices othered students based upon their racial and class location that was outside of the nursing profession.

6.4.3 Cultural Competence as Identifying Difference

The intersection of race and class was exemplified within texts, such as textbooks, articles, and standards of practice. These texts were centralized as dominant sources of knowledge that reproduced *Cultural Competence*. The direct and indirect messages within these texts were not always questioned as these were considered valid, evidence-based sources of knowledge within nursing education. However, texts provided the basis for discrimination as generalizations of Indigenous peoples that were iterated within the texts were enacted upon. These texts were utilized in two main ways within the nursing program: 1) to identify and describe Indigenous peoples as a vulnerable group in Canada based upon health status; and 2) to identify and describe strategies that nurses could integrate into their practice to address cultural differences. In this way, *Cultural Competence* conflated culture with race and class and provided direction for nursing practice.

Within the nursing program, the decision was made to assign Canadian edition textbooks as a means of promoting *Cultural Competence*, as Canadian edition textbooks generally included discussions of Indigenous peoples and culture. However, how Indigenous peoples and culture were integrated within the Canadian edition textbooks illustrated many of the negative health outcomes of Indigenous peoples (e.g. diabetes, suicide, addiction, poverty) without providing context. The textbooks tended to identify decontextualized statistics that reinforced stereotypes about Indigenous peoples that were applied to all Indigenous peoples. Many of the textbooks did not explain how colonization was a root cause of the challenges Indigenous peoples experienced. The

textbooks reproduced these ideas in a way that reflected a behaviourist approach; in which, Indigenous peoples were seen as being responsible for causing their current health status.

In the following example, Indigenous peoples, regardless of where they lived were identified as experiencing issues related to food insecurity which were linked to socioeconomic status and geographical location. The purpose of this quote was to draw attention to social and health inequities and educate the reader about Indigenous peoples. However, this is demonstrative of how Indigenous peoples are explicitly set apart from other groups and excludes discussion about the context in which food insecurity has been produced. By framing the issue in this way, it leaves the reader wondering about other groups or assuming that it is not a significant problem among White people. As well, without discussing the ramifications of colonialism on Indigenous peoples, attention is drawn away from how inequities, such as access to economic, social, and cultural capital have transpired. In this way, Indigenous culture is identified as the problem that shapes generalizations.

Textbook: The prevalence of household food insecurity was higher in certain groups, including lone-parent families with one or more young children, those relying on social assistance, and Aboriginal people living off reserve. Isolated communities in Canada are particularly vulnerable to food insecurity as a result of decreased availability and accessibility to food. Surveys revealed a high prevalence of food insecurity (40 to 83%) in isolated Aboriginal communities.

In responding to the way that texts have addressed Indigenous peoples, both nurse educators and students identified a disconnect between what the texts described and what they intrinsically knew to be right. In the following example, the Queen identified how she did not feel comfortable providing decontextualized facts and statistics about Indigenous peoples. When considering all of the statistics and “Cultural Consideration”

boxes within the textbooks, readers would receive a negative picture of Indigenous peoples that focused on health status and did not consider strengths or other contextual factors that played a role in creating the current reality.

The Queen: ...but that's what's in our textbook...it's just there with no explanation...they are starting now to put in more about the history and the colonization, but originally it wasn't there...I think that was the big thing going with Canadian textbooks is that there would be something about Canadian context, but then...originally it was very just... You know, high percentage of mental health...

The following excerpts are grouped together to demonstrate how students reacted and responded to the inclusion of Indigenous peoples and culture within resources. Both Lynn and Elisabeth explained how they did not identify with how Indigenous peoples were described in textbooks. They spoke about generalizations and how descriptions did not describe who they were as Indigenous peoples and as students within the nursing program. Lynn explained how she did not relate to what was written in textbooks about Indigenous peoples.

Lynn: I think what you read in the textbook, I don't come right out of the textbook, never seen it before.

Whereas Elisabeth described how the textbooks spoke to a “caricature” or a socially constructed idea of whom Indigenous peoples were compared to her reality.

Elisabeth: I feel it speaks to a caricature of Indigenous people versus actually what an Indigenous person is. I am an Indigenous person, I wear the same clothes as you do, I am getting the same education, I live in a city. We don't all live in cities, but I feel that the vision people have of us are like “oh drums, and smudging and teepees and powwow” and that's it. But that's a component of our culture, but it's not everything. And I feel that it's teaching people that we are a cartoon character versus we are a people...And it's really dehumanizing.

Lynn and Elisabeth illuminated how, as Indigenous students, they experienced “culture” in a way that they felt dissociated from the descriptions of Indigenous peoples and culture within the resources. The idea that texts reinforced generalizations of

Indigenous peoples that were seen as “dehumanizing” for Indigenous students within the nursing program demonstrated how race and class relations were embedded within daily work routines. Some nurse educators were aware of the disconnect between how culture was portrayed in texts and how relational practice was enacted. Many identified that this caused them to shift how they talked about Indigenous peoples and culture and how or if they used the texts to guide in-class discussions.

The Queen: You don’t know who is in your class. You have cultures of all over, different religions...I don’t know if somebody is Aboriginal or somebody is not Aboriginal, but if I’m saying all these things that are somehow considered negative...what they might get from it is feeling shame, feeling not good about themselves, and that’s not the purpose of what the stats are for...I do not want anybody to feel bad coming to class thinking...we’ve got such a high incidence of alcohol rates and all that kind of stuff because that is not the reason...I do the readings, but how accurate are the readings?

However, many were not aware of the disconnect and integrated the resources into the nursing program without considering the unintended consequences of presenting the decontextualized statistics about Indigenous peoples. Many nurse educators used the Indigenous facts, statistics, and “Cultural Consideration” boxes as a means of providing students with knowledge and instruction about Indigenous peoples and culture and accepted these as directed without critically appraising the underlying message.

Nicky: But I think it’s represented because we’ve gone to a Canadian book and it’s a big part of Canadian culture, so I feel like it’s represented, but how I represent it, because maybe my knowledge is a bit lacking, that I don’t do as well as I should I think.

6.4.4 Cultural Competence as the Intersection of Race and Class Relations

Race and class, as well as other social relations such as gender, overlapped and intersected in many ways throughout the institution as social relations were interconnected and interdependent. *Cultural Competence* mediated peoples’ practices in a way that set Indigenous students apart from non-Indigenous students. Indigenous students

were identified as the other based upon learned generalizations of Indigenous peoples that were applied to Indigenous students. Through well intended culturally competent practices, Indigenous students' full participation was restricted as race and class relations were integrated into daily practices that were discriminatory. The ways in which race and class relations intersected in *Cultural Competence* ruled social relations and led to conflict between *Identifying as Indigenous* and *Identifying as a Nurse*. Mary Jo provided insight into how social relations produced dual identities that Indigenous students had to navigate within nursing education. In this way, Indigenous students walked "with a foot in both worlds" as they negotiated conflicting social identities that required Indigenous students to navigate both Indigenous and dominant worlds.

Mary Jo: ...it's a reality, but it's for our students to be able to navigate and walk with the foot in both worlds. It's being able to communicate. Communication I find is a really big challenge sometimes because there are two different communication styles, the way of perceiving things.

Although Mary Jo refers to walking in both worlds, her statement exemplifies how it is about Indigenous students learning to maneuver within the dominant 'world' within nursing education. This illuminates the additional work that Indigenous students had to engage in so they could attain cultural capital and transcend cultural assumptions and expectations of Indigenous peoples to participate within the nursing program. Navigating both Indigenous and dominant worlds was embedded within Indigenous students' daily lives within nursing education. Jessica Jones explained how she strategically navigated her dual identities within nursing education. She described how she framed her participation in class as an "ally" with Indigenous peoples rather than speaking from an Indigenous perspective. This demonstrates how aware Jessica Jones was of the potential for social exclusion if she openly identified as Indigenous. Jessica

Jones shed light on how Indigenous students were conscious of how they portrayed themselves within nursing education as identifying as Indigenous would lead to assumptions; whereas, identifying as an “ally” was seen in the nursing profession in terms of acting as an advocate. In this way, Jessica Jones explained how she concealed her Indigenous identity to make it “easier.”

Jessica Jones: And it’s hard but it makes me more of an advocate. Sometimes, I won’t specifically say as an Aboriginal woman, I’ll just bring up arguments in different classes, like in sociology, stuff like that, to be “No.” Because sometimes when you’re advocating for something, it’s almost easier to be, it’s almost more effective to seem as an ally rather than a person that’s affecting...Because you don’t have that self-interest piece.

Jessica Jones’ statement explicates how she maintained her invisibility and later in the conversation referred to herself as an “undercover Native.” This illuminates how Indigenous students cannot reconcile standing in two worlds as students had to be discrete in order to fit in and to avoid racism. B explained how she felt that it was challenging for her to express herself as an Indigenous person as she felt that she would be negatively judged by others. In this way, both Jessica Jones and B illuminated how they felt they had to conceal their Indigenous identity in order engage.

B: I think that as an Aboriginal, sometimes it was easy to express myself and sometimes it wasn’t depending on what topics we were covering. If we were talking about colonialism or things that just affect the Aboriginals, sometimes I felt like if I could talk about my experiences and nothing would happen...I felt I wouldn’t get judged. But I felt that if I talked about it in a different way, not personally, but just objectively that people might, I don’t know, I felt if I talked about it personally people wouldn’t say anything, but I felt like if I was standing up for that population that...people might come back at me. So sometimes I said stuff and sometimes I didn’t.

This explicates how Indigenous students had to determine when to align themselves with Indigenous ways of knowing and when to conform to the dominant expectations of nursing education. In this way, race and class relations intersected to

shape Indigenous students' experiences. Indigenous students had to work harder and be selective in identifying as Indigenous so that they could achieve social status within the nursing profession. Thus, social relations of *Identifying as Indigenous* and *Identifying as a Nurse* were not reconcilable. Although the idea of *Cultural Competence* was intended to effectively address the care of Indigenous peoples and was a means of including Indigenous students within nursing education, intersections of race and class worked to exclude Indigenous students. Indigenous students were excluded as their full participation was limited by their conflicting identities in which they had to strategically maneuver within a culture of nursing. It is timely to step back and critically examine practices within the institution of nursing education and consider how practices, such as *Cultural Competence*, are ultimately processes of exclusion that aim to uphold the nursing profession's high standard of care.

Elisabeth: The whole idea of this is what this is [categorizing], it potentially could drive more separation than unity, which is interesting in itself since the point of it is to be culturally competent.

6.5 Discussion and Implications

In this study, nursing education was explored by explicating the institutional complex that was ruled by *Cultural Competence*. *Cultural Competence* represents the intersection of race and class relations that ruled local social relations within nursing education. The way in which race and class intersected shaped how social relations of *Identifying as Indigenous* and *Identifying as a Nurse* were not reconcilable. This ran contrary to the notion that cultural competence as a means of promoting the inclusion of Indigenous nursing students and cultural safety is a 'tag along' concept. These findings expand upon the current understanding that engaging Indigenous nursing students had been addressed within nursing education. The findings from this study offer insight into

how *Cultural Competence* represented dominant knowledge that sustained race and class relations within the institutional complex and how dual identities that were ruled by *Cultural Competence* were irreconcilable.

First, *Cultural Competence* is dominant knowledge that many are unaware of as it is reflected throughout the institutional complex. Both cultural competence and cultural safety are promoted by national and provincial/territorial nursing establishments as ways to address cultural differences. However, cultural safety is an ideological concept. In theory, cultural safety is relational and aims to disrupt racist practices, but in practice, cultural safety is reduced to step by step instructions that focus upon generalizations of cultural and cultured differences. In this way, cultural safety is used as another way of addressing cultural differences within a dominant frame of reference instead of challenging the institution to shift its frame of reference towards Indigenous knowledge. Thus, cultural safety is taken up as *Cultural Competence*.

The concept of *Cultural Competence* as a means of addressing cultural differences is akin to what Tuck and Yang (2012) describe as “settler moves to innocence.” Settler moves to innocence involve relieving settlers’ feelings of guilt, as settlers are challenged with the difficult reality of acknowledging how they directly and indirectly benefit from the elimination/assimilation of Indigenous peoples. In this way, nothing really changes as the focus is on the settler feeling better about them self (Tuck & Yang, 2012). Although Tuck and Yang (2012) agree that developing a critical awareness of social inequities, such as racism and classism, are important, they argue that unless strategies work toward the reoccupation of Indigenous land by Indigenous peoples, these are premature efforts at reconciliation. The findings within this study extend this argument by illuminating significant implications in terms of the need to disrupt *Cultural*

Competence. It is not as simple as developing improved approaches, as these would continue to reproduce the tenets of *Cultural Competence* via TCN theory, thus perpetuating settler moves to innocence. There is need to extend the conceptual lens within nursing education beyond the scope of differences to explicate social organizations. For example, moving toward a focus on the broader context in which the nurse and client are situated will help to extend beyond differences to develop an understanding of the sociocultural context in which these relationships exist.

This finding parallels Kupina's (2006) examination of the impact of the culture of nursing programs on cultural minority students. Kupina (2006) found that nursing was conceptualized as a culture of caring that was based upon compassion and doing for others. However, hegemonic practices within the nursing profession worked to maintain the White, middle-class female perception of caring (Kupina, 2006). Nurse educators were unaware of how their actions challenged cultural minority students who had to navigate the "Whiteness" of nursing practice (Kupina, 2006). This study expands upon Kupina's (2006) findings as critical analysis unveiled not only why, but how the White, middle-class perspective represents dominant knowledge that is sustained through 'caring' practices. The notion of 'caring' is culturally a feminine attribute that is embedded within *Cultural Competence*; however, the concept of competence is masculine in terms of professionalization strategies (Kirmayer, 2012; Soine, 2010). Thus, *Cultural Competence* in essence, is antithetical when using a gender lens to explicate social relations as these are irreconcilable. Further to this, 'caring' is conceptualized within a dominant, colonial frame of reference that excludes Indigenous perspectives of 'caring.' In this way, cultural competence and cultural safety are intended to include Indigenous students, but inadvertently work toward their exclusion as race and class

standards uphold dominant knowledge. As dominant knowledge is centralized, Indigenous students feel they need to conceal their Indigenous identity to participate within nursing education. This has implications in terms of illuminating how *Cultural Competence* blinds people to their own privilege based upon their social location within nursing education. As well, findings illuminate the need to understand and integrate Indigenous knowledge from Indigenous perspectives on caring.

Further to this, Gustafson (2002) found that TCN theory, the theoretical foundation for cultural competence in the nursing profession, sustained rather than challenged the racialized social order within nursing education. Gustafson explained how TCN depoliticized race differences as it focused on “mutual respect, caring and sensitivity across race difference” (2002, p. 83). In this way, TCN diverted attention away from systemic racism without “implicating those White women who historically have, and will continue to accrue, unearned power and benefits at the expense of those whose interests the theory purports to serve” (Gustafson, 2002, p. 83). This finding is further expanded upon as *Cultural Competence* was found to be a distraction from systemic and institutional sources of exclusion among Indigenous students in a way that ran contrary to the idea of cultural competence and cultural safety as inclusionary practices. *Cultural Competence* creates further separation than unity as it is a way of diffusing and avoiding racism. Browne and Varcoe (2006) observed that the way in which race has been conflated with culture has undermined institutional and systemic forms of racism as attention is directed towards cultural differences within interpersonal interactions. The findings from this research furthers this argument as it illuminates how *Cultural Competence* represents the intersection of race and class differences that exclude Indigenous students, as Indigenous students have to navigate different cultural identities

in order to gain acceptance within nursing education. Although *Cultural Competence* is a starting point to addressing racism on an individual level, the institution needs to move toward anti-racist discourse. Anti-racist discourse is reflected in approaches that expand the current lens on culture by decentering dominant sources of knowledge and moving definitions of culture beyond connotations of race and class through practices that centralize Indigenous knowledge within daily work routines.

Cultural Competence focused upon cultural differences that sustained race and class relations. The focus upon cultural differences blames Indigenous peoples and culture for the challenges they experience within education. Thus, *Cultural Competence* reproduces inequities, as racism and classism are avoided. When interrogating the concept of *Cultural Competence* through this critical analysis, it literally represents the intersection of race and class relations. Race was a conflation of culture and competence was a way of sustaining class through professional boundaries. As such, both were means of recognizing differences among Indigenous nursing students that provided the basis for their exclusion. Indigenous students had to maneuver embedded racist and classist processes that non-Indigenous students may not.

Within the literature that pertains to nursing education, much analysis focused upon race and racism as the basis for exclusion within nursing education. Minimal research recovered has focused upon the intersection of race and class within nursing education or how *Cultural Competence* ultimately rules these intersections. Martin and Kipling (2006) described how intersectionality in terms of gender, race, culture, economic status, and geographical distance from social support systems were forms of oppression that magnified one another. It was found that the intersectionality of these oppressions caused undue stress that distracted Indigenous students from their goal of

becoming a nurse (Martin & Kipling, 2006). The findings from this study build upon Martin and Kipling's (2006) analysis as it illuminates how race and class were intersecting relations within nursing education that provided the basis for inclusion and exclusion. However, not only are race and class representative of overlapping oppressions, they are a means of exclusion that limit the full participation of Indigenous students within nursing education, as Indigenous students had to conceal their Indigenous identity and conform to dominant knowledge. This has implications in terms of how *Cultural Competence* limits the participation of Indigenous students within nursing education who are challenged to meet race and class requirements.

The second major insight focuses upon intersecting social relations of *Identifying as Indigenous* and *Identifying as a Nurse* that were irreconcilable. While the notion of *Cultural Competence* is meant to create harmony between the multiple social locations among Indigenous nursing students, how it brings together race and class relations creates further separation. It is understood among Indigenous students that if they want to participate within nursing education, they have to strategically maneuver a culture of nursing that operates on a White, middle-class perspective. This finding is reflective of Dickerson and Neary's (2000) study on the experiences of Indigenous students in a nurse practitioner program. Dickerson and Neary (2000) illuminated the survival strategies that Indigenous students developed in order to navigate the nursing program. Indigenous students learned how to "play the game" by changing themselves to fit the expectations of the nursing program. This shed light on how Indigenous students must navigate various expectations and determine how these will apply to their professional practice after they have completed the nursing program. Although Dickerson and Neary (2000) promoted an understanding of how these strategies were part of Indigenous students'

experiences, they did not consider how dual identities that are ruled by race and class relations are embedded within these experiences. This research explicates how the tension that Indigenous students experience in navigating nursing education is rooted in the intersection of race and class and illuminates how the multiple identities of Indigenous students are in conflict as Indigenous students have to learn when it is appropriate to identify as an Indigenous person or as a nursing student.

Although these social relations shape the multiple identities of Indigenous students, these social processes also mediate Indigenous students' experiences as they have to strategically align themselves with a set of race and class expectations. These experiences illuminate how social relations are irreconcilable. This has implications in terms of developing an understanding of what students experience in order to persevere within nursing education. To work toward reconciling these identities, it is imperative measures to engage Indigenous students embrace dual identities instead of socialize students into a particular identity that may conflict with their way of being.

Further to this, Martin and Kipling (2006) found that differing explanatory models fueled tensions between Indigenous students and nurse educators. Martin and Kipling (2006) explicated how colonialism and neo-colonialism have influenced the education of Indigenous peoples in a way that has shaped a disconnect between Indigenous students and nurse educators. Nurse educators upheld dominant sources of nursing knowledge and used this knowledge to guide their practice. Meanwhile, Indigenous students struggled to understand dominant knowledge and were perplexed when conflict arose from their knowledge deficit. This resulted in a lack of communication and trust between nurse educators and Indigenous students (Martin & Kipling, 2006).

This study expands upon Martin and Kipling's (2006) findings as it illuminates how nursing knowledge operates from a dominant White, middle-class perspective in a way that not only creates conflict between nurse educators and Indigenous students, but works towards the exclusion of Indigenous students based upon race and class relations. Greenwood and Jones quoted Willie Ermine regarding the concept of two-eyed seeing, the experience of navigating differing worldview, and explains that "it's a gift to walk in two worlds, but also a responsibility. Ethical space does not exist unless you look at it and affirm it" (2015, p. 76). This quote emphasizes the possibility that exists within the interface of opposing worldviews. However, this quote also illuminates how nursing education has not provided the space to affirm this "gift" that could enable Indigenous students to use their gift to see in both worlds as an advantage rather than act towards their disadvantage. Intersections of race and class can be a place of possibility, but reconciliation requires directly addressing racism and classism within nursing education rather than avoiding and dismissing it through *Cultural Competence*.

6.6 Conclusion

Cultural Competence represents ruling relations that mediate and coordinate conflicting social relations of *Identifying as Indigenous* and *Identifying as a Nurse*. The way in which *Cultural Competence* sustains dominant sources of knowledge and maintains race and class relations within nursing education excludes Indigenous ways of being. In this way, Indigenous students have to navigate social expectations in order to succeed in spite of the statistics and demographics that challenge them. Within the current context, Indigenous and nursing identities are irreconcilable, but that does not suggest that reconciliation cannot occur. Rather, the intention is to expose the institutional complex that sustains social relations to identify where and how change can

transpire. It is necessary to recognize that *Cultural Competence* is a bandage solution that is meant to remedy the ‘problem’ of race and class from a dominant perspective.

Although it is a starting point toward redressing inequities on an interpersonal level, it is imperative that those within nursing education step back and consider the ramifications of perpetuating the status quo. Nursing education needs to work towards greater equity through anti-racist and anti-classist approaches that challenge and disrupt, rather than maintain the status quo. To work towards greater equity for Indigenous students, the institution of nursing education needs to ask: what does this mean for nursing students who identify as Indigenous?

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Chapter 7: Discussion and Implications

The purpose of this institutional ethnographic study (IE) was to critically examine the sociocultural context of nursing education as an institution. Specifically, I sought to illuminate the social relations and social organizations that shaped Indigenous students' experiences in nursing education. I addressed the following research questions: 1) How do practices, programs, and policies coordinate social relations within the institution of nursing education; and 2) How are Indigenous students' everyday lives shaped by the institution of nursing education?

Guided by Postcolonial Feminist theory (PFT) and IE, I used the methods of interview, observation, and text analysis. Interviews were conducted with Indigenous and non-Indigenous nursing students, nurse educators, administrators, and others who were involved in the sociocultural context of nursing education. These interviews helped to establish a standpoint from which to explicate the institutional complex. Participant observation involved developing a sense of how and why people participated in their everyday lives (Campbell & Gregor, 2008). Observations were both formal and informal as I recorded my insights from interviews, observed participants' everyday work experiences, and reflected on my own work practices within the setting. The purpose of text analysis was to shed light on peoples' daily work by uncovering how their work was coordinated by texts. Text analysis illuminated how power operated through the coordinating function of texts, as texts were reflected in peoples' actions (Smith, 2005). These tools enabled me to not only uncover the social relations that were embedded within the experiences of Indigenous nursing students, but to explicate social organizations. Thus, this critical analysis exposed the institutional complex that sustained dominant sources of knowledge within nursing education. The goal of this study was to

identify positive changes that could enhance nursing education for all students. Ultimately, it was to inspire people to critically reflect on their own work within nursing education and to consider strategies for further social action aimed at engaging Indigenous students.

7.1 Summary of Findings

Figure 4: *Being Indigenous in Nursing Education* provides a map of nursing education that is based upon the standpoint of Indigenous students. *Indigenous in Nursing Education* maps the analytic procedure of the daily, text-based work and local practices that produce and reproduce activities within the institution (Turner, 2006). Within IE, the map is a social cartography that serves as a guide for the institutional complex (Campbell & Gregor, 2008). As such, this map reflects a reality that is known by those who participate in the institution as it “assembles different work knowledges and an account of the texts that coordinate work processes within the institutional setting” (Smith, 2005, p. 226).

Within *Indigenous in Nursing Education* the solid lines represent social relations that illustrate how *Identifying as Indigenous* and *Identifying as a Nurse* are intersecting social relations that are not amenable. Social relations reflected shared social processes within nursing education that shaped peoples’ identities. For example, *Identifying as Indigenous* racialized, exploited, and objectified student’s Indigenous ancestry in a way that imposed an Indigenous identity within postsecondary education. Additionally, *Identifying as Indigenous* and *Identifying as a Nurse* intersected, as Indigenous students developed a professional, nursing identity that conflicted with their Indigenous identity. Social relations operated in a way that sustained race and class ruling relations. As social relations intersected within nursing programs, it illuminated how *Cultural Competence* ultimately ruled relations within nursing education. Although social relations were not

amenable, the purpose of this research is to identify changes aimed at reconciling social relations. An in-depth explanation of social and ruling relations and organization is available in Chapter 4, 5, and 6.

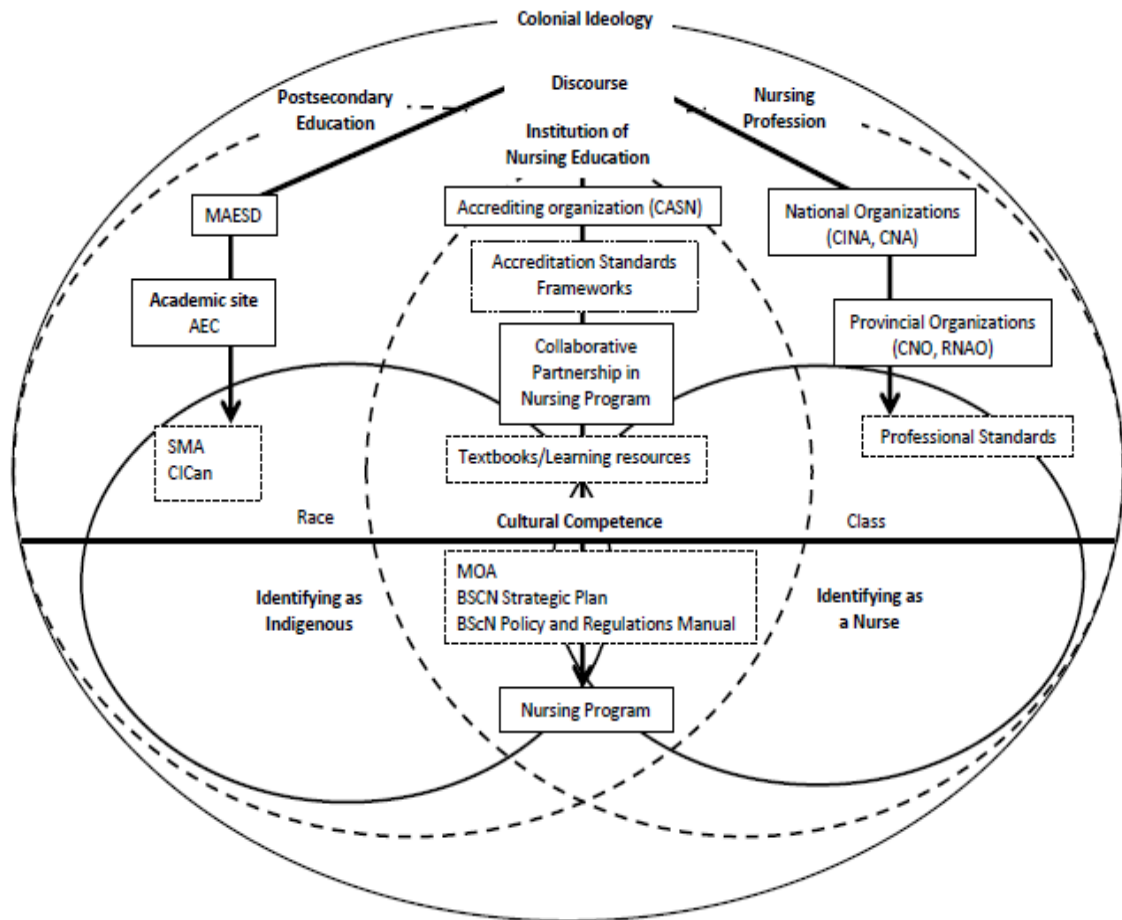


Figure 4: Indigenous in Nursing Education

In Chapter 4, I explicated *Identifying as Indigenous* within postsecondary education. More specifically, how race was defined within postsecondary education enabled the objectification and exploitation of Indigenous students that benefitted the academic setting. In this way, Indigenous students experienced racialization as they were contained within Indigenous spaces and imposed identity. Race ruled in a way that

provided the basis for racism. Although racism was unintentional, as it was embedded in ‘inclusionary’ practices, it ran contrary to the goal of inclusion.

In Chapter 5, examination of the institution relative to the nursing profession illuminated social relations, *Identifying as a Nurse*. *Identifying as a Nurse* was ruled by class relations. Class ruled relations as the nursing profession operated on White, middle class knowledge that excluded Indigenous students who did not or could not accommodate to nursing education. Thus, adherence to dominant knowledge provided the basis for inclusionary criteria within the nursing profession. As the nursing profession vied for professional status, exclusionary practices were utilized to sustain a professional status by keeping Indigenous students within their social location. Many within the institution were blinded to these exclusionary tactics as discourse undermined the notion of inclusion. To identify as a nurse, Indigenous students had to work harder to transcend expectations of Indigenous peoples and conform to social class expectations within the nursing profession.

In Chapter 6, the intersection of social and ruling relations explicated how *Cultural Competence* ultimately ruled relations within nursing education. *Cultural Competence* represented an idealized approach to managing the care of cultural others that was based upon race and class relations. Although *Cultural Competence* was intended to engage Indigenous students within nursing education as well as engage Indigenous peoples within health care, *Cultural Competence* reproduced race and class ruling relations. In this way, *Cultural Competence* operated to exclude Indigenous students as it ensured that Indigenous students remained within their place outside of nursing education. *Identifying as Indigenous* and *Identifying as a Nurse* were

irreconcilable social relations as Indigenous students were required to maneuver differing worldviews.

7.2 Major Insights

Illuminated throughout the findings were two major insights: irreconcilable social relations and *Cultural Competence* as ruling relations. In the following sections, I discuss these insights and their related implications.

7.2.1 Irreconcilable Social Relations

Identifying as Indigenous and *Identifying as a Nurse* were social relations that were irreconcilable. As social relations intersected within nursing education, they illuminated dual identities that Indigenous students had to maneuver as nursing education operated on White, middle-class knowledge. Lawrence (2003) described how identity is both what a person *does* and defines what a person *is*. Understanding identity from this perspective sheds light on how identities are defined by social processes (relations) that are ruled by power relations, such as race, class, and gender. For instance, determining a group's identity is laden with power and is a highly political issue in terms of understanding experience (Lawrence, 2003). Within *Identifying as Indigenous*, Indigenous students were encouraged to voluntarily self-identify their Indigenous ancestry to gain access to supports and benefits, such as financial and cultural supports. This was such a familiar concept within the institution that it seemed almost natural to self-identify. However, the way in which postsecondary education exploited and objectified Indigenous students' identity as an indicator of success and as a means of remuneration was a reproduction of colonial domination. Postsecondary education, as an agent of colonialism, had the power to define the parameters of Indigenous identity within the institution and consequently, limited students' power to articulate their own

unique identities in their own way (Alfred & Corntassel, 2005). In this way, *Identifying as Indigenous* was situated within a historical, social, cultural, political, and economic context of ongoing dispossession, in which Indigenous students had to cooperate with the postsecondary education system in order to ensure their success.

Within the literature, the concept of shared identity among Indigenous students was looked at as a positive attribute and a way of engaging Indigenous students (Dickerson, Neary & Hyché-Johnson, 2000; Johansen, 2010; Weaver, 2001). Similarly, within this study, the Indigenous Education Department was identified as an inclusive environment for Indigenous students. However, the concept of shared identity was one that was ruled by race. Shared identity within nursing education had little to do with Indigenous peoples coming together to celebrate Indigenous identity and nation affiliation, and a lot to do with Indigenous students seeking refuge from racialization and racism within the mainstream of the academic setting. Thus, *Identifying as Indigenous* was a process of placing Indigenous students within Indigenous places so they could experience ‘inclusion’ without changing practices within the rest of the academic setting. Resultantly, Indigenous students were expected to accommodate to the academic setting. Clark, Kleiman, Spanierman, Isaac, and Poolokasingham (2014) explained how education is one of the key institutions that perpetuate racialization of Indigenous peoples based upon a colonial history that used education as a means of assimilation. Historically, residential schools were never aimed at preparing Indigenous peoples for postsecondary education, and these colonial practices continue today through implicit racist practices that are embedded within the institution (Clark et al., 2014). This discussion brings into view how *Identifying as Indigenous* was not a benign process of supporting Indigenous

students' success, it was a racial process that worked to further exclude Indigenous students.

Within *Identifying as a Nurse*, the nursing profession was viewed as an 'inclusive' profession that was based upon competence and professionalism. However, with particular significance to this study, the nursing profession is situated within the context of colonialism. Historically, nurses were propagators of colonialism as medical discourse was seen as an effective strategy to enforce Christianity (Reading, 2015). Medical discourse was a means of humanitarian domination that was closely tied to religion through the 'good deed' of providing health care to those in need (Reading, 2015). Thus, nurses were colonial agents as they participated in medical discourse that imposed a dominant, colonial perspective of health care, religion, and education upon Indigenous peoples (Ross-Kerr & Grypma, 2014). These practices continue today as *Identifying as a Nurse* was closely protected by the College of Nurses of Ontario (CNO). The boundary around nursing was reflected within nurse educator-student relationships, nursing program texts, and ultimately shaped the practices and experiences of everyone involved in the nursing program. In this way, *Identifying as a Nurse* was about maintaining the social status of the dominant group of nurses and adhering to dominant knowledge that validated nursing's legitimacy as a profession. This resulted in asymmetrical forms of inclusion that disadvantaged Indigenous students.

Based upon how social relations were constructed within nursing education, *Identifying as Indigenous* and *Identifying as a Nurse* were irreconcilable. Dominant knowledge and practices racialized Indigenous peoples as the cultural other and secured Indigenous students' place outside of nursing education. The idealized practice of cultural competence was seen as a way of bringing social relations together; however, *Cultural*

Competence ruled in a way that maintained race and class boundaries. Indigenous students were expected to stay within these boundaries by concealing their Indigenous identity, transcending expectations of Indigenous peoples, and accommodating to dominant expectations. This is reflective of the concept of “two-eyed seeing” which refers to learning to use the gifts in both Indigenous and dominant worldviews as a way of bringing together different ways of knowing (Marshall, Marshall & Bartlett, 2015).

Two-eyed seeing, from an Indigenous perspective, is seen as advantageous as it enables people to see multiple perspectives within a sociocultural context (Marshall et al., 2015). However, from a dominant perspective within nursing education, two-eyed seeing was disadvantageous. Indigenous students were excluded when “seeing” from an Indigenous perspective as it conflicted with the dominant perspective. In effect, the goal of nursing education was to socialize students to see exclusively through a dominant nursing lens as other sources of knowledge, such as Indigenous knowledge, were invisible. Indigenous knowledge was not valued as significant knowledge within nursing education because it did not help the nursing profession push forward with its professional pursuit. In fact, it could be argued that Indigenous knowledge would inhibit nursing’s professional advancement as it could detract from the development of a nursing body of knowledge. Thus, *Cultural Competence* excludes other sources of knowledge because it is not professionally advantageous to do so within a White, middle-class masculine model of professionalization. This has implications for future research that explicates exclusion through processes of professionalization within nursing and that critically examines the representativeness of the nursing profession.

7.2.2 Cultural Competence as Ruling Relations

This study highlights the discursiveness of *Cultural Competence* as ruling relations within the institution. *Cultural Competence* ultimately ruled, as race and class ruling relations intersected within nursing programs. Within nursing education, the notion of culture focused upon racial and ethnic differences; while, the idea of competence centered upon dominant knowledge that reproduced class differences between nurses and Indigenous peoples. As such, *Cultural Competence* reproduced race and class relations through texts, such as policies, standards of practice, and textbooks that served the dominant discourse. *Cultural Competence* was a construction of colonial ideology. Colonial ideology was dominant knowledge that had the power to define Indigenous identity, racialize Indigenous students, nurture racism, stratify social classes, and ultimately shape local practices within nursing education. Thus, colonial ideology coordinated the lives of everyone within the institution, both Indigenous and non-Indigenous peoples, as it worked to keep people within their inherent social locations.

Colonial ideology was reflected throughout the institutional complex as people participated in discourse. Dominant discourse illuminated how specific forms of knowledge were enacted and reflected in peoples' doings and activated by texts (Smith, 2005). Specifically, discourse that centered upon 'inclusion' was found to be counterintuitive as it was organized within a colonial ideological perspective that reflected race and class relations. However, discourse was indiscernible as people unknowingly reproduced it through 'neutral' practices of inclusion. Discourse was packaged within a variety of texts, such as the Strategic Mandate Agreement and Professional Standards. Discourse was perceived of as neutral as people were largely unaware of how they were individually and collectively responsible for reproducing

harmful discourse and how they were agents in its production (Smith, 2005). Based upon this agency, everyone has the responsibility to work toward changes that enhance nursing education for Indigenous peoples. As ruling relations, *Cultural Competence* illuminated how the lives of Indigenous students were coordinated within the broader institutional context.

The concept of cultural competence has typically been perceived as neutral in which nurses base their practice on knowledge and skill about what is perceived as normative. However, *Cultural Competence* is anything but neutral, as it depoliticizes issues of race and class by diverting attention towards the behaviours of individuals and away from systemic and institutional forms of discrimination (Gustafson, 2002). In this way, Indigenous students and peoples are typically blamed for their lack of success within a dominant, system of nursing education that identifies Indigenous students as ‘at risk’ based upon their inherent social location. If meaningful changes are to transpire, changes that truly engage Indigenous students and that move the nursing profession’s agenda of social justice forward, then the focus needs to move beyond the individual. To move forward, focus needs to examine and interrogate the intersecting social relations that ultimately coordinate the current context (Reimer Kirkham & Browne, 2006). Thus, meaningful changes that promote engagement are changes that disrupt *Cultural Competence*. This involves disrupting the dominant ideology that continues to exclude Indigenous students.

Cultural Competence centers upon individual nurses demonstrating ‘caring’ behaviours towards Indigenous peoples so that they can more easily accommodate to the dominant health care/educational context. However, ‘caring’ is based upon colonial ideology that further imposes a dominant view. What is problematic with how the

education of Indigenous students has been addressed through *Cultural Competence* is that these practices merely perpetuate the status quo as nursing programs aim to be respectful of the differences that Indigenous students possess. *Cultural Competence* does not disrupt discourse in any meaningful way other than continuing to empower those racialized as White (Waghid, 2017). Furthermore, Tuck and Yang (2012) describe these sorts of practices as “settler moves to innocence” that are ultimately aimed at relieving “settler guilt” and responsibility. Thus, an epistemological and ontological shift is warranted within nursing education towards the social context, as this would illuminate how the problems Indigenous students experience have nothing to do with *being* Indigenous and everything to do with how *Identifying as Indigenous* and *Identifying as a Nurse* have been socially constructed (Deveau, 2009). Shifting the view away from biological issues of Indigeneity and towards challenging and disrupting the social relations that coordinate processes that exclude Indigenous students is where meaningful changes can transpire.

The concept of cultural safety has been idealized as pushing the cultural movement forward in the nursing profession, as it draws attention to the social, political, and historical contexts that are relevant among Indigenous peoples. It was originally argued that it does so with a focus on the individual and within the context of the dominant group (Polaschek, 1998). However, more contemporary interpretations of cultural safety suggest that typically marginalized voices in health care are centralized and essential to understanding the influence of culture on relationships in health care (Bourque Bearskin, 2011). Additionally, the central tenets of cultural safety are relevant within a nursing education context (Browne, 2009). Browne (2009) argues that when used as a framework, cultural safety could encourage nurses to become more critical of social constructions of culture and cultural differences, to develop an awareness of

dominant social assumptions that misrepresent particular groups, and to critically reflect on the broader social discourses that shape nurses' assumptions and practices.

Theoretically, cultural safety is the logical step forward for the nursing profession; however, caution needs to be taken in its application within nursing education. Adhering to cultural safety as ideal practice runs the risk of continuing the narrative of TCN theory, as evidenced within the findings from this research. When conflated with cultural competence, cultural safety loses its decolonizing and transformative capacity, thus remaining a compromise that maintains the status quo within the nursing profession and education. In this way, cultural safety does not represent a shift in practice as it perpetuates TCN theory by focusing upon individual practice that does not provide implications for how changes can transpire beyond developing critical awareness. Additionally, when applied as TCN theory, cultural safety is not based upon Indigenous ways of being. Thus, when integrated as a framework for relational practice, cultural safety is a step in the right direction toward anti-racist and anti-classist approaches that decenter dominant sources of knowledge.

The Canadian Indigenous Nurses Association (CINA) has been instrumental in identifying the current sociocultural context as insufficient for Indigenous nursing students. The frameworks and curriculum CINA has developed are a start for nursing programs to be more inclusive of Indigenous peoples and culture, but it is up to postsecondary education, the nursing profession, and individual nursing programs to work toward shifting the professionalization project to include and value Indigenous knowledge. Identifying that we are all agents in producing and reproducing discourse illuminates how opportunities to make changes within nursing education need to occur at all levels within the institution. Just as the establishments within the broader institutional

complex have a responsibility to enhance nursing education for Indigenous students, so do individual nursing programs, administrators, nurse educators, and students. Positive changes can manifest as we each reflect on our own locations within nursing education and how these positions advantage and disadvantage us in various ways. Thus, the following recommendations discuss steps that work toward reconciling social relations within nursing education.

7.2.3 Recommendations

The purpose of IE is to expose the institutional complex by illuminating the social relations and social organizations that discursively mediate and coordinate local practices. IE is an explication of how the social is positioned in a way that people experience it. The stimulus for this research was based upon my experiences and observations within nursing education as a student, nurse educator, and researcher. Thus, my intention was to critique how practices were tied into local social relations that were controlled by the broader institution. I am aware that the findings from this research are not necessarily representative of the work of all nursing programs in Canada, as I focused upon a particular portion of the institution of nursing education that aimed to engage Indigenous students within one nursing program. It is recognized that each nursing program differs based upon local and provincial/territorial nuances; however, it is likely that the findings will resonate with those involved in nursing education across Canada in some way. For example, although the concept of *Cultural Competence* as ruling relations will vary across nursing programs, it illuminates how the professionalization of nursing education has overshadowed the needs of those who cannot or do not conform to dominant practices. Thus, it draws attention to how colonial ideology organizes lives and helps identify areas for change that are unique to individual nursing programs. The

following implications and recommendations are ideas to suggest where positive social change can transpire; however, this is not an exclusive list as individuals and nursing programs realize changes that are meaningful within their own unique contexts. Smith explains that as IE explicates the ‘workings’ of one aspect of an institution it “extends its capacity to see and go further” (2005, p. 219). Thus, understanding social organizations within nursing education helps to identify recommendations for nursing education, policy, and research that stimulate future transformative research actions that will continue to work toward engaging Indigenous students.

7.2.3.1 Recommendations for education. In order to work toward positive social change within nursing education, those within nursing education must recognize their own contributions. In particular, acknowledgment of assumptions and experiences is needed to shape future actions (Dickerson et al., 2000; Kupina, 2006). Within this study, nurse educators were largely blinded as to how their actions influenced Indigenous students’ experiences. Nurse educators adhered to dominant knowledge that was propagated as correct. Reflecting dominant knowledge was perceived of as competence from nursing establishments that held the power to direct nursing practice. How these practices were embedded within colonial ideology was not apparent to many nurse educators. However, colonial ideology ultimately organized the social processes that everyone participated in and resulted in asymmetrical forms of inclusion that inadvertently excluded Indigenous students.

Many within the nursing program identified how nursing education was not inclusive of Indigenous students, but were unable to see how the dominant discourse advantaged the elite of the nursing profession while excluded Indigenous students. McGibbon, Mulaudzi, Didham, Barton, and Sochan (2014) ascertain that a first step in

working toward decolonizing nursing is for nurses to acknowledge that inequity thrives when they are unable or unwilling to identify their own contributions to inequity. As a strategy, Kupina (2006) suggests that nurse educators develop a critical awareness of their “cultural biases” to redress inequities within their practices. This involves nurse educators critically appraising the underlying messages that are embedded within texts, such as standards of practice and textbooks. Considering how ruling relations are reproduced and sustained within texts will help change the current narrative within nursing education as nursing programs become more selective in the texts they utilize. For example, nurse educators are in a prime position as they have the authority to control the influence of texts to some degree. Nurse educators could use their understanding of social and ruling relations as a lens to critique the texts they choose to integrate within nursing program curricula. As well, nurse educators are called upon to review textbooks and participate in the development of professional standards of practice; thus, using these as opportunities to work towards equity within nursing education.

Although this research leads to implications for individual nurses to develop a critical awareness of their social positioning, it would be remiss to solely focus on the work of individual nurse educators. Browne (2009) suggests that focusing on the individual level overlooks the fact that assumptions and generalizations are situated within a broader sociocultural context. Assumptions and generalizations are not a result of misinformed individuals, but a reflection of their participation in discourse that is embedded within dominant society and is reinforced by texts at all levels (Browne, 2009; Smith, 2005). The individuals involved in this study did not intentionally take up harmful discourse. In fact, they were deeply committed to including Indigenous peoples within nursing education. According to Browne (2009), nursing programs and programs for

practicing nurses need to help those involved to critically examine how their practices are shaped by a broader institutional context. Thus, there is need for opportunities for critical and reflexive engagement with issues of racialization and exclusion within the context of everyday work practices. This needs to occur on various levels within nursing education, such as educating students to critically reflect on their social location and consider how their social location shapes relational practice. Implications for nursing program curricula include providing students with the opportunity to develop critical thinking skills and to effect changes within nursing practice. As well, this is inclusive of nursing professional establishments that direct nursing practices that aim to engage everyone instead of marginalizing those with differences. These implications are paramount to disrupting *Cultural Competence* and engaging in reflexivity within nursing education.

Within the current context of nursing education, nursing students are indoctrinated with dominant knowledge. There is a need to decenter dominant knowledge as a way of working towards decolonization. The concept of decolonization within nursing education is multifaceted when considering the broader institution of nursing education as it involves practices within postsecondary education as well as the nursing profession. Although cultural safety has been regarded as a tool that works towards decolonization as it prompts critical analyses (Browne, 2009; Browne et al., 2005), it is a starting point. There needs to be movement toward anti-racist and anti-classist discourse that shifts the current lens. Gustafson proposes anti-racist discourse as an “approach to inclusive education means thinking about education in a broader sense of knowing and understanding the world and how race structures the way we relate to each other” (2002, p. 247). For example, broadening the understanding of the relationships between nurses and clients beyond individualistic perspectives to approaches that include the broader

contexts in which relationships exist. This would illuminate how relationships exist within a sociocultural context that organizes how people act.

An anti-racist agenda involves a variety of strategies that interrogate nursing knowledge, acknowledge power relations, claim agency over racism, illuminate institutional discrimination, and deconstruct Whiteness within nursing education (Gustafson, 2002). For example, the integration of Indigenous knowledge has the potential to enhance nursing education as it provides a basis for relational practice and a strength based approach to Indigenous health (Stansfield & Browne, 2013). Within this argument, both Indigenous and dominant knowledges are perceived of as partial perspectives, in which “two-eyed seeing” is a way of enhancing nursing education (Stansfield & Browne, 2013). Two-eyed seeing has typically been situated within an Indigenous context to describe Indigenous peoples’ need to navigate between Indigenous and dominant worldviews. However, based upon this suggestion, two-eyed seeing is a means of broadening both curriculum and student learning that is available to both Indigenous and non-Indigenous peoples in a way that reflects reciprocity (Stansfield & Browne, 2013). Thus, decentering dominant knowledge would lead to acceptance of Indigenous knowledge as valuable and integral to the nursing profession. This goes beyond the usual practice of tokenism in which nursing curricula typically ‘talks about’ or focuses content on Indigenous peoples and culture. This shift centralizes Indigenous knowledge through shared and valued Indigenous leadership and integrating Indigenous knowledge into daily practices within nursing education. For example, nursing programs can develop an action group, which includes representation from Indigenous and non-Indigenous students, nurse educators, administrators, and community partners to work toward improved engagement of Indigenous peoples through decolonizing practices. This

would shift practices beyond the individual focus on Indigenous students to look at practices, programs, and policies within the sociocultural context in which they exist.

7.2.3.2 Recommendations for policy. Policy implications focus upon a variety of levels and areas within nursing education. Changes to policy are directed at postsecondary education and the nursing profession, as these make up the broader institutional context and largely shape local practices. Within postsecondary education, partnering with Indigenous communities is essential. Although partnering with Indigenous communities and organizations is already established through Aboriginal Education Councils (AEC), these relationships need to be enhanced through policy that provides AEC with power to effect changes within academic settings. As well, AEC provide an invaluable opportunity for nursing programs to build upon as expanding the mandate of AEC as an advisory council to programs could provide direction and support for nursing programs. However, the current structure within postsecondary education does not enable AEC the power to affect any real changes within academic settings. Through the current lens of inclusion that is taken up within *Culturally Competent* practices within nursing education, partnerships with Indigenous communities and organizations are not respected as institutional needs ultimately supersede the needs of partners.

Gregory et al. (2008) suggested that true partnership requires the 4Rs to foster trust within relationships with Indigenous communities and organizations and to include models of governance that enable the full participation of all partners. In this way, Indigenous peoples are not viewed as outsiders to be responded to, but full participants in the development and delivery of nursing education (Gregory et al., 2008). This has implications for policy work within the Ministry of Advanced Education and Skills

Development (MAESD) as well as within individual academic settings. Within the MAESD, policy needs to move beyond numbers of Indigenous students, and critically analyze institutional practices, programs, and policies that ‘include’ Indigenous students. For example, the MAESD encourages policy, such as “Aboriginal Self-Declaration for Health Programs Admissions,” which represents a common practice across the institution. This policy reserves a percentage of admission seats for Indigenous students. Although this policy is effective in increasing numbers of Indigenous students, it does not result in any real changes that benefit Indigenous students. This sort of policy works to maintain the status quo as Indigenous students are expected to accommodate to the academic setting. However, if the MAESD redressed this through inclusive policy that enabled AEC power within academic settings, real changes could emerge as the concept of Indigenous education would be institutional practice and not just a way of responding to Indigenous students. Furthermore, academic settings could use the 4R’s as a framework for policy development and work with AEC to develop inclusive policy that engages Indigenous students. Nevertheless, it is important to be mindful that partnerships do not automatically pardon past and future conflicts between Indigenous and non-Indigenous peoples. Thus, steps need to be taken to build meaningful and respectful partnerships.

Within the nursing profession, there is need to redress policy that directs nurses’ actions on cultural sensitivity. Gustafson (2002) critically analyzed prior versions of the CNO’s “Culturally Sensitive Care” Practice Guideline. Through this analysis, she explicated how the document is based upon TCN theory that was an attempt to address the public and White nurses’ concerns of working with the increase of cultural diversity within Ontario’s hospital and community settings. Gustafson (2002) identified that

revising the Practice Guideline is not a means of reversing the original intention of the document. Instead, the CNO needs to rethink the basis of the nurse-client relationship. Building upon Gustafson's (2002) recommendation, rethinking the nurse-client relationship could involve shifting the frame of reference towards other knowledges, such as Indigenous knowledges, that focus on relational practice. Relational approaches to nursing practice broaden the conceptual lens beyond individual relationships between the nurse and client, to relationships that are in context (Varcoe, Rodney & McCormick, 2003). These relationships are inclusive of physical, emotional, and spiritual aspects; people's historical, economic, social, cultural, and family contexts; and issues of identity and self-determination (Stansfield & Browne, 2013). For example, the CNO could frame professional standards of practice within a relational approach, prompting nurses to critically reflect on their own role and social location within these relations. Thus, shifting the focus away from an individualistic perspective to a more engaging and accepting approach that aims to redress the power embedded within relationships.

Furthermore, there needs to be a move toward decolonizing nursing education. Processes of decolonization can help to illuminate areas for change throughout the institution. For example, postsecondary education and the nursing profession need to critically analyze how institutional policies are based upon a colonial ideology that continues to advantage the dominant group in society. As well, nursing programs also need to work toward decolonization from a grassroots approach by engaging in decolonizing practices. Decolonization involves ensuring that Indigenous voices are heard and included within program level policy and curriculum (Gregory et al., 2008). Integrating Indigenous knowledge and partnering with Indigenous organizations and communities as well as including Indigenous students' voices within policy development

are essential if positive changes are to transpire. Policy development involves processes for shaping policy initiatives from problem recognition to implementation and evaluation (Pal, 2009). Thus, involvement in policy development needs to occur throughout the institution, such as nursing program, professional, and provincial levels. For example, action groups that seek to engage key Indigenous and non-Indigenous partners (i.e. communities, organizations, nurses, students, administrators) who are enabled equal power in decision making within nursing programs is one means of working toward disrupting practices that sustain the status quo. However, there is some risk in using a decolonization approach. Tuck and Yang (2012) argue that when decolonization is used as a metaphor to redressing issues related to Indigenous peoples; it is a distraction from the intent of decolonization. It is a distraction as the lens shifts toward reconciling “settler guilt and complicity, and rescuing settler futurity” (Tuck & Yang, 2012, p. 3).

7.2.3.3 Recommendations for research. A call for future nursing research that focuses upon critical, anti-oppressive, anti-racist, and anti-classist forms of inquiry that are inclusive of research by Indigenous and non-Indigenous scholars is warranted, as nursing research can work to transform nursing education. There is a need for research that challenges the structure of the nursing profession to disrupt the rein of *Cultural Competence* as well as research that explicates the intersections of social relations within nursing education. Thus, the way in which nursing education curricula are developed and the texts that are used to influence nursing programs will have an anti-oppressive, anti-racist agenda that moves nursing education in the right direction (Gustafson, 2002). There is limited amount of critical research that provides recommendations for redressing nursing education for Indigenous students. Thus, research that further explicates social relations, such as intersectional research, could provide deeper examination into the

intricacies and complexities of social relations as well as extend analyses beyond gender, race, and class. This understanding would facilitate the broader nursing profession to reveal additional modes of exclusion.

Furthermore, there is a dire need to interrogate dominant, colonial perspectives within nursing education. Within this particular area of research, there has been significant examination of the experiences of Indigenous students and of the relationship between Indigenous students and non-Indigenous students and nurse educators. In this way, Indigenous students continue to be identified as the ‘problem’ within nursing education, in which, the dominant group escapes responsibility from the ‘problem.’ Gaudry (2015) explains how the experiences of Indigenous peoples are interconnected with relationships with non-Indigenous peoples through colonialism. However, research has typically aimed to uncover Indigenous peoples’ experiences, without implicating the dominant group (Gaudry, 2015). Thus, research has only begun to uncover one part of the ‘problem,’ while rendering the ‘settler problem’ as agentless (McGibbon, Mulaudzi, Didham, Barton & Sochan, 2014). Future research, from critical and colonial perspectives, are needed to fully understand and interrogate dominant, colonial practices by engaging in critical analysis to further explicate how the elite within nursing education are implicated within this phenomenon.

Another gap within this research is work in knowledge translation. Although frameworks and best practices exist to some extent (ANAC, 2009; CASN & ANAC, 2013), it is not apparent how these have been evaluated or integrated into nursing education practice. The translation of much of this knowledge has been the work of the CINA who provides annual forums for the dissemination of research and initiatives that center on Indigenous health care and education. However, further dialogue among

students, nurse educators, administrators, Indigenous communities and organizations, as well as those involved in national and provincial nursing establishments, needs to ensue. This could result in collaborative efforts that realize positive changes that engage Indigenous students within nursing education and that are beyond the scope of this research.

7.3 Lessons Learned from the Field

This research has enabled me to envision an inclusive and engaging sociocultural context within nursing education. However, throughout the research process, I was confronted with several lessons that have provided me with a deeper understanding of the limitations of undertaking this type of research. These lessons enabled me to critically reflect upon my own role as well as provided insight into how I can improve the research process and future research actions. The following ‘lessons learned’ will be discussed in further detail: conducting ‘Indigenous’ research as a non-Indigenous person; explicating relations; and engaging in social activism.

7.3.1 Conducting ‘Indigenous’ Research as a Non-Indigenous Person

The notion of IE as entailing a high degree of catalytic validity was essential in addressing a challenge within this research. I am aware of my social location as a White, middle-class, female nurse educator and researcher conducting research with Indigenous peoples within the sociocultural context of nursing education. Throughout the entirety of the research process, I questioned my legitimacy to undertake this work. Something that resonated with me was the quote that many Indigenous scholars and activists have used: “nothing about us without us” (Strega & Brown, 2015). As well, the TriCouncil Policy Statement has dedicated an entire chapter to conducting research with Indigenous peoples and communities (Canadian Institute of Health Research, Natural Sciences and

Engineering Research Council of Canada & Social Sciences and Humanities Research Council of Canada, 2010). Hence, I had a heightened awareness of how my social location could be problematic to this research. Potts and Brown argue that “anti-oppressive work, including research, is not contingent upon [social] location” (2015, p. 18). This does not suggest that I do not need to be aware of the power relations that are at play within this research, but through reflexivity and employing anti-oppressive approaches, such as PFT and IE, I can act in ways that alter the relations of oppression within my research and become more aware of my own “moves to settler innocence” (Potts & Brown, 2015; Tuck & Yang, 2012).

Prior to undertaking this research, I tried to gain more knowledge and build an ethical understanding of research with Indigenous peoples. To do so, I participated in various learning opportunities, such as the Indigenous Health and Well-being Summer Institute (IHWI). This institute provided me with the opportunity to learn and understand how to go about research with Indigenous peoples in a ‘good way,’ while developing a network of both Indigenous and non-Indigenous scholars who had similar interests. This learning experience aided in understanding the importance of honesty in reflexivity and of selecting appropriate theoretical and methodological frames.

Reflexivity was integral to addressing my concern of representation, as I utilized three reflexive lenses that included: self-reflexivity, interpersonal reflexivity, and health (education) system reflexivity (Rix, Barclay & Wilson, 2014). The primary tool I used to engage in reflexivity was journaling. Using a reflexive journal, I was able to honestly examine how my personal and professional life was largely interrelated, which provided insight into how my experiences shaped this research (Rix et al., 2014). For example, I began to see how my personal assumptions about Indigenous peoples were interrelated

with my expectations of Indigenous students as ‘at risk’ learners. The purpose of journaling was to enable a platform for critical examination of the research process with the intent of becoming a better researcher. I also used supervision and guidance as reflexivity tools, as I had regular discussions with my supervisors and dissertation committee. As well, I engaged in multiple discussions with colleagues, particularly colleagues from the Indigenous Education Department. These discussions were integral to challenging and critiquing my assumptions and also to uncovering my participation in “settler moves to innocence” (Tuck & Yang, 2012).

First, self-reflexivity focused upon identifying and challenging my personal assumptions within the research; specifically, my unconscious assumptions that I held about gender, race, and class relations. Prior to starting this research, I viewed myself as a culturally competent and culturally safe nurse educator. However, through self-reflexivity, I was able to unpack deeply held assumptions and have come to realize that I operated from a White, middle-class, female social location. This location had blinded me to how my daily work routines were very much a reproduction of power relations that were embedded within a colonial relationship with Indigenous peoples. For example, I originally felt that I was well educated in colonialism and how it has impacted Indigenous peoples historically and currently. However, I always thought of myself as separate from colonialism as I am Euro-Canadian and my family immigrated to Canada in the 20th century. Although I was culturally competent and culturally safe, I did not see how colonialism organized my life. Through self-reflexivity, I became aware of how I was an agent of colonialism as my way of being reflected that of the dominant group in Canada. This insight helped me to adjust my analytical lens as I became aware of how to work toward positive changes within nursing education.

Secondly, interpersonal reflexivity was a lens that enabled me to critique my relationship with Indigenous peoples who participated in this research (Rix et al., 2014). From the outset of proposal development, I thought I was aware of my being with participants in terms of how power relations were at play within my various roles as a nurse educator, researcher, Euro-Canadian, female. Based upon this, I anticipated a variety of ethical considerations within Chapter 3: Methodology that would create a more comfortable relational space between participants and me (Rix et al., 2014). Throughout the research process, I scrutinized my interactions with participants. For example, after one particular interview with an Indigenous student, I recall being happy with the insight I gained from our interaction. However, as I reflected on the interaction, I kept thinking about how she may have perceived it. Did she feel as positive as I did? Was this a one-sided transaction in which I ‘took’ her story and used it to benefit myself? Did she see it as that? Was it that? These questions sat with me as I mulled over the interview as a joint process. Through this experience, I acknowledged that although I used the standpoint of participants to examine nursing education, I could not completely separate myself from my own experiences, as both participants and researchers bring their own understandings and knowledges to the interaction. As such, I came to realize that heightened awareness and critique of my own values could help to create some separation between participants’ voices and underlying power relations (Rix et al., 2014).

Through interpersonal reflexivity, I was able to examine my relationship within Indigenous participants and genuinely attempt to immerse myself in their stories to co-construct an ethical way of knowing that was based upon reciprocity (Estey, Kmetz & Reading, 2008; Rix et al., 2014). As well, interactions with all participants were built upon the 4R’s (Kirkness & Barnhardt, 2001). In this sense, although the participant in the

above example shared her story with me, through open and honest dialogue, I also shared my story of how she enlightened me and enabled me to reflect further on my own 'inclusive' practices within nursing education. Through this interactive process, we were both sharing our experiences and perspectives in a way that welcomed the other.

Lastly, health (education) system reflexivity enabled me to reflect critically on how the institution of nursing education had shaped my assumptions and values (Rix et al., 2014). Although I aimed to uncover social relations within the institutional complex, this directed my attention towards my own practices within the institution. As I collected data on discriminatory practices within nursing education, I inadvertently illuminated my own discriminatory practices. Through this lens of reflexivity, I became more sensitive as to how I had been indoctrinated in dominant forms of nursing knowledge throughout my own experiences in nursing education and how I was an agent in perpetuating these practices as a nurse educator. For example, after participating in an annual nursing program retreat, I became very frustrated as the nurse educators blindly implemented changes to the nursing program without considering the inadvertent sexist, racist, and classist consequences of the changes (i.e. revising policy, supplementing curriculum). I shared my frustration with my dissertation supervisors. Through this discussion, my supervisors challenged my frustration by illuminating how, as nurse educators; we are in essence, ideological workers. This helped me to realize that I needed to do some work in this area as I was just as responsible for sustaining ruling relations as were the nurse educators at the program retreat. Through health (education) reflexivity, it became apparent how I operated within a culture that valued dominant knowledge while inadvertently excluding Indigenous peoples and Indigenous knowledges. This insight further illuminated institutionalized discriminatory practices and how we are all agents in

its propagation. This is not to say that all things done are discriminatory (i.e. sexist, racist, classist), but it speaks to the understanding that there is a risk of acting in a colonialist and discriminatory manner by excluding Indigenous perspectives. The process of understanding has its roots in ‘inclusive’ practices because how else can learning occur other than through including Indigenous voices; therefore, the entire process speaks to a better way forward.

Utilizing the above reflexive lenses enabled me to critique my own inherent assumptions that were embedded within this research. However, I came to realize that both the theoretical and methodological underpinnings were just as crucial to going about the research in a ‘good way’ with Indigenous peoples. Herein lays major strengths of PFT and IE. PFT and IE were critical to enabling me to see the perspectives and experiences of Indigenous peoples. PFT helped centralize the marginalized voices of Indigenous peoples by uncovering the multiple, intersecting forms of oppression that were embedded within colonialism; while, IE illuminated the experiences of Indigenous peoples as a standpoint for inquiry for examining the institutional complex (Browne et al., 2007; Smith, 2005). As such, participants’ experiences created an entry point into nursing education in a way that was central to my exploration. Indigenous students’ experiences uncovered how blind I was, as well as others within the institution, as nursing education operated on dominant knowledge. Thus, this investigation was as much a journey in self-discovery as it was an expose of the institutional complex.

Furthermore, both PFT and IE are examples of anti-oppressive approaches to research, in which the major tenets align with various critical, feminist, and Indigenous methodologies. Nevertheless, it is essential to identify that although PFT and postcolonial Indigenous knowledges share some basic principles, PFT is grounded in Western

knowledge and may not represent Indigenous perspectives of colonialism. However, PFT and IE did enable exploration of the sociocultural context of nursing education that extended beyond individual experiences of participants to institutional, postcolonial, and gendered contexts in which these experiences exist (Browne, Smye & Varcoe, 2005; 2007; Racine & Petrucka, 2011; Smith, 2005). This research represents an ontological shift beyond issues of biology in which Indigenous peoples and culture are seen as responsible for circumstances, to the sociocultural context in which circumstances are situated (Deveau, 2009; Strega & Brown, 2015). As such, the research process is premised upon the tenets of social justice that aim to disrupt ruling relations to work towards greater equity for Indigenous students in nursing education. This provides implications for continued research with Indigenous peoples by both Indigenous and non-Indigenous peoples as well as the integration of Indigenous research methodologies that are grounded in Indigenous knowledge.

7.3.2 Explicating Relations

Within PFT, postcolonial theorizing aims to expose race relations as a way of disrupting “race-thinking” (Browne et al., 2005, p. 22). Thus, the postcolonial analysis within PFT directed my attention towards issues of race, in particular towards culturalist discourse. Throughout data collection and analysis, culturalist discourse was evident as participants spoke about implicit and blatant racism and texts throughout the institution were imbued with a culturalist perspective. Within the literature review, culture was a dominant theme that drew my attention towards how concepts of culture were integrated within nursing programs and how ‘cultural minorities’ experienced nursing education. Thus, I feel that Chapter 4 Identifying as Indigenous was an expected chapter when considering the theoretical foundations for this research.

However, class was a challenging relation to explicate as instances of classism were embedded in other forms of discrimination, such as racism. Although IE is premised on class relations, I feel that this was partly due to how I applied PFT as a theoretical frame. PFT aims to uncover unequal power relations that reproduce colonialism. Considering the colonial context in relation to Indigenous students in nursing education, race and racialization are most eminent. Much of the research in this field illuminates race and culture as major factors in Indigenous students' experiences. As well, the focus of this study was to examine race relations that were at play within nursing education. However, IE directed my attention to class relations, as these were critical to explicating Indigenous students' experiences within nursing education, in particular when considering the broader institutional context.

Although PFT aims to uncover multiple interrelated relations that extend even beyond the traditional triad of gender, race, and class, I feel the emphasis was on race at the expense of class and gender. McMullin (2010) explains how classism is typically masked by other forms of discrimination, such as racism and sexism, and that it is rarely examined independently. While social class tended to be more covert, I believe this is partly in how my attention was drawn towards race. Though I was challenged to explicate class, it was apparent in the data and findings and was further exposed in its relationship to race within *Cultural Competence*. I was able to expand my limited view through subsequent analysis, specifically rereading transcripts and texts while being more attuned to how economic, social, and cultural capital were evident. This calls for the need for future research that further explicates class relations within nursing education, in particular, intersectional research that examines the intersections of gender, race, and class relations.

Additionally, gender was another social relation that was largely taken for granted. A feminist theoretical framework and methodology illuminates how nursing education is a gendered institution that is further embedded within peoples' identities. Within PFT, feminist theorizing aims to expose gender relations. Through developments in feminist theorizing, analyses have expanded beyond an examination of patriarchy to a concern with multiple, interconnecting oppressions that are inclusive of race and class (Reimer-Kirkham & Browne, 2006; Reimer-Kirkham & Anderson, 2010). Within this study, feminist inquiry led my investigation in terms of how nursing education, as a gendered institution, organized intersecting race and class relations to shape the experiences of Indigenous women and men.

Gender relations were present within this research and were reproduced through nursing knowledge. Nursing knowledge was embedded within daily work routines throughout the institution in a way that was not apparent to those participating in it. The nursing profession has largely been a gendered pursuit, in which, historical analyses have revealed how the nursing profession has greatly struggled to find its place within the social rankings of the professions and the social classes (Soine, 2010). As well, historical analyses illuminated how gender was a major exclusionary tool to keep women within their place in society (Soine, 2010). However, the pursuit of professionalization calls into question representation as it has largely been a pursuit of White women. There is an assumed solidarity among nurses in terms of professionalization; however, if it only focuses upon the elite experiences of White women, then differences based upon race and class create further oppressions among those with differences. For example, the concept of *Cultural Competence* illuminates gender relations within nursing education as the notion of competence is a construction of the masculine model of professionalization

(Kirmayer, 2012). This does not blend well with the concept of ‘caring’ that is central to nursing. ‘Caring’ is considered a feminine concept that is rooted in colonialism. Colonial ideals about what constituted a ‘proper’ nurse resulted in a professional hierarchy based upon gender, race, and class (Flynn, 2009). Thus, competence is a superimposed, androcentric, and colonial practice that is counterintuitive to the foundation of nursing. Furthermore, ‘caring’ is the way in which current medical and nursing care is enacted to sustain power imbalances as nurses are privy to nursing knowledge, which is largely reflective of dominant knowledge within the healthcare system. This has implications for future research that examines the intersections of social relations within nursing education to explicate ‘caring’ practices as limited and exclusionary.

7.3.3 Engaging in Social Activism

A major strength of this study is the methodological approach used that works towards positive social change. IE, as a critical feminist ethnographic methodology, was essential to exposing the institutional complex by illuminating the coordination of daily work routines within nursing education. IE differs from other forms of critical feminist and ethnographic methodology as it explicates the social organization of the problems that people encounter within institutions in a way that is grounded in peoples’ experience (Smith, 2005). In this way, the ultimate aim of IE is to bring into consciousness, the coordination of everyday work routines with the goal of disrupting ruling relations. Disrupting ruling relations entails positive social change; thus, IE is conceptualized as a form of activism. Through consciousness raising, people and institutions can work to make positive changes. For example, an Indigenous student who participated in an individual interview, as well as in a focus group, stopped by my office to ask about the progress of the study. During this conversation he explained how he found the focus

group discussion interesting in that he realized how blinded he was to the practice of voluntarily self-identifying his Indigenous ancestry. He explained how it was something that was expected of him if he wanted to access financial and cultural supports, but he had never considered how this practice was embedded within a sociocultural context that was organized by colonialism. Through this discovery, he was able to identify the oppressive forces that had challenged his participation within nursing education. He had explained how he planned to be more critical of this practice in the future. This example illuminates the catalytic validity of the IE research process on an individual level, as participants had an enhanced awareness of the institutional complex that organized their realities and were able to make changes accordingly (Lather, 1986; Smith, 2005). This also translates on an institutional level as everyone involved within the institution develops an astute sense of how institutional processes work to include/exclude particular students.

Although IE centers upon activism, a challenge lays in identifying specific areas for change. IE utilizes the local standpoint of those participating in the institution to examine how this standpoint is shaped by the broader institution (Smith, 2005). Thus, the major function of IE is to expose ubiquitous ideology that coordinates and mediates the institution and not about identifying particular individuals or locations that are responsible. This was a challenge when considering the implications and recommendations of this research. IE illuminates the changes on a broader institutional level without drawing out specific, local changes. While this could be identified as a strength in that focusing changes on an institutional level means that everyone is involved; however, there is a limited sense of agency as no one in particular is necessarily held accountable for changing, everyone is. This can feel daunting as change is focused

on a broader level in which individuals and nursing programs may feel limited in their ability to identify tangible changes on a local level.

7.4 Conclusion

The tenets of IE and PFT fostered the critical examination of how social relations and organizations were coordinated within the institutional complex of nursing education, which offers implications for education, policy, and research at all levels throughout the institution. As equity is essential to achieving inclusion in nursing education, the focus was to expose the institutional complex within nursing education. Employing a PFT lens, the purpose of this IE study was to examine the experiences of Indigenous students to examine the coordination of social relations and organizations in nursing education. Findings from this study illuminated social relations as intersecting and irreconcilable and *Cultural Competence* as ruling relations. If we are to achieve inclusion through greater equity within nursing education, institutions and everyone involved must acknowledge and disrupt ruling relations that sustain Indigenous students place outside of nursing education.

The implications and recommendations from this research move beyond individual nursing programs to postsecondary education and the nursing profession. The recommendations provided within this research are aimed at positive changes that work toward truth and reconciliation with Indigenous peoples in Canada. Exposing the institutional complex within nursing education has illuminated the truth, while implications and recommendations for change work towards reconciliation. Thus, many of the recommendations are aligned with the Truth and Reconciliation Commission of Canada: Calls to Action (TRC, 2015) that center upon education, health, and professional development. In particular, the recommendations from this study build upon

recommendations 23 and 24 from the TRC, which identify strategies to improve the representation of Indigenous peoples in the nursing profession and enhance nursing program curricula. However, the TRC actions are a starting place for nursing education, as nursing education must assume responsibility, within all its levels, to work toward reconciling social relations and the engaging Indigenous peoples.

This study is significant as it illuminates how postsecondary education and the nursing profession can support those involved in nursing education to engage Indigenous students. More specifically, the study findings reflect the need for nursing education to take the lead in redressing inequities. As a social justice issue, there is a moral imperative for all involved within nursing education to pay attention to race and class relations. This is vital to moving forward as an inclusive and representative nursing profession.

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Appendix A

Research Ethics Approvals



**Western
Research**

Research Ethics

**Western University Health Science Research Ethics Board
NMREB Delegated Initial Approval Notice**

Principal Investigator: Dr. Yolanda Babenko-Mould
Department & Institution: Health Sciences\Nursing,Western University

NMREB File Number: 106613
Study Title: Supporting Aboriginal Students: A Critical Analysis of the Sociocultural Context of Nursing Education
Sponsor:

NMREB Initial Approval Date: August 27, 2015
NMREB Expiry Date: August 27, 2016

Documents Approved and/or Received for Information:

| Document Name | Comments | Version Date |
|---|---|--------------|
| Other | Fieldnotes | 2015/06/12 |
| Other | References | 2015/06/12 |
| Instruments | Semi-Structured Interview Guide | 2015/06/12 |
| Other | Demographic Questionnaire | 2015/06/12 |
| Western University Protocol | | 2015/08/11 |
| Other | Confidentiality Agreement - Note-Taker | 2015/08/11 |
| Other | Confidentiality Agreement - Transcriber | 2015/08/11 |
| Other | Consent for Individual Interview | 2015/08/11 |
| Revised Letter of Information & Consent | Faculty/Support Staff/Administration | 2015/08/27 |
| Revised Letter of Information & Consent | Student Participants | 2015/08/27 |

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Ethics Officer, on behalf of Riley Hinson, NMREB Chair or delegated board member

Ethics Officer to Contact for Further Information

| | | | |
|--------------------------------|-----------------------------------|---------------------------------|---------------------------------|
| Erika Basile ebasile@uwo.ca | Grace Kelly grace.kelly@uwo.ca | Mina Mekhail mmekhail@uwo.ca | Vikki Tran vikki.tran@uwo.ca |
|--------------------------------|-----------------------------------|---------------------------------|---------------------------------|

This is an official document. Please retain the original in your files.



APPROVAL FOR CONDUCTING RESEARCH INVOLVING HUMAN SUBJECTS
Research Ethics Board – Laurentian University

This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

| TYPE OF APPROVAL / New X / | Modifications to project / | Time extension |
|---|---|----------------|
| Name of Principal Investigator and school/department | Kay Vallee, Yolanda Babenko-Mould, Catherine Ward-Griffin, Nursing, Western University, Jerry White, Sociology, Western, Oona St-Amant, Nursing, Ryerson University | |
| Title of Project | Supporting Aboriginal Students: A Critical Analysis of the Sociocultural Context of Nursing Education | |
| REB file number | 2015-09-04 | |
| Date of original approval of project | October 16 2015 | |
| Date of approval of project modifications or extension (if applicable) | | |
| Final/Interim report due on: (You may request an extension) | October, 2016 | |
| Conditions placed on project | | |

During the course of your research, no deviations from, or changes to, the protocol, recruitment or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please refer to the Research Ethics website to complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate LU REB form. In all cases, please ensure that your research complies with Tri-Council Policy Statement (TCPS). Also please quote your REB file number on all future correspondence with the REB office.

Congratulations and best wishes in conducting your research.



Rosanna Langer, PHD, Chair, Laurentian University Research Ethics Board



Office of the Research Ethics Board

Notification of Initial Approval

| | |
|--------------------------------|---|
| Date: | October 15, 2015 |
| Principal Investigator: | Dr. Yolanda Babenko-Mould |
| Study Title: | Supporting Aboriginal Students: A Critical Analysis of the Sociocultural Context of Nursing Education |
| Date of Review: | October 15, 2015 |
| Expiry Date: | October 14, 2016 |
| Documents Approved: | Ontario Community Multi-site REB Application Form and all included attachments |
| Type of Review: | Delegated |
| Documents Acknowledged: | Consent Forms |

The Sault College Research Ethics Board has reviewed and approved your application.

This approval is valid for one year. If your study continues past the expiration date as noted above, you will be required to submit an ethics application. The REB must be notified of the completion or termination of this study and a final report provided.

Any changes to the approved documents must be approved by the REB prior to implementation.

If, during the course of this study, there are any serious adverse events, confidentiality concerns, changes in the approved project, or any new information that must be considered with respect to the project, these should be brought to the immediate attention of the REB.

All study related documents should be retained so as to be available to the Sault College Research Ethics Board upon request. They should be kept for the duration of the project and for at least 5 years following study completion.

Sincerely,



Chair, Sault College Research Ethics Board

Appendix B

Letter of Information



Laurentian University
Université Laurentienne



Supporting Aboriginal Students: A Critical Analysis of the Sociocultural Context of Nursing Education

Investigators: Kay Vallee RN, PhD(c), Yolanda Babenko-Mould RN, PhD (supervisor), and Catherine Ward-Griffin RN, PhD (supervisor), University of Western Ontario

Invitation to Participate

As someone who is involved in the Laurentian Collaborative Bachelor of Science in Nursing Program (LCBScNP), you are being invited to take part in a research study conducted through the University of Western. By taking part in this study, you will be providing information that could be used to enhance nursing education for both Aboriginal and non-Aboriginal nursing students.

Purpose of the Letter

The purpose of this letter is to provide you with information required for you to make an informed decision about participating in this research.

Purpose of this Study

The purpose of this study is to develop a better understanding of nursing education for Aboriginal students. By taking part in this study, you will be providing information that could be used to enhance nursing education for both Aboriginal and non-Aboriginal nursing students.

Inclusion Criteria

Individuals who are over the age of 18 years and currently involved with the LCBScNP are eligible to participate in this study.

Exclusion Criteria

Individuals who are under the age of 18 years and/or not currently involved with the LCBScNP are not eligible to participate in this study.

Study Procedures

If you agree to participate in this study, you will be asked to talk about your experiences of your role within the LCBScNP and changes that need to be made in nursing education. You are asked to take part in a discussion sometime over the next couple months as either an individual and/or in a small group. Small group discussions will include 4-6 other participants that will be selected based upon their interest in participation in a group

discussion. Individual discussions will take approximately 60-90 minutes to complete and will be conducted at a confidential location of your choice. Small group discussions will also take approximately 60-90 minutes to complete and will be conducted at a location that will be determined by the researcher. Both individual and small group discussions will be audio-recorded and subsequently typed-out, but no identifying information, such as your name, will appear on the typed-out discussion. Instead a pseudonym of your choice will be used. You may choose to stop the recording during individual discussions, request that the researcher not take notes on their observation of your individual discussion, or withdraw from the small group discussion at any time without consequence. Participation in a small group discussion involves a note taker writing down their observations of the group's interaction; because of this, you must consent to observations being made during small group discussion.

Potential Risks and Harms

There are no known or anticipated risks or discomforts in taking part in this study.

Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions, or withdraw from the study at any time without consequence.

Confidentiality

All information that you provide will be kept confidential and will remain in a secure location that will only be available to the investigators.

Contact for Further Information

If you require any further information regarding the research project or your participation in this study, you may contact Kay Vallee at (xxx)xxx-xxxx or xxx@xxxx. If you have any questions about the conduct of this study or your rights as a research participant, you may contact the Director, Office of Research Ethics, University of Western Ontario, (xxx) xxx-xxxx or email ethics@uwo.ca, Laurentian University Research Office, telephone: (xxx)xxx-xxxx, toll free at x-xxx-xxx-xxxx, email ethics@laurentian.ca or Sault College Research Ethics Board, Sault College, telephone: (xxx)xxx-xxxx, email xxx@xxxx.

Publication

Your name will not appear in any reports of the study; pseudonyms will be used instead of your name. The results of this study may be described in oral and written presentations and may be published in professional journals. If you would like a summary of the findings please contact Kay Vallee.

This letter is for you to keep.

Thank you,
 Kay Vallee RN, PhD(c)
 Email: xxx@xxxx
 Phone: (xxx)xxx-xxxx

Appendix C

Consent Form

Supporting Aboriginal Students: A Critical Analysis of the Sociocultural Context of Nursing Education

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask.

Please take the time to read the Letter of Information carefully and to understand any accompanying information. Please ask the study staff to explain any words you do not understand and ensure that all your questions have been answered to your satisfaction before signing this consent form.

As a research participant, I have read the Letter of Information, have had the nature of the study explained to me, and I agree to participate in this study. All questions have been answered to my satisfaction. This copy of the form is for you to keep.

Do you agree with the audio-recording of your discussion? (please check the box that applies)

Yes

No

Do you agree with the researcher taking notes based upon her observations of the discussion? (please check the box that applies)

Yes

No

Name of Research Participant (Please Print)

Signature of Research Participant

Date

Name of Person Obtaining Consent (Please Print)

Signature of Person Obtaining Consent

Date

Appendix D

Demographic Questionnaire

Demographic Questionnaire – Faculty/Support Staff/Administration

- 1) Age:
- 2) Sex:
- 3) Cultural descent:
- 4) What is your role in nursing education? (circle one):
 - a. Faculty
 - b. Support staff
 - c. Administration
 - d. Other: _____
- 5) What is your highest level of education (circle highest level completed):
 - a. Primary School
 - b. Secondary School
 - c. Baccalaureate
 - d. Masters
 - e. Doctorate
 - f. Other: _____
- 6) What is your current employment status:
 - a. Full time (<30hrs/week)
 - b. Part time (>30hrs/week)
 - c. Other (i.e. casual or contract) please specify _____
 - d. Not applicable
- 7) Please select a pseudonym to refer to yourself in the study:

Demographic Questionnaire - Student

- 1) Age:
- 2) Sex:
- 3) Cultural descent:
- 4) What is your role in the nursing program? (circle one):
 - a. Full-time
 - b. Part-time
 - c. Graduated
 - d. Withdrew
 - e. Other:

- 5) If you are a part-time or full-time student, what year of the nursing program are you currently in? _____
- 6) If you withdrew from the nursing program, what year did you withdraw from?

- 7) If you graduated, how many years have you been practicing as a nurse?

- 8) If you graduated and are working, what type of nursing role and setting are you employed in?
- 9) What was your highest level of education prior to enrolling in this nursing program (circle highest level completed):
 - a. Primary School
 - b. Secondary School
 - c. Baccalaureate
 - d. Masters
 - e. Doctorate
 - f. Other: _____
- 10) Have you enrolled in any other post-secondary educational program(s) prior to this nursing program?
 - a. Yes
 - b. No
- 11) If you selected yes to question 10, please specify the type of program(s) you enrolled in:

12) If you are currently working, what is your employment status?

- a. Full time (<30hrs/week)
- b. Part time (>30hrs/week)
- c. Other (i.e. casual or contract) please specify _____
- d. Not applicable

13) What are your current familial circumstances (circle all that apply):

- a. Single (never married)
- b. Separated
- c. Divorced
- d. Widowed
- e. Married (or common law)
- f. Reside with parents
- g. Reside independently
- h. Reside with spouse
- i. Reside with ___ children
- j. Not applicable

14) Did you relocate/move to attend school?

- a. Yes
- b. No

15) If you selected yes to question 14, how far is your home community from Sault Ste. Marie?

16) Please select a pseudonym to refer to yourself in the study:

Appendix E

Fieldnote Form

Fieldnotes

Participant (pseudonym):

Date:

Start time:

End time:

Location of interview:

People present:

Description of participant (i.e. physical, mannerisms, styles of talking):

Non-verbal behaviour (i.e. tone of voice, posture, facial expressions, eye movements, forcefulness of speech, body movements, hand gestures):

Content of interview (i.e. use key words, topics, focus, exact words or phrases that stand out):

Researcher's impressions (i.e. discomfort of participant with certain topics; emotional responses to people, events, or objects):

Any technical problems:

Adapted from: Morse, J.M. & Field, P.A. (1995). *Qualitative research methods for health professionals (2nd ed.)*, London: Sage Publications.

Appendix F**Confidentiality Agreement Form****Confidentiality Agreement**

I understand confidential information will be made known to me as I have agreed to provide transcribing services for Kay Vallee of the Arthur Labatt School of Nursing, University of Western University. I agree to keep all information collected during this study confidential, and will not reveal by speaking, communicating or transmitting this information in written, electronic (disks, tapes, transcripts, email) or any other manner to anyone outside the research team.

Name of Transcriptionist/Notetaker: _____ (please print)

Signature of Transcriptionist/Notetaker: _____

Date: _____

Name of Person Obtaining Consent: _____ (please print)

Signature of Person Obtaining Consent: _____

Date: _____

Appendix G

Semi-Structured Interview Guide

Semi-Structured Interview Guide – Faculty/Support Staff/Administration Questions

Opening the interview:

Hello. Thank you for agreeing to be interviewed for this study. The interview will take approximately 60-90 minutes. We are interested in your ideas and experiences as someone who is involved in nursing education. We are also interested in what you think are necessary changes that need to be made within nursing education so that it is supportive of all students. You may refuse to answer any questions, end the interview at any time, or withdraw from the study at any time without any repercussions. This interview will be audio-recorded to ensure accuracy in analyzing the interview data; however, at any point, the recorder can be turned off for any reason. If you choose to stop the audio-recording, I do need to continue to write notes to prompt myself after our discussion. I have brought some documents such as the Student Handbook, which will help to guide our discussion.

Guiding questions:

1. **Describe your experiences with Aboriginal students.**
 - a. Do you feel that students are able to express their culture freely?

2. **Describe your experience of being involved in nursing education in the LCBScNP Program.**
 - a. How is Aboriginal culture and health described in nursing education?
 - b. How have your views of Aboriginal culture changed since your involvement in nursing education?

3. **How do you feel the Student Handbook is reflected in your nursing program?**
 - a. Does it provide a true representation of nursing education?
 - b. What other documents do you feel inform your practice?

4. **What types of things should be done to improve the experiences and success of Aboriginal nursing students?**
 - a. In an ideal program, what would success look like?
 - b. What practices, programs or policies would be helpful?

5. **How should recommendations for changes within nursing education be shared?**
 - a. Who should these recommendations be shared with?
 - b. Are you interested in helping with sharing recommendations?

Semi-Structured Interview Guide – Student Questions

Opening the interview:

Hello. Thank you for agreeing to be interviewed for this study. The interview will take approximately 60-90 minutes. We are interested in your ideas and experiences as an Aboriginal student(s). We are also interested in what you think are necessary changes that need to be made within nursing education so that it is supportive of all students. You may refuse to answer any questions, end the interview at any time, or withdraw from the study at any time without any effect on your academic status. This interview will be audio-recorded to ensure accuracy in analyzing the interview data; however, at any point, the recorder can be turned off for any reason. If you choose to stop the audio-recording, I do need to continue to write notes to prompt myself after our discussion. I have brought some documents such as the Student Handbook, which will help to guide our discussion.

Guiding questions:

- 1. Has anyone else in your family gone to school?**
 - a. If so, what was their experience?
 - b. How has their experience influenced your own experience of school?

- 2. What was your experience of applying to nursing education?**
 - a. How did your secondary level educational experience influence your application to nursing education?
 - b. What challenges/facilitators did you experience in applying to nursing education?

- 3. Describe a typical day of preparing yourself to participate in your nursing program.**
 - a. What things do you do to organize yourself for class or clinical?

- 4. How do you feel the Student Handbook is reflected in your nursing program?**
 - a. What does this document represent to you?

- 5. Describe your experience of being Aboriginal.**
 - a. Do you feel that you are able to express your culture freely?

- 6. Describe your experience of being a student in nursing.**
 - a. How is Aboriginal culture and health described in nursing education?
 - b. How have your views of Aboriginal culture changed since starting in the nursing program?

- 7. What types of things should be done to improve the experiences and success of Aboriginal nursing students?**
 - a. What would an ideal program look like?
 - b. What practices/programs would be helpful?

- c. What sorts of guidelines for students, faculty and administration would be helpful?

8. How should recommendations for changes within nursing education be shared?

- a. Who should these recommendations be shared with?
- b. Are you interested in helping to share recommendations?

Curriculum Vitae

| | |
|--|--|
| Name: | Kay Vallee |
| Post-secondary Education and Degrees: | <p>Sault College Sault Ste. Marie, Ontario, Canada 2000-2003 Diploma</p> <p>Western University London, Ontario, Canada 2003-2004 B.Sc.N.</p> <p>Western University London, Ontario, Canada 2004-2007 M.Sc.N.</p> <p>Western University London, Ontario, Canada 2013-2018 Ph.D.</p> |
| Honours and Awards: | <p>Ontario Graduate Scholarship 2015</p> <p>Sigma Theta Tau International Honour Society of Nursing Iota Omicron Chapter Research Award 2016</p> <p>Registered Nurses Foundation of Ontario Registered Nurses Association of Ontario Provincial Nurse Educator Group Research Award 2017</p> |
| Related Work Experience | <p>Research Assistant Western Ontario 2004-2005</p> <p>Research Assistant Western Ontario 2013-2015</p> <p>Professor of Nursing Sault College BSCN Program Collaborative Partner of Laurentian University 2008-present</p> |

Publications:

- Ward-Griffin, C., Ploeg, J., Sutherland, N., Boscart, V., Dupuis, S. Kloseck, M., McAiney, C., Orange, J.B., Wiersma, E., Wong, C. **Vallee, K.** (2015). *Community dementia care: It takes a community: Policy brief*. Available <http://www.uwo.ca/nursing/cwg/docs/CDC-KT%20Policy%20Brief%20FINAL%20June%204%202015.pdf>
- Crosato, K.** & Leipter, B. (2006). Rural women caregivers. *Rural and Remote Health*, 6(4), 1-11. Retrieved from <http://rrh.deakin.edu.au/contributenew/contribview.asp?ArticleID=520>
- Crosato, K.**, Ward-Griffin, C., & Leipter, B. (2007). Aboriginal women caregivers of the elderly. *Rural and Remote Health*, 7(3), 1-12. Retrieved from <http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=796>