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Cultural diversity and the experiences of Alaska native nursing students

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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

CULTURAL DIVERSITY AND THE EXPERIENCES OF
ALASKA NATIVE NURSING STUDENTS

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Margaret E. Gilmon

College of Natural and Health Sciences
School of Nursing

May, 2012

This Dissertation by: Margaret E. Gilmon

Entitled: *Cultural Diversity and the Experiences of Alaska Native Nursing Students*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in
College of Natural and Health Sciences in School of Nursing

Accepted by the Doctoral Committee

Janice S. Hayes, Ph.D., RN, Chair

Karen Hessler, Ph.D., RN, FNP, Committee Member

Cheryl E. Easley, Ph.D., RN, Committee Member

Valerie A. Middleton, Ph.D., Faculty Representative

Date of Dissertation Defense _____

Accepted by the Graduate School

Linda L. Black, Ed.D., LPC
Acting Dean of the Graduate School and International Admissions

ABSTRACT

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The purpose of this ethnonursing research study was to discover, describe, and systematically analyze the care expressions, practices, and patterns of Alaska Native nurses within the context of their nursing school experience. The goals of this study were to identify generic and professional care factors that promote the academic success of Alaska Native students and to explore how these factors might affect culturally congruent education within the classroom. Seven major themes were discovered: (a) Alaska Native nursing students' self-care is linked to addressing the need for family; (b) to Alaska Native nurses and the nurse educators teaching them, communication is a universal need with cultural diversity; (c) Alaska Native nursing students are stressed by living in two worlds; (d) Alaska Native nursing students experience culturally non-congruent and non-caring events in the classroom; (e) nurse educators who promote the success of Alaska Native nursing students value and respect the Alaska Native students; (f) Alaska Native nursing students have experienced culturally congruent care from nurse educators who promote the success of Alaska Native nursing students; and (g) Alaska Native nurses provide universal and diverse culture care to Alaska Native people. Discoveries and suggestions regarding nurse educators' actions and decisions for teaching Alaska Native nursing students in a more culturally congruent way were presented. Findings of this

study contribute to the body of nursing knowledge related to the universality and diversity of culture care. The contribution to nursing education is an increased understanding of providing culturally congruent nursing education to promote the success of Alaska Native nursing students.

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CHAPTER I

INTRODUCTION

Introduction and Background

In the United States, health disparities exist that dramatically affect racial and ethnic minorities. For example, Alaska Natives and American Indians have higher incidences of illness and death than the non-native population. More specifically, within the state of Alaska, death rates per 100,000 people were higher for Alaska Natives than non-natives in most health indicators: coronary heart disease, cancer, chronic obstructive pulmonary disease, suicide, drug induced death, cerebrovascular deaths, and accidental death. Pre-term birth and neonatal death rates were also higher among Alaska Natives (Alaska Bureau of Vital Statistics, 2006). Mortality rates for Alaska Native and American Indian children, ages 1- to 4-years-old and ages 15- to 19-years-old, were higher than any other population group in the United States (Freeman & Fox, 2005).

Many factors may lead to healthcare disparities. One factor is that racial and ethnic minorities receive lower quality healthcare than their White counterparts, even when they are insured at the same level (Institute of Medicine [IOM], 2002). This does not necessarily mean blatant acts of discrimination are occurring. Any clinical degree of uncertainty, such as patients' cues and signals not being understood by the provider, may contribute to disparities as do stereotyping and biases of the healthcare provider (IOM,

2002). Research has indicated that cultural discord between the patient and the health care provider can have a negative effect on health (Shi & Stevens, 2005).

Providing health care interventions that are not in conflict with the health beliefs, values, preferences, and behaviors of patients is one approach to decreasing the disparities (Shi & Stevens, 2005). Poor communication and culturally insensitive practices between healthcare professionals and patients contribute to health disparities of racial and ethnic minorities. According to findings from the U.S. Department of Health and Human Services (2006b), “Minority patients tend to receive better interpersonal care from practitioners of their own race or ethnicity, particularly in primary care and mental health settings” (p. 3). Racial and ethnic diversity among nurses is seen as one way to help decrease health disparities in the United States (Sullivan Commission [SC], 2004). The National Advisory Council on Nurse Education and Practice (NACNEP; 2000) developed a national agenda for increasing workforce diversity: this included enhancing efforts to increase the recruitment, retention, and graduation of minority students. Stated in the NACNEP executive summary, “minority nurses are significant contributors to the provision of health care services in the country and leaders in the development of models of care that address the unique needs of racial/ethnic minority populations” (p. vii)

In Alaska from 1996 to 2002, the percentage of Alaska Native/American Indian registered nurses increased from 1.6% to 2.4% (Alaska Board of Nursing, 2003). However, Alaska Natives and American Indians account for 16% of the state’s population (U.S. Census Bureau, 2007) and in many communities are the majority population. Yet, many healthcare facilities serving Alaska Natives have predominantly White nursing staff. The same is true for American Indian communities (Reid, Katsinas,

& Hardy, 2005). Alaska Natives and American Indians comprise 0.7% of the U.S. population; however, registered nurses who are Alaska Native and American Indian comprise only 0.3% (Health Resources and Services Administration [HRSA], 2006).

In addition to increasing the diversity among the registered nurses workforce, nurse educators prepare students to provide culturally competent nursing care to a multicultural world (American Association of Colleges of Nursing, 2004; Leininger & McFarland, 2002; Sullivan Commission, 2004). According to Leininger (2001),

Cultural congruent (nursing) care refers to those cognitively based assistive, supportive, facilitative, or enabling acts or decisions that are tailor made to fit with individual, group, or institutional cultural values, beliefs, and lifeways in order to provide or support meaningful, beneficial, and satisfying, health care or well-being services. (p. 49)

It was assumed that the concept of providing culturally congruent care could be borrowed from Leininger's theory about providing healthcare and transferred to education.

Historically, providing education to Alaska Natives was a way to assimilate Alaska Native students into mainstream society. Policies such as "English-Only" and separating Alaska Native students from their communities to attend boarding schools took away their opportunity as students to benefit from their culture (Barnhardt, 2001). Nursing education and the professional socialization associated with it continued that separation (Weaver, 2001). Instead of perpetuating the attempt at forced assimilation, perhaps nursing education could be provided in a culturally congruent manner.

Domain of Inquiry

The domain of inquiry (Leininger, 2001) for this transcultural nursing study was the cultural care of academically successful Alaska Native nursing students within the context of the postsecondary classroom. This domain is of major interest in nursing

education because of the growing need to educate more nurses, more specifically nurses from underrepresented populations such as Alaska Native people. An assumption was that providing nursing education culturally congruent with the beliefs, practices, and values of Alaska Native nursing students would improve their academic success and lead to an increase in the number of Alaska Native nurses.

In this study, Leininger's (2001) culture care theory was used as the conceptual theoretical framework to discover care meanings and experiences with the desired goal of providing culturally congruent education. The research focus was to systematically examine the experiences, practices, and patterns of the Alaska Native nursing student in an academic environmental context. It was predicted that educators who used both professional and generic care, which lead to culturally congruent teaching practices, would support the academic success of Alaska Native nursing students. Since educators are part of the environmental context by influencing Alaska Native students, educators' views of Alaska Native care were included for transcultural nursing and educational insights.

Purpose and Goal of Study

The purpose of this study was to discover, describe, and systematically analyze the care expressions, practices, and patterns of Alaska Native nurses within the context of their nursing school experience. This context included the physical, social, and cultural environments within the classroom. The goals of this study were to identify generic and professional care factors that promote the academic success of Alaska Native students and to explore how these factors might affect culturally congruent education within the classroom.

Significance of the Study

According to information from the University of Alaska (2005), Alaska Native students have lower retention rates than other students seeking similar degrees. Efforts to retain students include actions outside of the classroom such as advising, mentoring, tutoring, financial assistance, and living arrangements. This study examined the dynamics within the classroom. It is at the classroom level where behaviors of the individual educator can impact the success of the Alaska Native nursing student. It is also at the classroom level that the individual educator can incorporate new knowledge toward the retention of Alaska Native nursing students.

Research Questions

The following questions guided the domain of inquiry:

- Q1 What are the universalities and /or diversities of cultural care expressions, patterns and practices among Alaska Native nursing students and educators?
- Q2 In what ways do worldview, social structure, and environmental context influence cultural care expression, patterns, and practices for Alaska Native nursing students and educators within the classroom?
- Q3 In what ways do cultural care expressions, pattern, and practices influence the academic success of Alaska Native nursing students?
- Q4 What educational factors, outside the classroom, contribute to the academic success of Alaska Native nurses regarding nursing school?
- Q5 What values, beliefs, and practices affected the Alaska Native nurses' nursing school experience?
- Q6 In what ways do preservation, accommodation and repatterning help arrive at culturally competent learning experiences for Alaska Native nursing students?

Theoretical Perspective

Theory, as defined by the nurse theorist Leininger (2001), is “patterns or sets of interrelated concepts, expressions, meanings, and experiences that describe, explain, predict, and can account for some phenomena or domain of inquiry procured through an open creative and naturalistic discovery process” (p. 34). The culture care theory is based on the belief that “care is the essence of nursing and the central, dominant, and unifying focus of nursing” (Leininger, 2001, p. 35). The culture care theory, and the research method associated with it, provide a means to generate new nursing knowledge in the area of caring. Within the framework of that theory, this study examined the dynamics within the classroom.

The concept of caring is not limited to providing healthcare. Caring is also associated with learning. The “need for and individual perceptions of interpersonal caring, acceptance, and support” (McCombs, 1998, p. 405) was identified as one of the most critical variables that support student motivation, learning, and change. The concept of caring, as it relates to nursing education and not solely to nursing practice, has been the focus of nursing research. Students’ experiences of caring in the context of their doctoral education in nursing (Appleton, 1990) and caring behaviors of nursing faculty teaching online courses (Sitzman, 2007) are just a few areas where caring and nursing education have been connected. Recruitment and retention of culturally diverse students (McFarland, Mixer, Lewis, & Easley, 2006) and nursing faculty teaching culture care (Mixer, 2008) are two examples of the culture care theory being used as the theoretical framework in examining care within nursing education.

Assumptive Premises of the Research

Leininger (2001) discusses 13 assumptive premises associated with the culture care diversity and universality nursing theory. Although all are relevant, four of Leininger's assumptions were chosen to guide this research.

- Culture care concepts, meanings, expressions, patterns, processes, and structural forms of care are different (diversity) and similar (towards commonalities or universalities) among all cultures of the world.
- Every human culture has generic (lay, folk, or indigenous) care knowledge and practices and usually professional knowledge and practices which vary transculturally.
- Culture care values, beliefs, and practices are influenced by and tend to be embedded in the worldview, language, religious (or spiritual), kinship (social), political (or legal), educational, economic, technological, ethnohistorical, and environmental context of a particular culture.
- Clients who experience nursing care that fails to be reasonably congruent with the clients' beliefs, values, and caring lifeways will show signs of cultural conflicts, noncompliance, stresses, ethical or moral concerns, and slow recovery. (p. 45)

In addition to Leininger's (2001) assumptions, this researcher assumed that there were similarities between providing caring in healthcare and providing caring in education to the degree that the Leininger theory could be used to explore culturally congruent education. In this regard, it might be beneficial to think of the educator-student relationship as similar to the nurse-patient relationship. An additional assumption was that although care might be viewed as predominantly associated with nursing, the concept of care is relevant to education as well.

Conceptual Definitions

Alaska Native. Any person who self-identified themselves as being Alaska Native or anyone had origins in any of the original peoples of Alaska and maintained

cultural identification through tribal affiliation or community recognition including federally and state recognized tribes.

Cultural care. According to Leininger (2001), cultural care is

the subjectively and objectively learned and transmitted values, beliefs, and patterned lifeways that assist, support, facilitate, or enable another individual or group to maintain their well being, health, to improve their human condition and lifeway, or to deal with illness, handicaps, or death. (p. 47)

Nursing student. Any person enrolled in a program of study to fulfill the requirements for a degree or diploma in nursing or any person who was enrolled in a program with the intent of preparing them to enter a nursing program.

Successful nursing student. Any person who graduated from a nursing program.

CHAPTER II

REVIEW OF LITERATURE

Introduction

Increasing the number of ethnically diverse nurses in the workforce as a means of decreasing the health disparities among those populations requires increasing the recruitment and retention of ethnically diverse or underrepresented populations in nursing school. Following is a discussion of the literature including research studies related to the topic of Alaska Native nursing student success. The literature review covers the health disparities among Alaska Native populations, educational disparities among these populations, and research that has been done in the area of ethnically diverse nursing students in general and, more specifically, Alaska Native students. Programs specifically aimed at the recruitment of Alaska Native and American Indian nursing students are also addressed.

Disparities in Health

Health disparities among American Indian and Alaska Native people are found throughout healthcare related literature. Three reports that address this topic on a larger scale are Healthy People 2010 (2000), The National Healthcare Disparities Report (U.S. Department of Health and Human Services, 2006a), and The Rationale for Diversity in the Health Professions Report (U.S. Department of Health and Human Services, 2006b).

Healthy People 2010 (2000) is a set of health objectives aimed at promoting health and preventing disease in the United States by the year 2010. One of the goals is the elimination of health disparities. The leading health indicators adopted by Healthy People 2010 to measure the health of the U. S. population are physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care. Data from Healthy Alaska 2010 (Alaska Bureau of Vital Statistics, 2006) indicated that health disparities among Alaska Native people continue to exist. A sample of the 2006 data (Alaska Bureau of Vital Statistics) provides the following information: Suicide death rate per 100,000 for Alaska Natives 35.0 and 16.7 for Whites; unintentional injury deaths, all ages--Alaska Natives 94.0 and 46.1 for Whites; infant deaths--Alaska Natives 10.0 and 4.2 for Whites, cancer deaths--Alaska Natives 228.5 and 172.5 for Whites.

The National Healthcare Disparities Report (NHDR; U.S. Department of Health and Human Services, 2006a) tracks disparities related to quality of health care and access to healthcare. According to the 2006 NHDR, disparities related to race, ethnicity, and socioeconomic status continue in the U.S. health care system in the areas of quality of healthcare, access to care, levels and types of care, care settings, clinical conditions (e.g., cancer, diabetes, end stage renal disease, heart disease, HIV disease, mental health and substance abuse, and respiratory disease) and subpopulations (i.e., women, children, elderly, residents of rural areas, individuals with disabilities and other special health care needs). This report provides information on many specific measures and outcomes but does not provide any recommendations for improvement. It indicates that for American

Indian and Alaska Native people, access to care is improving over time. However, areas worsening for American Indian and Alaska Native people are hospital treatment of heart attack, patients who complete TB treatment, nursing home residents in restraints, and hospitalized home health care patients. In the area of patient safety, American Indian and Alaska Native people are less likely than non-Hispanic Whites to receive prophylactic antibiotics at the correct times.

After reviewing 55 studies, The Rationale for Diversity in the Health Professions report (U.S. Department of Health and Human Services, 2006b) found that “minority patients tend to receive better interpersonal care from practitioners of their own race or ethnicity, particularly in primary care and mental health setting” (p. 3). The report stated that future studies are needed to examine the impact of concordance between patients and nurses who interact closely with patients.

Disparities in Education

American Indian and Alaska Native Children and Education

The Sullivan Commission (2004) points out that ethnically diverse populations experience disparities in elementary and secondary school education that affect the pipeline of students leading to healthcare professions. Freeman and Fox (2005) provide the following information specific to American Indian and Alaska Native students. In 2003, 43% of American Indian and Alaska Native children under the age of 5 lived in poverty, more than twice the total U.S. population. The percentage of American Indian and Alaska Natives families with children under the age of 18 years old who were living in poverty was 33%. Although American Indian and Alaska Native children between the ages of 8 and 22 months had similar early motor and cognitive development of other 8-22

month olds, by fourth grade, they were falling behind. American Indian and Alaska Native fourth graders scored lower in reading and mathematics assessments than the total population. Eighth graders also scored lower in the reading assessments; there were no data for the mathematics assessment.

In 2003, the dropout rate for American Indian and Alaska Native students was 15% compared to 6% for Whites and 4% for Asian/Pacific Islanders (Freeman & Fox, 2005). American Indian and Alaska Native student expectations are on the rise. From 1980 to 2002, the percentage of American Indian and Alaska Native 10th graders expecting to obtain a bachelor's degree or higher increased from 31% to 76% (Freeman & Fox, 2005).

American Indian and Alaska Native College Statistics

In the 1999-2000 school year, 56% of American Indian and Alaska Native students received financial aid; however, American Indian and Alaska Native students were less likely to earn a bachelor's or higher degree than their peers (Freeman & Fox, 2005). The number of American Indian and Alaska Native students earning degrees has more than doubled for each level of degree since 1976. The fields with the most bachelor's degree graduates were business (20%), social sciences and history (11.1%), and education (10.5%). Health professions and related clinical sciences accounted for 5.4%. American Indian and Alaska Natives constituted 0.5% of faculty in degree-granting institutions. In 2002, there were 32 tribally controlled colleges and universities with a total enrollment of 16,000 students (Freeman & Fox, 2005).

American Indian and Alaska Native Student Reports and Perceptions

Community college students. Challenges, barriers, and opportunities related to career pathways in nursing and allied health professions in rural areas of the United States were the focus of a Rural Policy Research Institute study (Reid et al., 2005). This study used a mixed-method design. Based on survey data collected from 24 rural-serving community college directors including six tribal colleges, students attending those colleges were characterized as being very poor. Twenty colleges reported more than 60% of their students received financial aid; 14 of those colleges reported more than 80% of the students received financial aid. Transportation and child care were identified as barriers to access. The study included schools from Appalachia, the lower Mississippi Delta, the Texas/Mexican Border region, the Four Corners region of the Southwest, and the High Plains. There were 42 students attending associate degree nursing programs at the six tribal colleges. Limitations of the study were the exclusion of community and tribal colleges from other regions of the United States. The data came from survey information obtained from program directors and not directly from nursing students.

Hispanic/Latino and American Indian nurses. Identifying barriers to the education of Hispanic/Latino and American Indian nurses was the focus of a study by Evans (2004). Based on interviews with seven Hispanic/Latino and American Indian nurses, Evans identified 18 barriers to success. These barriers were presented in five groups:

- Leaving Home, Entering a Different World, and Feeling Isolated from Culture and Family

- Experiencing the Pull from Home/Family Obligation, Lacking Parental Understanding of Factors Needed for Success, Espousing Traditional Family Values, Facing Economic Difficulties, and Having Work Conflicts
- Seeing Nursing as an Unreachable Goal and Not Seeing a Different Future
- Experiencing Racism, Noticing a Lack of Welcome, Lacking Understanding/Support by Teachers and Rigid Environments, and Struggling with Language Issues
- Feeling Failure, Meeting Academic Demands, Shouldering Responsibilities of Nursing at an Early Age

Evans (2004) recommended integrating Bevis and Watson's (1989, cited in Evans) caring curriculum with Palmer's (1998, cited in Evans) inner teacher to create an environment where all students could persevere and succeed. Application of a caring curriculum included teachers creating personal, trusting relationships with students. The following suggestions for nurse educators were offered relating to the barriers listed in the five previously mentioned groups: recognizing that Hispanic/Latino and American Indian students hold different views and meaning to home and family than Anglo students and respecting the students' sense of loss of family while away. Educators can support retention in the program as follows:

- Acknowledge their strong obligation to family and assist the student in visualizing how obtaining a nursing degree will help their families and communities.
- Identify culturally congruent mentors for the students and help the students find entry level health care jobs.

- Create learning environments that are respectful for all people and be aware of the ways social injustices race, social class, and gender shape the educational system.

Educators can examine the cultural values that shape their own teaching and speak to the need for valuing difference. Evans also included suggestions on the way a caring curriculum meets the needs of nonlinear learners. In summary, Evans made the connection between teaching and caring: “We are their nurse-teachers in a caring-healing relationship” (p. 227).

American Indian nursing graduates. Student properties that support student success were the focus of a grounded theory study by Yurkovich (2001). Eighteen American Indian Nurses who graduated from a nursing program between 1985 and 1995 were interviewed. Seven themes emerged from the interviews: focuses on goals, adjust to dominate culture, establishes community support, socializes into roles of student and nurse, and master’s course content.

Yurkovich (2001) made suggestions for faculty after pointing out that “the nursing graduates clearly narrated overt and covert discriminatory behaviors demonstrated by faculty throughout their educational experience” (p. 266). Specific suggestions, other than the obvious need for faculty to demonstrate respect for students and their culture, were offered. Faculty needed to utilize humanistic philosophy in their approach to education by presenting themselves as compassionate, nurturing, and accepting of cultural differences while providing a friendly environment that challenges the students intellectually. Students also identified the desire for the teacher to make the learning environment culturally relevant. In this environment, the American Indian

student was not forced into accepting the status quo but could choose which aspects of their culture they wished to retain, give up, or replace with aspects from other cultures. The graduates identified their dominant learning styles as listening, observing, and then doing. They would not demonstrate a skill to their teacher until they were sure they could do it correctly. In the area of student advising, it was suggested that all American Indian students connect with one advisor who was perceived as an advocate and a role model. Because it is generally not the American Indian way to ask questions of elders, this advisor would need to assume an intrusive, proactive role to seek out students. Students need to be brought together because American Indian peers are a source of information and support (Yurkovich, 2001). This study did not include any nurses from Alaska Native tribes.

California American Indian nursing students. Self-reported factors affecting academic success of 770 culturally diverse, baccalaureate nursing students in California was the focus of Condon's (1996) dissertation. Of those students, 32 were Native American. Factors that attributed to success for all groups were support/encouragement, motivation/commitment, caring/helpful nursing faculty, and financial aid/resources. Barriers were identified as overwork/insufficient study time, inadequate financial resources, and lack of flexibility of school policies to meet students' needs. Condon recommended interventions to prevent student overload, providing support, encouragement, and help; increasing active involvement in learning and promoting social comfort; increasing the priority of financial aid; and developing flexible policies to meet diverse student needs.

Cultural content. One hundred thirty-two American Indians trained in the areas of social work, nursing, and psychology were asked about cultural content in their education and support mechanisms and challenges they experienced (Weaver, 2000). Forty of the respondents were nurses representing 79 nursing programs: 27 one- to two-year programs, 34 baccalaureate, 17 master's, and 1 doctoral. Indian Nations represented were Lakota/Dakota, Chippewa/Ojibway, Cherokee, Haudenosaunee, Navajo/Dine, Colville, Blackfeet, and Choctaw. Cultural content was categorized as none (34%), elective (24%), minimal (16%), and integrated (0%). The desire for more additional cultural content in their training was supported by 88% of the nurses. When asked about support mechanisms, six themes emerged: peer support, faculty and mentors, cultural events and projects, American Indian specific programs or colleges, minority services offices, and no support mechanisms. Peer support was the primary support mechanism, often obtained through student groups. Support from American Indian-specific programs was noted in 17% of the nursing programs when they attended a tribal college or American Indian specific program. No nurses reported receiving significant support from minority services offices. No support mechanisms were reported in 34% of the nursing programs. Even students in American Indian-specific programs reported attitudes of individual teachers were seldom culturally sensitive and had no content in the program about Native Americans. Struggles with stereotypes and racist attitudes were reported in 27% of the nursing programs. One nurse stated, "I was told that Native people weren't smart enough to complete the program. I experienced open racism from clinical preceptors that almost ended my graduate career" (Weaver, 2000, p. 20).

Non-school factors such as isolation and culture shock were experienced by 30% of the nursing programs. An interesting note was that of the three professions represented in the study (nursing, social work, and psychology), nurses in particular often reported experiencing culture shock. More nurses obtained degrees from tribal colleges before attending mainstream universities and were more likely than people from other disciplines to report limited previous contact outside of American Indian communities. No struggles were reported by 24% of the nursing programs. These respondents were usually protected by American Indian people around them or had culturally assimilated and felt comfortable in a dominant society setting (Weaver, 2000).

Most respondents wanted additional cultural material in their professional training to be presented in a meaningful way. Weaver's (2000) suggestions for faculty and administrators are as follows: (a) Recognize that professional education is a socialization process that can raise conflicts for American Indian students, (b) Examine how cultural content is integrated in professional training and take steps to integrate it into required courses in a meaningful way, (c) Enhance factors that support the cultural identity of American Indian students, (d) Recognize the impact of stereotypes and biases throughout the institution and take steps to eliminate them, and (e) Recognize the impact of culture shock and isolation on some American Indian students and offer support accordingly (p. 6). This study did not include nurses from Alaska Native tribes.

Nursing graduate students. Eleven American Indian nurse practitioner students shared their experiences from the Native American Family Nurse Practitioner Recruitment program at the State University of New York funded by a grant from the Indian Health Service (Dickerson, Neary, & Hyche-Johnson, 2000). In the school, 5% to

10% of the graduate students were of ethnically diverse status; 52% of that population was comprised of American Indian students (Dickerson et al., 2000). The relational themes identified were the Native worldview, academic environment, faculty/student relationship, and strategies for survival.

Within the Native worldview, all students reported a sense of alienation. They lacked unwritten knowledge on how to negotiate the university on an informal level. This type of information was not included in the basic student orientation. These unwritten rules reflected both local and academic cultures different from the students' cultural norms including how to acclimate to the university system and how to access assistance. Of interesting note was that local tribes made the out-of-area students feel welcome. The Native world view was also different in the interpretation of written language. For example, a student shared his meaning of the phrase, "Oh, he's very poor." To the student, this meant poor in spirit and not poor in a monetary sense (Dickerson et al., 2000).

American Indian students who were expecting an academic environment that was nurturing and culturally sensitive found the academic environment to be very rigid and competitive, which is contrary to the American Indian culture. They perceived they were being forced to change themselves to meet the requirements of faculty. Within the theme of faculty-student relationships, the students believed that faculty were always judgmental, disrespectful, and not constructive. An example shared by a student was a faculty member stating that the student's paper was garbage. Students felt powerless and were reticent to seek help from faculty for fear of negative outcomes (Dickerson et al., 2000).

Strategies to survive included a strong personal desire to be successful and to represent their culture. They acquired a professional presence that was contrary to their cultural ways to conform to faculty expectations. Students had to learn the unwritten rules and quiet students needed to become active in class and in clinical decisions. Students used their faith in themselves and in God. Students found ways to support and mentor each other (Dickerson et al., 2000). Suggestions from the researchers included faculty facilitating dialogue with the students to identify common values of nursing that are sensitive to cultural variations in students of all backgrounds.

Learning styles. A literature review of American Indian and Alaska Native learning modalities and cognitive styles by Pewewardy (2002) pointed out definite learning style tendencies among American Indian and Alaska Native students; teachers need to revise their teaching techniques based on the learning styles of their students. Native students learn best when they are presented with the big idea first and then presented with the details. Teachers can incorporate storytelling, an established form of teaching in the American Indian and Alaska Native culture. American Indian and Alaska Native students avoid competition and prefer activities that promote cooperation and group problem solving. Multiple means of learning assessment should be utilized, not relying on standardized tests (Pewewardy, 2002).

Engagement. Utilizing the premise that behavioral involvement in academically related activities is key to academic success, the level of participation in academically related activities was compared between American Indian and White college students (Cole & Denzine, 2002). The study involved 544 undergraduate students completing the College Student Experience Questionnaire. Behaviors were designated among three

categories: active learning, student-faculty contact, and cooperation among students. This study found no significant differences between the two groups (Cole & Denzine, 2002).

Motivation. Classroom motivation for postsecondary American Indian and Alaska Native students was the emphasis of a study by Aragon (2002). The study was designed to answer three questions:

1. What type of environmental structure is needed to maintain student motivation in the classroom?
2. What social elements need to be in place to maintain student motivation in the classroom?
3. To what extent are the students adaptable to alternative environmental structures and social elements? (p. 3)

Curry's (Aragon, 2002) Theoretical Model of Learning Style Components and Effects provided the theoretical framework, which held that three constructs influence learning styles and/or successful learning: maintenance of motivation, level of task engagement, and specific information processing habits (cognitive controls). The results of the study found that students preferred a teacher-structured environment over a student-structured environment. This supported other studies that the American Indian and Alaska Native value culture and exhibit respect for the rank and authority of the instructor within classroom settings. Maintenance of motivation within the teacher-structured environment included feedback from the teacher, opportunity to participate in as much course activity as possible, and media enhanced presentations. To maintain motivation within the student-structured environment, interpersonal and collaborative elements were needed and the ability to set the pace of learning. This reinforced what was already known about American Indian and Alaska Native students--group goals,

group cohesion, and consensus were valued over competition and recognition. Other variables affecting student motivation were independence, influence, active role, and avoidance. Practical implications from this study were that American Indian and Alaska Native students preferred teacher feedback that was substantive and sustained (Aragon, 2002).

Attrition. One hundred fifty students at a rural Midwestern tribal college were part of a study looking for predictors of attrition in American Indian nursing students (Manifold & Rambur, 2001). The results suggested that increasing age was positively correlated with completion of this program. Unlike findings from other studies, high school grade point average (GPA) was not a significant predictor of success (Condon, 1996; Manifold & Rambur, 2001). The Test of Adult Basic Education (TABE) language scores were significantly higher in completers as were the TABE mathematics scores. Suggestions from this study included the population of older potential students in recruitment efforts and did not allow high school GPA or a General Educational Development (GED) as barriers to program entry. A bridge program that values their traditional language, while preparing them to understand the language and thinking needed for passing tests, was also suggested as well as a planned program to support the acquisition of essential math skills (Manifold & Rambur, 2001).

The University of Alaska (2005)--looking at the Alaska Native cohort of 3,347 Alaska Native undergraduate students who were enrolled in at least one class at University of Alaska's Anchorage campus between 1998 and 2003--reported a course success rate of 65% for the Alaska Native cohort compared to 74% for the overall

undergraduate population. The Alaska Native cohort had a course attrition rate of 26% compared to the overall undergraduate rate of 16% (University of Alaska, 2005).

Call to Action

In 1998, President Clinton, in response to American Indian and Alaska Native organizations' and tribes' desire for a comprehensive federal government policy on Indian education, signed Executive Order 13096 "which stipulated that the federal government is committed to improving the academic performance and reducing the dropout rate of American Indian and Alaska Native students" (Strang, Glatz, & Hammer, 2002). This led to the American Indian and Alaska Native Education Research Agenda that identified research priorities that no longer focused on educational and social barriers but focused on *success*. In addition, studies were to be conducted in a manner that respected Alaska Native culture (Strang et al., 2002).

The National Advisory Council on Nurse Education and Practice (NACNEP; 2000) developed a national agenda for increasing workforce diversity. Four themes were addressed: (a) enhance efforts to increase the recruitment, retention, and graduation of minority students; (b) promote minority nurse leadership development; (c) develop practice environments that promote diversity; and (d) promote the preparation of all nurses to provide culturally competent care. Specifics for goal (a) were as follows:

- Identify educational environments and programs that successfully support recruitment, admission, retention, and graduation of minorities and more widely implement successful modes.
- Increase the number of minority faculty in nursing programs over the number reported by the American Association of Colleges of Nurses for 1997-98.
- Improve the evaluation of and accountability for the outcomes of programs that are funded to increase diversity in nursing.

- Establish collaborative partnerships among health professions education groups to participate in the identification of indicators for the academic and practice success of minority students
- Educate minority communities regarding nursing as a career.
- Increase minority students' and their advisors/counselors' understanding of the academic requirements necessary to facilitate access to a professional nursing program.
- Increase the overall number and percentage of baccalaureate-prepared minority nurses in the basic nurse workforce. At least two-thirds should hold baccalaureates or higher degrees by the year 2010. (National Advisory Council on Nurse Education and Practice, 2000, p. viii)

The Sullivan Commission (2004) reported that few models of successful minority student development and recruitment exist. After studying the perceptions of nursing faculty in a Native American Family Nurse Practitioner Recruitment Program, Dickerson and Neary (1999) concluded, "Maintaining professional standards in the tradition of Western medicine overrides efforts to provide individualized programs that are culturally relevant for other groups" (p. 63). The states with the highest percentage of the population being American Indian and Alaska Native were Alaska (19%), Oklahoma (11.4%), New Mexico (10.5%), South Dakota (9%), Montana (7.4%), and North Dakota (5.5%; Freeman & Fox, 2005). Therefore, it was surmised that these six states would be more highly vested in the success of American Indian and Alaska Native students.

Nursing Education Programs

Programs within the specialty of nursing education dedicated to the recruitment and retention of American Indian and Alaska Native students reflect the diversity of their community needs, their location, and their students. These special programs are mentioned in professional journals, highlighted on school websites and newsletters, but little research is available addressing these programs.

Recruitment and Retention of Alaska Natives into Nursing Program

The University of Alaska Anchorage School of Nursing (DeLapp, Hautman, & Anderson, 2008) offers campus housing in the Nightingale Wing specifically for students in the Recruitment and Retention of Alaska Natives into Nursing (RRANN) program and other pre-nursing and nursing students. A newsletter highlighting the RRANN program is distributed across the state to high school counselors, regional Alaska Native health organizations, and prospective students. Monthly stipends are available to RRANN students who meet the requirements. The program also includes mentoring and tutoring. Request for tutoring increased from 36 in 2003 to 61 in 2004. In the 2004-2005 academic year, 82% of students passed the classes in which they had been tutored. Between 1998 and 2005, 66 Alaska Native/American Indian students were admitted to the associate and baccalaureate programs. Of those students, 70% had already graduated and all of those students were successful on the NCLEX-RN--only one student needed a second attempt (DeLapp et al., 2008).

Recruitment Enhancement Cultural Affirmation Project

One of the objectives of the Recruitment Enhancement Cultural Affirmation Project (RECAP; Edwards et al., 2009), through the University of Oklahoma Health Sciences Center College of Nursing, was to increase the number of African American, Hispanic, American Indian, Asian, and educationally disadvantaged White BSN graduates (Edwards et al., 2009). Methods and strategies included identifying the students after being admitted to the BSN program and providing an intensive orientation prior to the start of classes. Orientation included information about the project including

mentoring, educational counseling, cultural affirmation activities, and training in using web-base courses. HeartMath® and Buzan's (2002) Mind Mapping--"two success-oriented teaching approaches" (Edwards et al., 2009, p. 65)--were used. Additional strategies included learning style assessment, test taking skill development, thinking like a professional nurse case scenarios, individualized academic learning plan, a study room with selected books and journals, computer access, weekly academic enhancement opportunity with project faculty, and the opportunity to receive mentoring from a community elder and professional nurse from the student's own ethnic racial background. Some students received financial stipends. The year prior to initiating the project, 45 minority students graduated. At the end of the second year of the project, 70 minority students graduated; 96% of the students passed NCLEX the first time and 100% of the students passed NCLEX the second time.

Caring for Our Own Project

Caring for Our Own Project (CO-OP) is a program at Montana State University-Bozeman (MSU) designed to provide a support network for Native American students wanting to earn a BSN (Chafey & Lefthand, 2005). Partners in the program include MSU, Native American nurses, tribal college administrators, Indian Health Services officials, and tribal leaders. The CO-OP project offers each student an individualized plan for tutoring; help with non-academic issues such as housing, child care, financial counseling, referrals for personal and career counseling, and assistance arranging summer employment; externships; job shadowing; and contact with nurse mentors on partner reservations. In addition, staff members help students deal with the demand of living in

two worlds. The project began in 1999 with an enrollment of 14 native students. In the fall of 2004, there were 39 students (Chafey & Lefthand, 2005).

Culture Care Diversity and Universality Theory

The theory of Culture Care Diversity and Universality, often referred to as the Culture Care Theory, is a nursing theory developed by Leininger (2001) that laid the foundation for what is now referred to as transcultural nursing. Culture Care Theory focuses on what is universal (common) and diverse (different) about human caring within different cultures. Understanding these commonalities and differences, and making appropriate adjustments, leads the nurse to provide culturally congruent care. Although the theory may use familiar words such as caring within the context of the theory, they have been given very specific meanings. The following mini-glossary of terms is provided for those less familiar with the Culture Care Theory terminology.

- **Culture** refers to patterned lifeways, values, beliefs, norms, symbols, and practices of individuals, groups, or institutions that are learned, shared, and usually transmitted intergenerationally over time.
- **Culture Care** refers to the synthesized and culturally constituted assistive, supportive, and facilitative caring acts toward self, or others focused on evident or anticipated needs for the client's health or well-being or to face disabilities, death, or other human conditions.
- **Culture Care Diversity** refers to cultural variabilities or differences in care beliefs, meanings, patterns, values, symbols, and lifeways with and between cultures and human beings.
- **Culture Care Universality** refers to commonalities or similar culturally based care meanings ("truths"), patterns, values, symbols, and lifeways reflecting care as a **universal humanity**.
- **Cultural and Social Structure Dimensions** refers to the dynamic, holistic, and interrelated patterns of structured features of a culture (or subculture), including religion (or spirituality), kinship (social), political (legal), economic, education, technology, cultural values, philosophy, history, and language.

- **Culturally Competent Nursing Care** refers to the explicit use of culturally based care and health knowledge in sensitive, creative, and meaningful ways to fit the general lifeways and needs of individuals or groups for beneficial and meaningful health and well-being or to face illness, disabilities, or death.
- **Culture Care Accommodation and /or Negotiation** refers to those assistive, supportive, facilitative, or enabling creative professional actions and decisions that help people of a designated culture,(or subculture) to adapt to or to negotiate with others for meaningful, beneficial, and congruent health outcomes.
- **Culture Care Preservation and/or Maintenance** refers to those assistive, supportive, facilitative, or enabling professional actions and decision that help people of a particular culture to retain and/or maintain meaningful care values, and lifeways for their well-being, to recover from illness, or to deal with handicaps or dying.
- **Culture Care Repatterning and /or Restructuring** refers to the assistive, supportive, facilitative, or enabling professional actions and decision that help clients reorder, change, or modify their lifeways for new, different, and beneficial health care outcomes.
- **Environmental Context** refers to the totality of an environment (physical, geographic, and sociocultural), situation, or event with related experiences that give interpretative meanings to guide human expression and decisions with reference to a particular environment or situation.
- **Ethnohistory** refers to the sequence of facts, events, and developments over time as known, witnessed, or documented about a designated people of a culture.
- **Emic** refers to the local, indigenous, or insider's view and values about a phenomenon.
- **Etic** refers to the outsider's or more universal views and values about a phenomenon.
- **Health** refers to a state of well-being or restorative state that is culturally constituted, defined, valued, and practiced by individuals or groups that enables them to function in their daily lives.
- **Human care/caring** refers to the abstract and manifest phenomena with expressions of assistive, supportive, enabling, and facilitating ways to help

self or others with evident or anticipated needs to improve health, a human condition, or a lifeway or to face disabilities or dying.

- **Transcultural Nursing** refers to a formal area of humanistic and scientific knowledge and practices focused on holistic culture care (caring) phenomena and competencies to assist individual or groups to maintain or regain their health (or well-being) and to deal with disabilities, dying or other human conditions in culturally congruent and beneficial ways.
- **Worldview** refers to the way an individual or group looks out on and understand their world about them as a value, stance, picture, or perspective about life or the world. (Lieninger & McFarland, 2002, pp. 83-84)

The following definitions of other terms are often used when discussing culture care and nursing:

Acculturation refers to the process by which an individual or group from Culture A learns how to take on many (but not all) values, behaviors, norms, and lifeways of Culture B.

Assimilation refers to the way an individual or group from one culture very selectively and usually intentionally selects certain features of another culture without necessarily taking on many or all attributes of lifeways that would declare one to be acculturated.

Cultural bias refers to a firm position or stance that one's own values and beliefs must govern the situation or decisions.

Cultural care conflict refers to signs of distress, concern, and nonhelpful nursing care practices that fail to meet a client's cultural expectations, beliefs, values, and lifeways (Leininger & McFarland, 2002).

Cultural imposition refers to the tendency of an individual or group to impose their beliefs, values, and patterns of behavior on another culture for varied reasons.

Culture-specific care/caring refers to very specific or particular ways to have care fit client's needs.

Enculturation refers to the process by which one learns to take on or live by a particular culture with its specific values, beliefs, and practices (Leininger & McFarland, 2002).

Many research studies have utilized the Culture Care Theory and research method. In their book, Leininger and McFarland (2002) provide 19 examples of the theory being used to understand cultures: Anglo-Americans, Arab Muslims, African Americans, South Africans, Euro-Americans, Urban Namibians, Mexican Americans, Philippine Americans, Polish Americans, Finnish women, Taiwanese Americans, Native Americans, Lithuanian Americans, Japanese Americans, Jewish Americans, and Russian Jews. Other countries represented are Canada, Australia, and India. The Culture Care Theory and research method are not only used to look at caring in the context of health but have also been used to study factors in education. Project OPEN (McFarland et al., 2006), which focused on enabling culturally diverse students from educationally and/or financially disadvantaged backgrounds to enter and succeed in baccalaureate nursing education, utilized the Culture Care Theory for the framework to develop the project but also as a means to evaluate it (McFarland et al., 2006). Factors influencing the teaching of culture care were studied by Mixer (2008) using the theory and research method.

Conclusion

Health disparities among ethnically diverse populations including Alaska Native people have been identified and documented in research literature. Discussion and research regarding these disparities are often framed in the context of specific disorders.

Three major reports that addressed health disparities among ethnically diverse populations were Healthy People 2010 (2000), The National Healthcare Disparities Report (U.S. Department of Health and Human Services, 2006a), and The Rationale for Diversity in the Health Professions Report (U.S. Department of Health and Human Services, 2006b). Likewise, disparities in education among Alaska Native and American Indian students have been documented (Freeman & Fox, 2005; Sullivan Commission, 2004). Barriers to success of ethnically diverse nursing students have been identified (Condon, 1996; Evans, 2004; Dickerson et al., 2000; Reid et al., 2005; Weaver 2000) as well as factors contributing to their success (Condon, 1996; Dickerson et al., 2000; Weaver, 2000; Yurkovich, 2001).

Often studies made no distinction between Alaska Natives and American Indians. What was lacking in research was a representation of successful Alaska Native nursing students. Previous research has not fully addressed the generic and professional care factors that promote their success nor does it address factors that might affect culturally congruent education within the classroom. This study aimed to discover factors within the classroom that promote and improve Alaska Native nursing students' success.

CHAPTER III

METHODOLOGY

Ethnonursing Research Method

This study used the ethnonursing research method developed by Leininger (2001). This method was designed specifically for the Theory of Culture Care Diversity and Universality. It is an open inquiry method within the qualitative research paradigm (Leininger, 2001). This method supports the nurse researcher in learning from *the people* in order to provide culturally congruent care. In this study, the ethnonursing method was used to learn from Alaska Native nurses in order for nurse educators to provide culturally congruent learning experiences. The ethnonursing method incorporates the use of Enablers--flexible and personalized tools developed to aid the researcher in gaining in-depth knowledge related to the domain of inquiry.

The domain of inquiry enabler identifies the specific interest and focus of the research study. In this study, the domain of inquiry was the cultural care of academically successful Alaska Native nursing students within the context of the postsecondary classroom. An inquiry guide enabler was used by the researcher to guide the interviews. Two inquiry guide enablers were used in this study--one for interviewing people who were not Alaska Native nurses (see Appendix A) and one for interviews with Alaska Native nurses (see Appendix B). The inquiry guide used with those who were not Alaska Native nurses was shorter and less structured, allowing the researcher flexibility during

the interview. It accommodated a variety of ways in which people might have knowledge about the domain of inquiry, e.g., an interview with a college instructor would be different than an interview with a student housing staff member. The inquiry guide used to interview Alaska Native nurses was more in-depth in order to understand factors associated with the domain of inquiry. The Sunrise Model Enabler (see Appendix C) assisted this researcher when considering the multiple factors and influences that related to the domain of inquiry. It was also used by the researcher to develop the interview questions for Alaska Native nurses.

Data Collection

Selection of Informants

Participants in ethn nursing research are designated as either key informants or general informants (Leininger, 2001). Key informants are considered to be most knowledgeable about the domain of inquiry by providing the *emic* or insider view. General informants, perhaps less knowledgeable about the domain of inquiry, have insight due to their relationship or association with the topic. When conducting a small study, Leininger suggested six to eight key informants and 12 to 16 general informants. For a large study, the recommendation is 12 to 15 key informants and 24 to 30 general informants, following a general rule of 1:2 key informants to general informants. In a qualitative study, a strict number of participants is not set; it is determined by saturation (i.e., responses are becoming repetitive and no new information is being collected).

There is much cultural diversity among Alaska Native people. In Alaska, there are 11 Native cultural groups and 20 different Native languages. The Alaska Native people continue a subsistence lifestyle based on the natural resources in their region. The

people in the interior region of Alaska live along rivers; whereas, those in the North, Southwest, South, and Southeast live along the sea (Alaska Native Heritage Center, 2008). Key informants for this study were Alaska Natives who had graduated from a nursing school that educated students to become registered nurses. As graduates of a nursing program, they met this study's definition of being successful. The inclusion criterion was not based on passing the NCLEX-RN examination, did not specify the location of the nursing school(s) the nurse attended, and did not specify where they lived or worked.

General informants for this study were people who had insight concerning the domain of inquiry, most specifically the classroom environment. This researcher hoped educators of Alaska Native students would participate in the study. Other general informants might be student advisors, staff from programs designed to support Alaska Native and American Indian students, and referrals from key informants.

This study used convenience sampling as well as snowballing and networking. Recruitment efforts began with Alaska Native nurses who were known to the researcher. Recruitment efforts also involved word-of-mouth referrals. The researcher sent letters inviting people to participate in the study. These letters were sent to institutions that might have had Alaska Native nursing students or institutions that might have had Alaska Native nurses as part of their workforce.

Human Subjects Consideration

Approval for this study was obtained from the University of Northern Colorado's Institutional Review Board (IRB; see Appendix D). Because this study involved individual nurses who were not from a specific tribe, specific school, or specific place of

employment, no additional IRB was sought. A signed informed consent was obtained from each participant (see Appendix E). During this process, they were told that their involvement was voluntary and they could withdraw at anytime without any negative consequences imposed by the researcher. Participants were informed of the nature of the interview questions. Efforts taken by the researcher to protect their confidentiality and privacy were explained. Recordings and the transcription of the interviews will be kept in a locked cabinet for five years. No identifiable risks or benefits are associated with participation.

Interviews

This researcher anticipated that most interviews would take place over the telephone and not in person due to the potential for participants to be in various geographic locations. Financial limitations and the high costs associated with travel made face-to-face interviews unlikely. Interviews were recorded and later transcribed by a professional transcriptionist.

Data Analysis

Leininger's phases of ethnonursing analysis for qualitative data were used to analyze the data (Leininger & McFarland, 2002). There were four phases in the data analysis. The first phase involved collecting, describing, and documenting raw data. During this phase, the transcribed text was compared to the recorded interviews for accuracy. In addition, the recordings were reviewed to gain contextual meaning and insights unique to auditory communication, e.g., changes in the informants' voice, pauses in their speech, and changes in their tone.

During the second phase of data analysis, the data were coded and classified. While studying the data at this phase, the researcher looked for similarities and differences, understanding descriptors, and identifying recurring components. In phase three, the researcher looking for saturation of ideas and recurring patterns. The researcher gained an understanding of the similarities and differences of meaning, expressions, interpretations, and explanations. During phase four, the researcher identified themes and interpreted findings. The researcher also developed recommendations based on the analysis of the data (Leininger & McFarland, 2002). Although it was anticipated that a computer assisted, qualitative data analysis program might be utilized in the analysis process, this did not occur.

During the analysis, the researcher addressed the following criteria for qualitative ethnonursing studies: credibility, confirmability, meaning-in-context, recurrent patterning, and saturation (Leininger, 2001). Credibility deals with the accuracy and believability of the study. In order to have credibility, the researcher sought an insider view of the domain of inquiry through key informants. The researcher was diligent in checking for accuracy in data transcription. To address confirmability, during the interviews, the researcher sought feedback from the informants to confirm that the researcher had correctly understood what the informants expressed. Meaning-in-context addresses how data are understood and relevant within specific frames of reference. The researcher used the data and other knowledge to gain contextual understanding. Recurrent patterning refers to repeated instances or experiences that occur over time. It was anticipated that the data collection and analysis would occur over a minimum of six months and that the experiences of informants would have taken place over a wide range

of time. Saturation was addressed when the researcher reached a point where no new insights were forthcoming from the informants. In other words, the researcher exhausted the exploration of the inquiry domain. Transferability refers to whether or not findings from this study could be transferred to another similar context or situation. Findings from qualitative studies are not generalizable; however, it was anticipated that the findings from this study would be relevant to similar situations. To add to the rigor of this study, the raw data and the analysis of that data were examined by a nurse researcher certified in transcultural nursing.

Dissemination

The completed and approved dissertation will be available through the University of Northern Colorado. However, out of respect for Alaska Native nurses who participated in this study, their input was sought regarding their preferences of where and how knowledge gained from this research study should be disseminated (Struthers, Lauderdale, Nichols, Tom-Orme, & Strickland, 2005).

CHAPTER IV

RESULTS AND FINDINGS

Introduction

In this chapter, the study findings are presented. The ethnohistory and ethnodemographic data provided by the participants aided the researcher in understanding the environmental context of these successful Alaska Native nursing students and the nurse educators who teach Alaska Native and American Indian students. Seven themes and the patterns that supported those themes are presented. Direct quotes taken from the data are shared to illustrate the informants' worldviews that contributed to the theme development.

Ethnohistory and Ethnodemographics

This study was conducted with five Alaska Native nurses (key informants) and five nurse educators who have taught Alaska Native/American Indian nursing students (general informants). Tribes represented by the Alaska Native nurses were Inupiaq Eskimo, Yupik Eskimo, Tsimshian, Tlingit, and Alutiiq. Although unintentional, this small group of informants represented the diversity among Alaska Native people. The Alaska Native Heritage Center organized the 11 Alaska Native cultures into five regions (see appendix F). The Alaska Native nurses who participated in this study represented four of those five regions. At least two of the five informants had one non-Native parent. All of the Alaska Native nurses were female. The age range was 26 to 63 years. All of

the key informants were originally from rural areas in Alaska. Because there are so few Alaska Native nurses, to protect their confidentiality, the names of their specific villages were withheld. Regarding education, some of the participants had attended boarding schools in either Alaska or Oregon for primary and/or secondary education. Four of the nurses had bachelor's degrees in nursing and one had an associate degree. They were either the only Alaska Native student in their nursing classes or just one of very few. They all reported that none of their nursing instructors were Alaska Native. The amount of time working as a nurse ranged from nine months to 32 years. The work areas included public health, epidemiology, in-patient/hospital, and out-patient/clinic. Nursing employment was in both rural and urban settings. Despite working with client/patient populations that ranged from 25%-100% Alaska Native, again they were either the only Alaska Native nurse or just one of very few at their worksite. Of the five Alaska Native nurses, four were currently working as nurses. At the time of the interviews, three of the Alaska Native nurses were living in Alaska and two were living in the contiguous United States.

The five nurse educators who participated in this study were contacted because they had been identified by an Alaska Native nurse as being a particularly good educator or they were identified by other educators as having specific experience related to this topic. Among the five nurse educators, four of them used the descriptors of Caucasian, Northern European, White, or Norwegian as their racial identities. One of the nurse educators used a descriptor of a specific ethnicity; however, that information was withheld to maintain her confidentiality. All of the nurse educators were female. The age range was 56 to 62 years. All of them had experience teaching Alaska Native

students and two of the nurse educators had additional experience teaching American Indian nursing students. Three of the nurse educators were currently in Alaska and the other two were working in a state located in the western region of the contiguous United States. The sample included didactic and clinical instructors. Three of the nurse educators taught at a public university with satellite locations and two taught at a private college.

Major Research Findings

Data analysis was conducted using Leininger's (2001) four phases. No qualitative software was used. During phase one, the researcher compared the professionally transcribed text with the interview recordings to check for accuracy. Through phase two, the researcher used both the recordings and the transcriptions to look for recurring components. In phase three, the data were examined for recurring patterns and saturation of ideas. In the final phase, themes were identified and findings were interpreted. Through this data analysis process, the researcher identified seven themes regarding the care expressions, practices, and patterns of Alaska Native nurses and nurse educators within the context of the nursing school experience.

Theme I

Alaska Native nursing students' self-care is linked to addressing the need for family. Often Alaska Native students traveled away from home and family to attend nursing school. Part of their success in nursing school was based on meeting their personal need for family. This took one of two forms; either the student made new relationships on their own or they were aided in this process by a school-based program designed to help the student adjust to being away from family. One Alaska Native nurse

stated, “What got me through was I made family and friends with the local tribes there and worked part time at [clinic name withheld by researcher] and got to know people. And then the college I went to was small. So, I made my own family and support system.” Later in the interview, this same nurse offered,

I think part of the biggest advice is that we have Native American help everywhere and they’re always welcoming other tribes. If you don’t have your own in that community, make one. You know, find one. Find a local tribe tribal health... Find the local clinic and make friends there and learn about another Native tribe. And pretty soon, they’ll be your family too.

Another key informant gave credit to non-native classmates: “I had a really good peer group in my nursing program. So, that kind of helped me.”

When asked if she felt a conflict between nursing school and family, another Alaska Native nurse shared, “Especially, it was just sort of times of the year, during hunting and fishing. You know, I missed two summers of going fishing because I had to go through the nursing program. That time to spend with them and to do that. I really missed that.” She, and two other of the key informants were able to make connections through a school-based program. Through the program’s monthly meetings and get-togethers, the students met other Alaska Native students, were able to spend time with them, and developed a network. One of them stated, “That was very valuable.”

Theme II

To Alaska Native nurses and the nurse educators teaching them, communication is a universal need with cultural diversity. Effective communication is an essential element to effective teaching and learning. Both the nursing students and the nurse educators recognized their differing ways of communicating and both the

nursing students and nurse educators made adjustments. This theme was supported by the difference in the use of *facial expressions*, *eye contact*, and *slower pace*.

Both the Alaska Native nursing students and the nurse educators were aware of differences in non-verbal communication involving facial expressions and eye contact. A nurse educator shared, “You may need to be aware of subtle ways of saying ‘Yes’ (i.e., the raising of the eyebrows for saying “Yes” in the Yupik culture).” Comments from an Alaska Native nurse confirmed that nurse educator’s observations and offered this explanation regarding the use of eyebrows, “We used a lot of facial gestures in school [in the village] too. Like when we say ‘Yah’ for ‘Yes’,” we tend to raise our eyebrows, you know, instead of answering.” Another non-verbal form of communication involved eye contact. Alaska Native people tend to use less direct eye contact than the dominant European-American culture. A former nursing student said, “I had to learn to look people in the eyes because I have a tendency to look down when I’m talking to people or looking away when I’m talking to people.” The nurse educators, aware of cultural differences, did not view that in a negative way. As one nurse educator stated, “The student may not be looking you in the eye...and that’s OK. I mean, that’s a show of respect.”

Former Alaska Native nursing students and their educators noticed the pacing of the Alaska Native students speech was slower and allowed time for reflection before speaking. One Alaska Native nurse shared, “I always felt sometimes I couldn’t get a word in edgewise when they were having class discussions.... I noticed that I take long pauses and think before I respond.” The nurse educators participating in this study recognized the slower pace and made personal adjustments. One nurse educator shared,

“They [Alaska Native nursing students] talk a lot slower many times than what I would in the past. I’ve learned to slow down a little bit.” Another nurse educator said, “I think that I am the person who probably speaks too quickly sometimes. And I’m pretty direct about things....so I have to try to consciously slow myself down in the classroom.” Not all nurse educators whom the Alaska Native nursing students had as instructors were skilled at communication and there is room for improvement. One Alaska Native nurse stated, “I did find that there were some professors who didn’t acknowledge or even understand cross-cultural communications.”

Theme III

Alaska Native nursing students are stressed by living in two worlds. For Native and non-Native nursing students, there are difficulties associated with moving away from home to attend school. Some students may miss family events, lose emotional support, have increased financial burdens, or are in unfamiliar surroundings. However, the Alaska Native nursing student carries an additional burden of living in two worlds. Both an Alaska Native nurse and a nurse educator referred to the term “apples.” This term is used by Native people to describe Native students who leave the village to further their education: “They’re red on the outside but White on the inside.” One nurse educator empathized with the Alaska Native students: “It must be so difficult because many times they are torn between staying in the village and living with their parents and their families, and then going forth and getting a job as a nurse.” The following statements were made by one Alaska Native nurse:

And you cannot change someone’s culture just because he wants to succeed in a different culture. And it’s very hard to walk in two different worlds. Success for me, as a Native woman, is not the same as success for me as a White girl. And I can say that because I’m part White. But they are two and they are, at times, at

odds.... There's a heavy burden on a lot of Native people who are trying to succeed in American society.... It's hard to live in two different cultures and be successful in both because success is not defined in the same way in both. And there's also a burden of being not like yourself. That's a hard thing with the internal struggle.... And half of them [Alaska Native high school friends] don't talk to me anymore because I act too White.... because I use too big a words. Because I'm showing off how smart I am. Because I'm selling out. Because-- Have you ever heard of an "apple?"... And it's hard physically. It's hard emotionally. It's hard internally.... The whole spectrum of anything you could possibly feel is hard.

Theme IV

Alaska Native nursing students experience culturally non-congruent and non-caring events in the classroom. Alaska Native students have had interactions with fellow students and nurse educators that were hurtful. During the interviews, an Alaska Native nurse and a nurse educator mentioned the word *safe*. The Alaska Native nursing student needs to feel safe and supported in order to share their thoughts in the classroom. One of the Alaska Native nurses felt that having an Alaska Native nursing instructor would be great; almost as if she knew that was unlikely to happen, she shared that if there were more Alaska Native students in the classroom they would feel more supported. An Alaska Native nurse was willing to share the following event that took place when the nurse educator was not in the classroom:

One thing that really stands out that made me feel the difference between Native students and non-Native students was there had been [details omitted but a public figure made] a really disgusting race remark about Alaska Native women. And I was talking about it with the other Native students there, the Native girls in my class. And was actually speaking up about it. And, I don't know [details omitted], I got teased for it by a non-Native girl who's really obnoxious. But I felt like she was silencing me for talking about something. It made her uncomfortable that I was actually speaking.... And it made me feel a very big divide. It made [pause]. She shouted over the rest of the class...and it was silencing. And I was embarrassed...and I stopped talking. And I am *sure* that it

was because she didn't feel comfortable with Native students speaking, speaking passionately about something.

That Alaska Native nurse did not inform her instructor of the event.

The non-caring offender is not always a student. The following example, provided by one of the Alaska Native nurses, is of a nurse educator saying something that was insulting to that Alaska Native nursing student:

The instructor talked about how Alaska Natives have very poor dentition. You know, and she said it just like that. "Alaska Natives have very poor dentition. And that's something you need to be aware of writing your assessments." I was insulted by that....there are a number of Alaska Natives who don't necessarily have care, access to dentists. You know, out in the rural community? Maybe the dentists will come by once or twice a month. So you don't see them as often. It's hard to get in. Perhaps you don't have... They may have problems with their teeth, but I thought it was *really* uncalled for.... And I'm not even sure why she brought it up or why she felt she had to share that. I don't know. [Interviewer seeking clarification, "My thought is that the correct thing is that we need to check all of our patients' dentition."] Yes. Yes. But she specified. [Interviewer seeking clarification, "But she singled out a group of people specifically."] She did. ...I mean, she's non-Native and.... I'm not confrontational. And I didn't say anything.

The topic of racial bias is difficult for people to acknowledge and talk about; however, Alaska Native students are exposed to it. A nurse educator stated, "I hate to say that in 2011 that racism is...it still is real. And I've heard that from some of the students on our [name deleted] campus, about Natives on our campus, that it's still there and present." An Alaska Native nurse, referring to an incident between her and a non-Native instructor, shared,

I'm going to make a broad and general statement. I think that there are some people who think that Natives are not smart and that we come from kind of a trashy, I mean a relatively trashy background or whatever. And that...we're easy to push around or whatever. But I would hate to actually verbalize that. Because I would hate for that to be true.

Theme V

Nurse educators who promote the success of Alaska Native nursing students value and respect the Alaska Native students. This theme is supported by *identifying the positive attributes of individual students* and *viewing diversity in the classroom as a good thing*. During the interviews with the nurse educators, it was very apparent that they valued the Alaska Native nursing students and wanted them to be successful at becoming nurses. These nurse educators saw their Alaska Native students as being capable of achieving success in nursing school. The following comments made by nurse educators demonstrate the positive way they see Alaska Native nursing students. “She was very bright and very highly motivated.” “...she did a *wonderful* presentation.” “The students who we’ve encountered in our program have been highly independent, highly self-motivated....They were very good students.” “They were also quite sensitive to other students and other students’ needs, too. They were very sympathetic.” “They’ve got a lot of courage to do this.” “I do think they can be very good nurses and that they should feel encouraged that it is their style to go at things more carefully and slowly.” “They really did well Just being able to think in a more creative way.”

The culture of the nursing profession has been influenced by the people who comprise that population. In the United States, that population has been predominantly White females. The nursing profession supports diversity among nurses; yet the majority of nursing students continues to be White females. The nurse educators felt increasing the number of Alaska Native nurses would have a positive effect toward decreasing health disparities among Alaska Native people. The nurse educators shared their thoughts about what barriers needed to be overcome to increase the number of Alaska

Native nursing students. Some barriers included challenges to primary and secondary education, developing strong math and reading skills, and financial and geographic barriers. The nurse educators did not think they held the solutions to overcoming those barriers. It was felt that many people representing a wide variety of disciplines would need to be involved. But most importantly, the Alaska Native people would need to be involved-- they hold the solutions. The following comments made by the nurse educators demonstrate that they *view diversity in the classroom as a good thing*.

They [Alaska Native/American Indian nursing students] have the potential to bring such a richness to programs.... We need those students in our classrooms to see that people have very different life experiences and alternative, complementary ways of treating healthcare.

That's what's so wonderful about Alaska, is there's so many different cultures.

These students have a lot to offer. Yes, they do need to do the task. And yes, they do need to know the theory. And yes, they do need to know how to be a nurse. But they have some other things that they can bring to the table. And we have to be aware of their—the gift that they can bring.

One nurse educator said she had a soft place in her heart for students who come from high-risk populations, whether it was Alaska Native, Native American, or other people. In the context of health disparities and the few nurses who come from high-risk populations, she shared, “That’s one of the areas that I’m really passionate about promoting. That we try to help people who come from vulnerable backgrounds be more successful so that they can be nurses.”

Theme VI

Alaska Native nursing students have experienced culturally congruent care from nurse educators who promote the success of Alaska Native nursing students.

Patterns that support these themes were the nurse *educators' attributes* and *teaching*

strategies. The five Alaska Native nurses who were interviewed for this study described nurse educators who they felt promoted their success. Some comments regarding those educators' attributes were vague, describing the educators as "great" or "excellent."

Other statements were more descriptive. The following excerpt is lengthy but the interviewer had asked for specifics and in particular asked the Alaska Native nurse to explain what she meant by "welcoming."

Well, the [clinical] instructor I had was awesome, you know. She was so gentle and she really listened to what I was saying.... And she really helped to guide me...and she'd check in on me every once in awhile throughout the day and asked me how things were going. ...she was really good and attentive. And she was able to talk with you-- just help you through it and she really encouraged me. And so--I felt really lucky to have her as an instructor.... She was really patient.... She was very approachable....she wasn't a loud person....but she was very welcoming.... She just had that demeanor where, you know, she didn't look like she was aggressive.... If you went up to her, you know, she'd give you all of her attention....she wouldn't really interrupt.... When I talked to her, she would just like kind of lean in a little bit and she was just pretty quiet throughout. She'd let me talk. ...She just asked me how I felt about it. And she was kind of guiding me through, to do what I was saying.... And she kind of helped me figure out when--just kind of do it on my own.... Like she wouldn't say it, just guided me.

Another Alaska Native nurse credited the relationship she had with a nurse educator.

Like my professor that I mentioned [name omitted] probably was my biggest support person. She would—we would meet regularly. In bigger schools, you never really have a close personal relationship with your advisor. And I had a close personal relationship with her that helped me. I think it's probably the most specific thing that helped me through school.... her understanding of the differences between being Native versus non-Native and what that means in the classroom or in how we communicate.

One Alaska Native nurse described one of her distance instructors as having a beautiful spirit, joyful, and wicked smart. She added, "My heart was always higher when I talked to her." One Alaska Native nurse described an advocate, a nurse educator who recognized that she was the only Alaska Native nursing student in the program: "And I

think she probably mentioned that to the professors regarding helping me through the nursing program.”

The nurse educators used a variety of teaching strategies to promote the success of their students. The Alaska Native nurses and the nurse educators referred to the students as being quieter in the classroom, less likely to speak out than non-Native students and not bringing attention to oneself. An Alaska Native nurse shared, “I feel like the teacher would ask questions and I’d know the answer, but generally I wouldn’t answer it. Just because I didn’t want to bring attention to myself and that was another thing I had to get over”. Another Alaska Native nurse explained it this way, “I am a little less direct with-- a little less direct than some of my fellow nursing students. And so, I wouldn’t say anything negative upfront and outright. I’d be a little more oblique about it.” And another Alaska Native nurse said it this way, “Even though I was quick and had the things in my head, I didn’t raise my hand and blurt out the answers.... I think good professors can see that.” Nurse educators familiar with communication styles of Alaska Native students did recognize this. One nurse educator stated,

They come from a perspective of “You don’t try to flaunt what you know.” So, like when you’re asking questions in class ... they’re not really likely to be the student who’s going to raise their hand and answer that question because they aren’t going to try to make themselves look better than other people.

Because of this, the educators would make adjustments and “invite” them to share in the classroom. A nurse educator shared that it had to be done in a “subtle way” to “draw things out,” asking the student if they would be willing to share with the class. She went on to say that you have to respect that they are not coming from the same educational background where you are encouraged to try to make yourself look smart. For that

reason, they might share in discussion groups of two or three students, if they felt safe, rather than groups of 14 or 25.

When individual Alaska Native nurses were asked if they felt they had a particular learning style, they said no. But when asked specifically about group work, most of the Alaska Native nurses mentioned that they liked group work; the nurse educators confirmed that as well. One nurse educator explained, “Family and group is a huge, a *huge* important part of life in the village and life in the Alaska Native families. So, I mean, the success of the group or the success of the family is paramount.” Reflecting back on individual Alaska Native students and group projects, she shared, “They really pulled together and did an excellent, excellent job.”

A clinical instructor felt the Alaska Native nursing students who grew up in the rural areas

really do operate to a different pace and do have trouble with all those rigid time demands [in the hospital setting].... I have to really work on turning this into a manageable work for them to do. And slow myself down. And work with them to get their work organized. And to approach it systematically. And, I think, to encourage them also.

She added,

I really try to encourage them, that I worry less about people who are doggedly determined, who maintain a slower pace but to do things correctly, than I do about people who are just real cracker jacks and moving through so quickly that I worry about them making mistakes. So, I think I have to slow myself down. Help them to adapt for the pace and just really encourage them to-- that they really are on a right path for this environment.

In addition to the positive influence the nurse educators had on their success, the students gave credit to the Native studies programs at their schools and to programs that were developed specifically to promote the success of Native students. These programs provided social connections, tutoring, and financial assistance.

Theme VII

Alaska Native nurses provide universal and diverse culture care to Alaska Native people. This theme was supported by the patterns of *cultural knowledge*, *communication*, and *community connection*. The 10 informants who participated in this study shared a universal goal--to decrease the health disparities among Alaska Native people. The non-Native nurse educators clearly felt that Alaska Native people would benefit by having Alaska Native nurses caring for them. This does not presume that all nurses taking care of Alaska Native people need to be Alaska Natives themselves or that Alaska Native people do not benefit from the care provided by non-Native nurses. As one nurse educator shared, it takes an Alaska Native nurse with the cultural knowledge, and knowledge of the climate and geography, as well as good science to blend them so care can be given in the best possible way. With passion in her voice, this nurse educator went on to say, “It *has* to be Alaska Natives providing Alaska Native healthcare, at least as the leader. Somebody like me [a non-Native nurse from out of state] could go up and be a follower and say, ‘Tell me what the best way to do this is’.”

All of the Alaska Nurses had positive comments regarding taking care of Alaska Native people. They felt they had the respect of their patients and they felt proud. But taking care of Alaska Native people presented challenges for them as well. One Alaska Native nurse explained that her non-Native nurse coworkers could be critical of the number of Alaska Native family members who came to the hospital to support their ill family member. “They can’t relate culturally to anything except their own culture. And they’re judging other people by their own standards instead of the other group of people’s standards.” She shared,

If you have a Native in a room by themselves, then there's something wrong.... When you're sick, your whole family gathers around you. And you do sit around and you sing songs and you tell stories and you laugh.... Well, that's part of healing process to have your people around you. And when all else fails, you tell stories and laugh and joke.

An Alaska Native nurse felt she could be an advocate for her Alaska Native patients by bringing Native foods and referring them to local program services for Alaska Native people. All of the Alaska Native nurses gave examples of taking care of older patients and how the "Elder" patient and the Alaska Native nurse were glad they were there. "I go in there and I see him like an Elder, like with respect, and give him as much leeway as he needed while being helpful without making him feel shamed. I was so glad that I was there."

All of the Alaska Native nurses felt their ability to communicate with their Native patients made a positive difference. The eldest of the nurse informants, with 32 years of nursing experience, described it as being hard; the Alaska Native patients assumed she was a nursing assistant and asked if she was a "real nurse." However, she also enjoyed taking care of "my people." She felt the quality of the care they received from her was much better because she was bilingual and could speak her patients' language. Another Alaska Native nurse spoke of being the busiest nurse

because other Natives wanted to come see me because I was Native, because I could communicate like they could, because I understood some of their issues better than other people, and I wasn't preaching to them or telling them what to do or I could communicate with them in a way that they would understand.

Another Alaska Native nurse, when sharing what it was like to care for Alaska Native people, said,

I really enjoy it because I speak a little of the language and am able to speak to Elders and try to figure out what they're saying. And I feel like I'm able to communicate that--or to others. You know, if they're having the family member

come in and try to explain what's going on with them. And I feel like I know how to communicate that to them-- back to the patient. How the system works and when they're supposed to take their medicine. And I feel the people I talk to feel happier, you know, that somebody from their culture is taking care of them.

When asked if she felt it had led to better or safer care, she explained that even when nurses are speaking the same language as their patients, things get lost; when adding a language barrier, more things get lost. She felt that by crossing that communication barrier, her patients did "get just a little bit" better care.

Even the Alaska Native nurses could be treated as outsiders when visiting other villages until they were able to make a community connection with their patients and other staff members. "But once I explained who I was, where my family was from and that I was a nurse, they'd say, 'Oh, you're the one.' And the next thing you know, I'd have everybody wanting to do everything to help me to get my work done." Another Alaska Nurse shared that having gone to a statewide boarding school, she met students from all over the state:

Occasionally, I would run into a classmate or a relative of a classmate, somebody who had the same last name, and I'd say, "Hey, do you know so and so? I went to high school with them." And they'd go, "Oh, that's my cousin" or "That's my sister." You know? So that made a difference--having some kind of connection.

This was beneficial later when she was working in different Alaska villages.

However, having a connection to the community created challenges the Alaska Native nurses had to address. Because the communities are small, the nurse might have to take care of relatives or friends. This could be uncomfortable for the patient and the nurse. Regarding patient confidentiality, one nurse worded it this way to her patients: "I'm a nurse. I'm licensed. I have a degree and confidentiality is the most important thing. And I will not break that." Sometimes family members would opt to not receive

care because of the close connection. One nurse shared that because she worked at a larger hospital located in a larger community, she seldom saw her friends or family and if she did, she would try to have another nurse take care of them.

Summary

Through the process of data analysis, using the culture care theory (Leininger, 2001) as the conceptual theoretical framework, seven themes were identified from the systematic examination of the experiences, practices, and patterns of Alaska Native nursing students and of nurse educators who teach Alaska Native nursing students. Those seven themes were presented in this chapter as the research findings.

CHAPTER V

DISCUSSION OF FINDINGS

Introduction

This chapter includes a discussion of the findings as they relate to the assumptive premises that guided this research. It also presents suggestions for interventions incorporating Leininger's (2001) three action-decision care modes: Culture Care Preservation/Maintenance, Accommodation and/or Negotiation, and Repatterning and/or Restructuring (Leininger & McFarland, 2006). In addition, the significance of this study as it relates to nursing education as well as suggestions for future research are presented.

Significance of the Study

Contribution to Nursing Theory

Guiding this research was the researcher's assumption that there were similarities between providing caring in healthcare and providing caring in education to the degree that Leininger's (2001) culture care theory could be used to explore culturally congruent education and that the concept of care was relevant to education. Those two assumptions were supported; using the Leininger theory as the conceptual theoretical framework, the researcher discovered, described, and systematically analyzed the care expressions, practices, and patterns of Alaska Native nurses and nurse educators within the context of the nursing school experience. In addition to those assumptions, four of Leininger's assumptions were used.

The first of Leininger's (2001) assumptive premises used to guide this research was "Culture care concepts, meanings, expressions, patterns, processes, and structural forms of care are different (diversity) and similar (towards commonalities or universalities) among all cultures of the world" (p. 45). This assumption was supported by Theme II: To Alaska Native nurses, and the nurse educators teaching them, communication is a universal need with cultural diversity. Just as there are universalities and diversity among culture care, so is there universality and diversity among forms of communication. The Alaska Native nurses and nurse educators were aware of differences in communication and made adjustments to foster communication.

The second Leininger (2001) assumptive premise to guide this research was "Every human culture has generic (lay, folk, or indigenous) care knowledge and practices and usually professional knowledge and practices which vary transculturally" (p. 45). This assumption was supported by Theme VII: Alaska Native nurses provide universal and diverse culture care to Alaska Native people. By understanding the generic practices of the Alaska Native people and by knowing the professional practices of healthcare in the United States, Alaska Native nurses provided care to Alaska Native people. One of the key informants gave an example of generic care when describing the role of the Alaska Native family in caring for their family member. The generic practices include the entire family visiting the sick person, gathering around the sick person, singing songs, telling stories, and laughing. Along with providing professional care, the Alaska Native nurse also provided generic care by bringing Native foods to the patient and speaking in their Native language when possible. Another key informant clearly had emic (insider)

understanding when describing access to professional dental care in rural villages of Alaska.

The third Leininger (2001) assumptive premise to guide this research was

Culture care values, beliefs, and practices are influenced by and tend to be embedded in the worldview, language, religious (or spiritual), kinship (social), political (or legal), educational, economic, technological, ethnohistorical, and environmental context of a particular culture. (p. 45)

This assumption was supported by Theme I: Alaska Native nursing students' self-care is linked to addressing the need for family. The Alaska Native nursing students found ways to adjust to being away from family by making connections to other tribes, fellow Alaska Native students involved in a college program, or nursing school classmates.

This assumptive premise was also supported by Theme V: Nurse educators who promote the success of Alaska Native nursing students value and respect the Alaska Native students. Alaska Native nursing students were described in positive ways by the nurse educators. The nurse educators viewed cultural diversity among the students as providing a learning opportunity for all their nursing students.

The fourth Leininger (2001) assumptive premise was "Clients who experience nursing care that fails to be reasonably congruent with the clients' beliefs, values, and caring lifeways will show signs of cultural conflicts, noncompliance, stresses, ethical or moral concerns, and slow recovery" (p. 45).

This premise was supported by Theme III: Alaska Native nursing students are stressed by living in two worlds. As one Alaska Native nurse so eloquently shared, it is difficult to be successful in both cultures because success is not defined the same way.

This premise was also supported by Theme IV: Alaska Native nursing students experience culturally non-congruent and non-caring events in the classroom. Two Alaska

Native nurses shared stressful events that occurred when they were in nursing school that were described as cultural conflicts.

Promoting Alaska Native Student Success

Leininger's (2001) culture care theory includes three modes for action and decision by nurses; these three modes were defined in chapter II. The culture care theory does not refer to these modes as nursing interventions (Leininger & McFarland, 2006) but thinking of them in that way might be useful. These modes include what is currently being done by nurse educators and suggestions from the researcher.

Culture care preservation/maintenance. Nurse educators who promote the success of Alaska Native nursing students do so through their professional actions and decisions that help the Alaska Native nursing student preserve or maintain aspects of their culture. The following actions and decisions are culturally congruent teaching practices:

1. ***Maintain Alaska Native nursing students' ways of communicating.***

The nurse educators recognized the ways in which the Alaska Native nursing students' communication was different than their own. Nurse educators acknowledged the use of facial gestures, less direct eye contact, and the slower pace of oral communication. The nurse educators accepted the use of facial gestures and wanted other nurse educators to be aware of it as well. Regarding less direct eye contact, rather than framing it in a negative way such as interpreting it to mean the student did not come to class prepared, did not know the answer, or was trying to avoid the educator, the nurse educators viewed it in a positive way--as a sign of respect. With

the slower pace of oral communication, the nurse educators made a conscious effort to slow their own pace of speaking.

2. ***Maintain Alaska Native nursing students' sense of community by offering group activities in their course work.*** The nurse educators commented that the Alaska Native students did well with group activities and the Alaska Native nurses indicated they had enjoyed group activities. These group activities can be informal, e.g., dividing into smaller groups for classroom discussion or formal, e.g., a graded small group presentation that counts towards the students' overall course evaluation.
3. ***Maintain Alaska Native nursing students' emic worldview of their culture by inviting them to share information.*** Although it was not presented in a theme, some nurse educators in the study sought opportunities for Alaska Native students to share from their experiences. Again, this could be formal or informal and might include topics such as how healthcare is provided to people living in rural villages or the generic care practices among Alaska Native people. This allows the Alaska Native student to be the expert and provides non-Native students the opportunity to increase their knowledge of a different culture.

Culture care accommodation and /or negotiation. Nurse educators who promote the success of Alaska Native nursing students do so by their professional actions and decisions that help Alaska Native nursing students adapt to or negotiate the new roles of nursing student and nurse. The author makes the following suggestions:

1. ***Accommodate Alaska Native nursing students' desire to not draw attention to themselves.*** The nurse educators and Alaska Native nurses who participated in this study mentioned that despite knowing the answer to a question posed to the class, the Alaska Native student might not volunteer to answer the question. One Alaska Native student shared that she would be more apt to answer the question if it could be done in a written format. Although the use of technology was not explored in this study, the author suggests nurse educators incorporate the use of audience response clickers in the classroom. The nurse educator can view individual student responses since those responses remain anonymous to the other students. Rather than being called upon to give a verbal answer to the entire classroom, this would allow the Alaska Native nursing student the opportunity for active participation in a more culturally congruent manner.
2. ***Negotiate with the Alaska Native nursing student to achieve a meaningful clinical experience.*** In this study, a clinical nurse educator shared that the environment of a medical-surgical hospital unit is very time oriented and runs at a much faster pace than life in rural Alaska. To be considered successful or competent by the end of the clinical learning experience, all students are expected to be able to provide a certain level or standard of care in that environment. What is negotiable is how the nursing student arrives at that level. The author recommends that the nurse educator individualize clinical experiences, taking into consideration the cultural factors affecting the Alaska Native student. The outcome for all students remains unchanged

but the means to reach that outcome can be adjusted without changing the level or standard.

Culture care repatterning and/or restructuring. Nurse educators who promote the success of Alaska Native nursing students do so by their professional actions and decisions that help Alaska Native nursing student reorder, change, or modify their life ways to become nurses. Alaska Native nursing students are trying to become successful in two worlds. Cultural expectations that define success as a nurse may be in conflict with the cultural expectations that define success for an Alaska Native person. It is the responsibility of the *caring* professional nurse educator to help Alaska Native students with the transition. Suggestions for practice include the following:

1. ***Encourage Alaska Native nursing students as they repattern and restructure their lives to become nurses.*** In this study, the Alaska Native nurses mentioned that nurse educators who promote the success of Alaska Native nursing students were encouraging. Nursing school is difficult and Alaska Native nursing students bear the additional burden of walking in two worlds. The nurse educator needs to believe that the individual Alaska Native nursing student can become a nurse and encourage the individual student in that process.
2. ***Learn about the universalities and diversities of Alaska Native cultures to better guide the student in the areas of repatterning and restructuring.*** The nurse educators who participated in this study took actions to learn more about the Alaska Native cultures. They did this in a variety of ways: read about the Alaska Native cultures and the history of the Alaska Native

people, sought knowledge and advice from educators familiar with Alaska Native cultures, had discussions with their Alaska Native students, and visited the places in Alaska where their students came from. If a nurse educator has an Alaska Native nursing student in their course, the author suggests that the educator take steps to increase their knowledge and understanding of that student's culture.

3. *Seek and be open to ideas and suggestions on ways nursing education can be repatterned or restructured to better meet the needs of Alaska Native nursing students.* This author suggests that nurse educators who want to promote the success of Alaska Native nursing students be actively involved with other people wanting to achieve the same thing. It is crucial that Alaska Native people be involved. Increasing the number of Alaska Native nurses will require nurse educators to take guidance from Alaska Native people and repattern and/or restructure nursing education to provide more culturally congruent nursing education.

Contribution to Nursing Education

Findings from this research study supported aspects of other studies. The Rationale for Diversity in the Health Professions report (U.S. Department of Health and Human Services, 2006b) stated future studies were needed to examine the impact of racial or ethnic concordance between patients and their nurses. Based on data from this research study, it was the perception of Alaska Native nurses that both the Alaska Native patients and their Alaska Native nurses would benefit when care is provided by Alaska Native nurses.

Research done by Evans (2004) contributed to nursing education by identifying barriers to education of Hispanic/Latino and American Indian nurses; this research focused on factors that promote the success of Alaska Native nursing students. In the study by Yurkovich (2001), it was suggested that faculty need to present themselves as compassionate, nurturing, and accepting of cultural differences. Data from this research study indicated that nurse educators who promoted the success of Alaska Native nursing students were accepting of cultural differences. Condon (1996) attributed the following factors to the success of American Indian students: support/encouragement, motivation/commitment, caring/helpful nursing faculty, and financial aid/resources. Data from this study supported that finding. The Alaska Native nursing students found support among other Native people, encouragement from their nurse educators, and described them in ways that indicated they were caring and helpful. A nurse educator in this study described the Alaska Native nursing students as highly motivated. The Alaska Native nursing students had financial support from a variety of sources. In a study involving 11 American Indian nurse practitioner students (Dickerson et al., 2000), local tribes made the out-of-area students feel welcome. An Alaska Native nurse in this study who attended nursing school outside the state of Alaska found the local Natives to be a support to her as well. According to Pewewardy (2002), Alaska Native students avoided competition and preferred activities that promoted cooperation and group problem solving. Data from this study confirmed that as well.

Reflections on the Study

The researcher, who is non-Native, lived and worked in Alaska for 26 years. Prior to this study, for a course project, the researcher had interviewed an Alaska Native

nurse, one of the nurse's family members, and an educator. Therefore, the researcher had some knowledge and understanding of the domain of inquiry. Through the process of contacting Alaska Native nurses and arranging the interviews, the researcher shared her history of living in Alaska and being a nurse. This helped the researcher move from stranger to trusted friend (Leininger, 2001). In addition, during the interviews, the researcher shared her concerns about health disparities among Alaska Native people and that one of the researcher's close relatives is an Alaska Native. However, that information was usually mentioned near the end of the interviews and therefore might not have impacted the transition from stranger to trusted friend.

During the interviews, the researcher attempted to speak at a slower pace and allow enough time for the Alaska Native nurses to share their thoughts. Still there were times when the researcher spoke too quickly and inadvertently interrupted the Alaska Native nurses. Because the researcher is a nurse educator wanting to promote the success of Alaska Native nursing students, the researcher moved more quickly from stranger to trusted friend among the nurse educators. During the interviews with the Alaska Native nurses, the researcher was concerned about saying something that would offend the Alaska Native nurses. The researcher felt slightly more relaxed while conducting the interviews with the nurse educators.

Interviews were conducted over the telephone, which at times made hearing and understanding difficult. However, traveling to the various nurses' locations throughout Alaska and the contiguous United States to conduct the interviews face to face would have been cost prohibitive and very difficult to coordinate. Likewise, using computers with webcams to conduct the interviews would have depended on access to functioning

internet services, the availability of equipment, and participants' skills in operating that equipment and for those reasons was ruled out.

As discussed in Chapter I, there are not a lot of Alaska Native nurses. Locating Alaska Native nurses to participate in this study was a challenge. The small number of Alaska Native nurses who participated in this study could be viewed as a study weakness. But the strength of this study was that the emic (insider) perspective of nursing school experiences was provided by Alaska Native nurses. This researcher is humbled by their willingness to share and their hope that this study would somehow benefit future Alaska Native nursing students. This study focused on the *success* of Alaska Native nursing students and was respectful. The Alaska Native nurses and the nurse educators who participated in this study voiced that they felt the research was important and were grateful that it was being done. All of the participants were asked how the results of this study should be disseminated.

Recommendations for Future Research

This research contributed to nursing education by discovering, describing, and systematically analyzing the care expressions, practices, and patterns of Alaska Native nurses within the context of their nursing school experience. Perhaps more participants and repeated interviews with those participants would lead to a greater understanding of the domain of inquiry. Leininger's (2001) Sunrise Enabler (see Appendix C) could be used further to gain understanding of cultural meanings, context, and how technology, religion, philosophy, kinship and social, cultural values, beliefs, lifeways, political, legal, economic, and educational factors influence the promotion of successful Alaska Native nursing students within the classroom and clinical learning environments. For example,

this researcher suggested that the use of audience response clickers in the classroom might be a more culturally congruent way for Alaska Native nursing students to participate. This and the use of other teaching strategies are areas for future research. The nurse educators who participated in this study had been identified by the Alaska Native nurses as being particularly good educators or had specific experience related to this topic. One area for future study would be to have educators such as these develop faculty education related to teaching Alaska Native nursing students and then evaluate it for its effectiveness. Community-based participatory research that actively involves the community of Alaska Native nurses or nursing students could focus research in the areas they felt were beneficial. Additional areas for future ethnonursing research would be with other specific groups of nurses within the context of their nursing school experience. Suggestions for nurse educators are to learn more about the cultures of all of their students and to incorporate strategies that allow the students' worldview and voice to be shared. Foster discussion with educators that are ethnically diverse to gain further understanding. Challenge yourself to develop a learning environment that is culturally congruent for your students.

Conclusion

The culture care theory provided the framework for this study. Findings contributed to the body of nursing knowledge related to the universality and diversity of culture care. The contribution to nursing education is an increased understanding of providing culturally congruent nursing education to Alaska Native nursing students.

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APPENDIX A

GENERAL INFORMANT INQUIRY GUIDE

General Informant Inquiry Guide

Ethnodemographics

Name:	Informant #
Gender:	Age:
Place of residence: Previous places of residence	Alaska Native? Racial identity:
Association to the topic (instructor, advisor, etc.)	

1. Describe what you know or do that promotes the success of students (nursing).
2. Describe what you know or do that promotes the success of Alaska Native students (nursing). Is this somehow different than what you know or do regarding non-native students (nursing)?
3. If you had the opportunity to let others in your field know what they could do to promote the success of Alaska Native students, what would you say?

Recruitment of Other General Informants

4. Are there any educators or school staff persons that you think would be beneficial for me to interview to gain further understanding on the topic of promoting Alaska Native nursing students' success?

Recruitment of Key Informants

5. Are there Alaska Native nurses that you would recommend I interview?

Dissemination

6. The results of this study, my dissertation, will be available through the University of Northern Colorado's library, other than that, are there any people or organizations you think I should also share this study with? How should it be shared?

APPENDIX B

KEY INFORMANT INQUIRY GUIDE

Key Informant Inquiry Guide

Ethnodemographics

Name:	Informant #
Gender:	Age:
Place of residence: Previous places of residence:	Alaska Tribe:
Nursing school(s) attended Dates attended Geographic location of nursing schools Percentage of Alaska Native students & Staff	Higher education degrees:
Currently working as a nurse: Length of nursing employment: Employment setting(s): Specialty area(s)	Percentage of patients/clients that are Alaska Native: Percentage of nursing staff that is Alaska Native

1. Tell me about your experience as a nursing student.
2. If you had the opportunity to let instructors know what they could do to promote the success of Alaska Native students, what would you say?
3. Tell me about your experience of being an Alaska Native nurse taking care of Alaska Native people.
4. Is there anything else you would like to tell me?

Recruiting Other Key Informants

5. Are there other Alaska Native nurses that you would recommend I interview?

Recruiting General Informants

6. Are there any educators or school staff persons that you think would be beneficial for me to interview to gain further understanding on the topic of promoting Alaska Native nursing students' success?

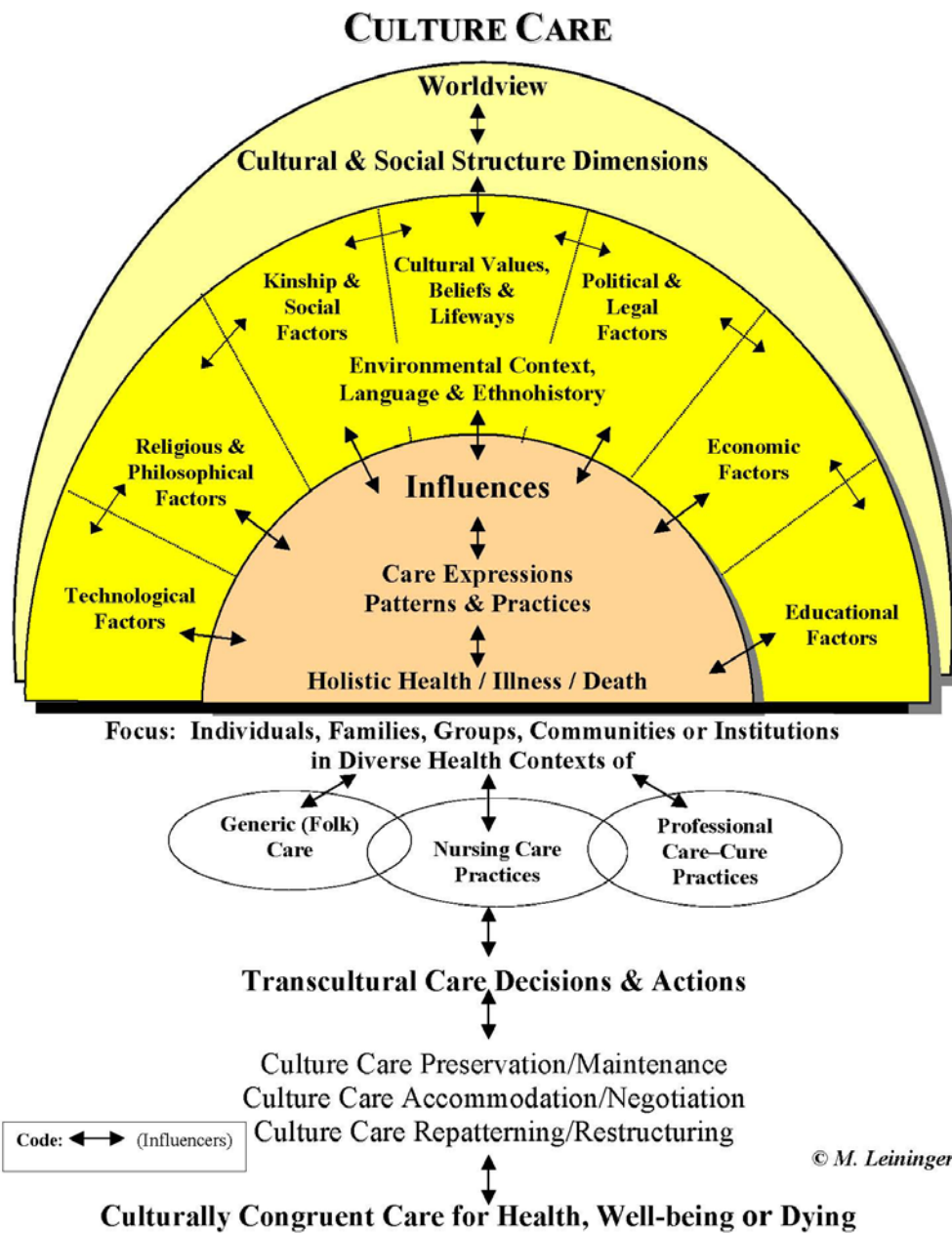
Dissemination

7. The results of this study, my dissertation, will be available through the University of Northern Colorado's library, other than that, are there any people or organizations you think I should also share this study with? How should it be shared?

APPENDIX C

LEININGER SUNRISE MODEL ENABLER

Leininger's Sunrise Enabler to Discover Culture Care



APPENDIX D

**INSTITUTIONAL REVIEW BOARD APPLICATION
AND APPROVAL**

Narrative: UNC IRB Application

A. Purpose

1. In the United States, health disparities exist that dramatically effect racial and ethnic minorities. For example, Alaska Natives and American Indians have higher incidences of illness and death than the non-native population. Many factors may lead to healthcare disparities. One factor is that racial and ethnic minorities receive lower quality healthcare than their White counterparts, even when they are insured at the same level (Institute of Medicine [IOM], 2002). This does not necessarily mean blatant acts of discrimination are occurring. Any clinical degree of uncertainty, such as patients' cues and signals not being understood by the provider, may contribute to disparities as do stereotyping and biases of the healthcare provider (IOM). Research has indicated that cultural discord between the patient and the health care provider can have a negative effect on health (Shi & Stevens, 2005). Providing health care interventions that are not in conflict with the health beliefs, values, preferences, and behaviors of patients is one approach to decreasing the disparities (Shi & Stevens, 2005). Racial and ethnic diversity among nurses is seen as a way to help decrease health disparities in the United States (Sullivan Commission [SC], 2004). The National Advisory Council on Nurse Education and Practice (NACNEP; 2000) developed a national agenda for increasing workforce diversity; this included enhancing efforts to increase the recruitment, retention, and graduation of minority students.

In 1998, President Clinton, in response to American Indian and Alaska Native organizations' and tribes' desire for a comprehensive federal government policy on Indian education, signed Executive Order 13096 "which stipulated that the federal

government is committed to improving the academic performance and reducing the dropout rate of American Indian and Alaska Native students” (Strang, Glatz, & Hammer, 2002). This led to the American Indian and Alaska Native Education Research Agenda that identified research priorities as research that no longer focused on educational and social barriers but focused on *success*.

The domain of inquiry (Leininger, 2001) for this transcultural nursing study is the cultural care of academically successful Alaska Native nursing students within the context of the postsecondary classroom. Culture Care, a term associated with Leininger’s Cultural Care Theory, “refers to the synthesized and culturally constituted assistive, supportive, and facilitative caring acts toward self, or others focused on evident or anticipated needs for the client’s health or well-being” (Lieninger & McFarland, 2002, pp. 83-84). This domain is of major interest in nursing education because of the growing need to educate more nurses, more specifically nurses from underrepresented populations such as Alaska Native people. An assumption is that providing nursing education that is culturally congruent with the beliefs, practices, and values of Alaska Native nursing students will improve their academic success and lead to an increase in the number of Alaska Native nurses. Often efforts to retain students include actions outside of the classroom such as advising, mentoring, tutoring, financial assistance, and living arrangements. This study examines the dynamics within the classroom. It is at the classroom level where behaviors of the individual educator can impact the success of the Alaska Native nursing student. It is also at the classroom level that the individual educator can incorporate new knowledge toward the retention of Alaska Native nursing students.

Research Questions

The following questions will guide the domain of inquiry:

- Q1 What are the universalities and /or diversities of cultural care expressions, patterns and practices among Alaska Native nursing students and educators?
- Q2 In what ways do worldview, social structure, and environmental context influence cultural care expression, patterns, and practices for Alaska Native nursing students and educators within the classroom?
- Q3 In what ways do cultural care expressions, pattern, and practices influence the academic success of Alaska Native nursing students?
- Q4 What educational factors, outside the classroom, contribute to the academic success of Alaska Native nurses regarding nursing school?
- Q5 What values, beliefs, and practices affected the Alaska Native nurses' nursing school experience?
- Q6 In what ways do preservation, accommodation and repatterning help arrive at culturally competent learning experiences for Alaska Native nursing students?

2. IRB category: Expedited. This study presents “minimal risk” to the participants. The participants are adults who will be participating in recorded interviews. The interviews will focus around the nursing school experiences of Alaska Natives. No adverse emotional reactions are expected. Participants will be advised to only express information that they feel comfortable in sharing. Because this study involves individuals who are not from a specific tribe, specific school, or specific place of employment, no additional IRB approval will be sought.

B. Methods

This proposed study will use the ethnonursing research method developed by Leininger (2001). This method was designed specifically for the Theory of Culture Care Diversity and Universality. It is an open inquiry method within the qualitative research

paradigm (Leininger, 2001). This method supports the nurse researcher in learning from *the people* in order to provide culturally congruent care. In this proposed study, the ethnonursing method will be used to learn from Alaska Native nurses, and others, in order for nurse educators to provide culturally congruent learning experiences. With this qualitative method of inquiry the researcher begins with a few open ended questions and allows the participant to share what they would like. The researcher asks further, unscripted, questions as needed in order to gain understanding of the domain of inquiry.

1. Participants

Participants in ethnonursing research are designated as either key informants or general informants (Leininger, 2001). Key informants are considered to be most knowledgeable about the domain of inquiry by providing the *emic* or insider view. General informants, perhaps less knowledgeable about the domain of inquiry, have insight due to their relationship or association with the topic. When conducting a small study, Leininger suggested six to eight key informants and 12 to 16 general informants. For a large study, the recommendation is 12 to 15 key informants and 24 to 30 general informants, following a general rule of 1:2 key informants to general informants. In a qualitative study, a strict number of participants is not set; it is determined by saturation (i.e., responses are becoming repetitive and no new information is being collected).

Key informants for this study will be Alaska Natives who have graduated from a nursing school that educates students to become registered nurses. As graduates of a nursing program, they meet this proposed study's definition of being successful. The inclusion criterion is not based on passing the NCLEX-RN examination, does not specify

the location of the nursing school(s) the nurse attended, and does not specify where they live or work.

General informants for this proposed study will be people who have insight concerning the domain of inquiry, most specifically the classroom environment. This researcher hopes educators of Alaska Native students will participate in the study. Other general informants may be student advisors, staff from programs designed to support Alaska Native and American Indian students, and referrals from key informants.

The proposed study will use convenience sampling as well as snowballing and networking. Recruitment efforts will begin with Alaska Native nurses who are known to the researcher. Recruitment efforts will also involve word-of-mouth referrals. The researcher will send letters inviting people to participate in the study. These letters will be sent to professional organizations such as the Alaska Nurses Association and the National Alaska Native American Indian Nurses Association (NANAINA). It is anticipated that letters may also be sent to Directors of Schools of Nursing who may have had Alaska Native students participate in their programs. Letters may also go to American Indian and Alaska Native student service organizations and institutions that may have had Alaska Native nurses as part of their workforce.

2. Data Collection Procedures

Initially informants will be asked to participate in this study through a letter, email, or telephone contact. The lead investigator will explain the nature of the research and participating is voluntary, that they may withdraw at anytime, and the nature of the interview questions. If the initial contact was verbal the informant will also receive the explanation in written form. The informed consent will include that information as well

as steps taken to protect their confidentiality. The researcher will communicate via telephone or email to arrange times for interviews and to clarify data obtained in the interviews. Initial interviews are anticipated to take one hour and clarification to take a shorter amount of time.

3. Data Analysis Procedures

The recorded interviews will be transcribed. Using qualitative analysis the transcripts will be examined to identify patterns and themes. A computer assisted qualitative data analysis program such as NVivo® may be utilized in the analysis process.

4. Data Handling Procedures

The interview recordings will be stored in a locked cabinet. The transcribed interviews will have no personal identifying features. The interview participants will be identified numerically. The transcriptions will be in an electronic format that will be stored in a locked cabinet. If someone other than the lead investigator transcribes the interviews (i.e. a hired transcriptionist), they will sign a confidentiality agreement. Participants will be offered the opportunity to review the transcripts for any information that they feel might identify them, such as what village they lived in. That information will be withheld from any form of dissemination of the research finding.

C. Risks, Discomforts and Benefits

There are no foreseeable risks to the participants. The interviews will require less than two hours of the participants time. There is the potential for the participants to experience minimal discomfort if they were recalling and sharing a prior negative experience. There are no anticipated direct benefits for participation. Participants may

experience positive feelings if they view their participation as indirectly benefiting future Alaska Native nursing students.

D. Costs and Compensation

There will be no compensation for participation. There are no costs to the participants. The lead researcher will be responsible for long distance telephone fees.

E. Grant Information

This research is not receiving grant funding. However, the lead researcher did receive an award of \$300 from the College of Natural and Health Sciences' Student Research Fund.

General Informant Inquiry Guide

Ethnodemographics

Name:	Informant #
Gender:	Age:
Place of residence:	Alaska Native?
Previous places of residence:	Racial identity:
Association to the topic (instructor, advisor, etc.):	

1. Describe what you know or do that promotes the success of students (nursing).
2. Describe what you know or do that promotes the success of Alaska Native students (nursing). Is this somehow different than what you know or do regarding non-native students (nursing)?
3. If you had the opportunity to let others in your field know what they could do to promote the success of Alaska Native students, what would you say?

Recruitment of Other General Informants

4. Are there any educators or school staff persons that you think would be beneficial for me to interview to gain further understanding on the topic of promoting Alaska Native nursing students' success?

Recruitment of Key Informants

5. Are there Alaska Native nurses that you would recommend I interview?

Dissemination

6. The results of this study, my dissertation, will be available through the University of Northern Colorado's library, other than that, are there any people or organizations you think I should also share this study with? How should it be shared?

Key Informant Inquiry Guide

Ethnodemographics

Name:	Informant #
Gender:	Age:
Place of residence: Previous places of residence:	Alaska Tribe:
Nursing school(s) attended Dates attended Geographic location of nursing schools Percentage of Alaska Native students & Staff	Higher education degrees:
Currently working as a nurse: Length of nursing employment: Employment setting(s): Specialty area(s)	Percentage of patients/clients that are Alaska Native: Percentage of nursing staff that is Alaska Native

1. Tell me about your experience as a nursing student.
2. If you had the opportunity to let instructors know what they could do to promote the success of Alaska Native students, what would you say?
3. Tell me about your experience of being an Alaska Native nurse taking care of Alaska Native people.
4. Is there anything else you would like to tell me?

Recruiting Other Key Informants

5. Are there other Alaska Native nurses that you would recommend I interview?

Recruiting General Informants

6. Are there any educators or school staff persons that you think would be beneficial for me to interview to gain further understanding on the topic of promoting Alaska Native nursing students' success?

Dissemination

7. The results of this study, my dissertation, will be available through the University of Northern Colorado's library, other than that, are there any people or organizations you think I should also share this study with? How should it be shared?

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UNIVERSITY of
NORTHERN COLORADO
 Institutional Review Board (IRB)



May 27, 2010

TO: John Latham
 Monfort College of Business

FROM: Gary Heise, Co-Chair *GHH*
 UNC Institutional Review Board

RE: Expedited Review of Proposal, *Cultural Diversity and the Experiences of Alaska Native Nursing Students*, submitted by Margaret Gilmon (Research advisor: Janis Hayes)

First Consultant: The above proposal is being submitted to you for an expedited review. Please review the proposal in light of the Committee's charge and direct requests for changes directly to the researcher or researcher's advisor. If you have any unresolved concerns, please contact Gary Heise, School of Sport and Exercise Science, Campus Box 39, (x1738). When you are ready to recommend approval, sign this form and return to me.

I recommend approval as is.

John Latham
 Signature of First Consultant

27 June 2010
 Date

The above referenced prospectus has been reviewed for compliance with HHS guidelines for ethical principles in human subjects research. The decision of the Institutional Review Board is that the project is approved as proposed for a period of one year: 6/29/2010 to 6/29/2011.

Gary Heise
 Gary Heise, Co-Chair

29 June 2010
 Date

Comments: *emailed June 27, 2010*

APPENDIX E

**CONSENT FORM FOR HUMAN PARTICIPANTS
IN RESEARCH**

UNIVERSITY of
NORTHERN COLORADO



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: CULTURAL DIVERSITY AND THE EXPERIENCES OF ALASKA
NATIVE NURSING STUDENTS

Lead Researcher: Margaret Gilmon, Doctoral Candidate, School of Nursing

Phone Number: (907) 617-3582

E-mail: gilm4029@bears.unco.edu

Research Advisor: Dr. Janice Hayes, School of Nursing

Phone Number: (970) 351-1690

E-mail: janice.hayes@unco.edu

My name is Margaret Gilmon. I am a doctoral student in the nursing program at the University of Northern Colorado. I am interested in the success of Alaska Native nursing students. The interview I am asking you to participate in will be conducted for the purpose of gaining understanding of Alaska Native nursing students' experiences and issues affecting the success of Alaska Native nursing students.

You are being asked to participate in a telephone interview conducted by myself at a time that you choose. The interview will take about one hour. You will be asked questions about the education experience. The interview will be audio recorded and later transcribed by either myself or a professional transcriptionist, who has signed a confidentiality agreement. The transcribed interviews will be analyzed by me to identify patterns and themes. You will not be identified as a participant. You are advised to express only information you feel comfortable in sharing. This research will be available to the public as a doctoral dissertation. There is the potential for you to experience minimal discomfort if you were recalling and sharing a prior negative experience. If this were to occur the researcher would honor any request to either continue with or end the interview. After the interview is over, and the recording device is turned off, the researcher will provide time for debriefing to allow you the opportunity to process your emotions. There is no compensation for participation in this research. A possible benefit of the research may be an increased understanding in how to improve the nursing education experience for Alaska Native nursing students.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

Researcher's signature _____ Date _____

Participants signature _____ Date _____

APPENDIX F

NATIVE CULTURES OF ALASKA

NATIVE CULTURES OF ALASKA

Based on cultural similarities and geographic proximity, the Alaska Native Heritage Center has organized the eleven Alaska Native cultures into five culture groupings.



Inupiaq and St. Lawrence Island Yupik People



Athabascans



Yup'ik and Cup'ik People



Eyak, Tlingit, Haida & Tsimshian People



Unangax and Atutiiq People

Source: Alaska Native Heritage Center, 2008.