

EXPERIENCE EXCHANGE

Nursing & indigenous education integration

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ABSTRACT

The number of indigenous nurses practicing in Canada and the USA falls far below population census levels. To increase recruitment, retention and graduation of indigenous nursing students in academic settings, access to education and curriculum revision is needed. Integration of nursing and indigenous knowledge may improve the outcomes of nursing education, resulting in improved practice. Curricula revision, such as inclusion of media which reflects indigenous experience, supports cultural identity and enhances the learning experiences provided by academic settings. Traditional foundations of nursing knowledge are based on science, aligning theory with practice. Nursing education leads to applications of communication, comfort, nutrition and hygiene to improve health. Indigenous knowledge added to this foundation as it incorporates various aspects of the physical, emotional, intellectual and spiritual world, understanding their function and purpose. The Medicine Wheel represents a structural education framework of knowledge shared among many Aboriginal peoples. Incorporating this knowledge into traditional nursing education systems may remove barriers to academic success for many students. Cultural identity within this framework influences the level of self-confidence and positive psychological adjustment that occurs in personal, professional and academic environments. When indigenous education and cultural identity are absent from nursing curricula, it may represent a subtle racism. This has a negative impact on students' self-confidence and academic success. It contributes to lower levels of nursing student recruitment, retention and graduation. Developing the future nursing workforce can benefit from utilizing efforts to recruit, retain and graduate indigenous nurses. By incorporating aspects of Aboriginal epistemology into pedagogy and curriculum, nursing education will broaden the potential of providing more inclusive education. Integration of nursing and indigenous education supports cultural identity and promotes diversity within the nursing profession that provides care for all people.

Key Words: Indigenous, Indians of North America, Aboriginal people, Nursing, Post-secondary education

1. INTRODUCTION

Embracing diversity in nursing education and practice requires curricular inclusion of notions of cultural identity. Cultural sensitivity can improve the quality of nursing education for all students. It is necessary to acknowledge cultural identity for Indigenous nursing students otherwise it is a barrier to academic success and cultural integrity. Perceptions of health within Indigenous communities are comprehensive.

Health is a state of complete physical, mental and social

well-being, not merely the absence of disease or infirmity. Well-being is associated with high self-esteem, a feeling of being at peace and being happy. This includes education. -*Rhea Joseph*

The concepts of health, healthcare, evidence based nursing education and practice must engage cultural identity to embrace diversity in the academic and clinical settings. This is a new topic and discussion that is just beginning. The goal is to increase development of an educational system that is

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more relevant to recruit and retain Aboriginal nursing students and to recognize the significant contribution of culture to dimensions of healing and health, as a benefit to advancing nursing education and practice. Dr. Sidney Brown^[1] of the Blackfoot Tribe states,

“We can strive to have indigenous centered services. Currently all record keeping is guided by western ‘best practice’ that is not necessarily best practice for Indigenous People. As the transition occurs cultural competent services will take on a different meaning. Competence is to know your own cultural ways, becoming proficient in the oral history, speaking your language and living a life that is purposeful. The guidance that makes sense in this era, ‘Take the best of both and make something better.’ We need an electronic record keeping system that is indigenous centered.”

2. THE PROBLEM STATEMENT

When the cultural identity is absent in nursing education, it is a barrier to academic success and cultural integrity. When nursing students do not receive support for a cultural identity, their values and beliefs are constrained within the academic setting.

3. BACKGROUND

There are 7,945 Aboriginal nurses in Canada. Aboriginal people make up 2.9% of the Registered Nursing workforce, but form 4.3% of the overall Canadian population.^[2]

The United States 2010 census reports the percentage of Native American - Alaska native peoples in the United States were 1.7%. The population percent of Native American - Alaska Native nurses are 0.4%.^[3]

There is a need to increase the number of nurses within the Aboriginal people in Canada and the United States to correspond with the regional and cultural healthcare needs. According to Census Bureau projections, in the United States, the elderly population (65 and older) will increase by nearly 45 percent between now and 2025.^[4] Canada has population growth rate predictions which correspond to this.^[5] A growing elderly population will require a large and diverse nursing workforce to be available. Predicted shortages of practicing nurses leads to significant implications as poor healthcare outcomes may occur, particularly in rural regions with underserved populations. If ethnically diverse healthcare professionals often practice in their own communities, then community based distance nursing education is essential to meet the needs of indigenous populations. A study which examined distance nursing education in Alaska found no significant differences between the distance and on-campus student in terms of achievement.^[6] However, the distance

participants evidenced statistically significant higher ratings for distance education benefits and with lower ratings for problems than on-campus students.^[6] Online education may be beneficial to students who are employed and have child care responsibilities. It provides students with access to faculty and curriculum which is not available in isolated regions of Alaska, where Aboriginal populations are dominant.

Strategies which have been successful at improving nursing education recruitment from diverse cultures and communities includes K-12 educational promotion begins by dispensing materials such as brochures, posters or video's which attract students into the profession. Availability of access to pre-nursing preparation courses, child care support, role model mentoring, language and cultural liaison presence and funding incentive improves recruitment of nursing students who achieve academic success.^[7] *Against the Odds: An Update on Aboriginal Nursing in Canada* provides information on curriculum changes made in Canada where many initiatives are being made successfully.^[8] This report describes the rewards of accessing nursing education using distance education technologies, is a benefit to the students living in underserved rural communities. Distance education contributed to the growing number of Aboriginal nursing students in Canada, which increased from 237 to 730 between 2002 and 2007.^[8]

As nursing education advances, Native Americans may face barriers in pursuit of advanced education which are subtle and overt. They include prejudice, academic under preparedness, family and financial responsibilities and social isolation.^[9] Subtle racism in curricula, institutions, or within peer and faculty attitudes is a barrier to nursing career development.^[10] Nursing curricula may lack media images of a population group and have no culturally relevant role models or mentors available within the academic setting. During revision of traditional nursing curriculum, inclusion of a multi-cultural identity is recommended.

4. LITERATURE REVIEW

4.1 Traditional nursing education

Curricula revision begins by examining traditional nursing education systems which began to develop in the era when Florence Nightingale initiated hospital based training. Her health policies began within a social justice framework which involved organized applications of gender equality in education, addressing health needs such as a gap in income, nutrition, employment, health, environmental health, such as water sanitation.^[11] Nursing education today may involve teaching students to identify needs of diverse populations. However there is also a need for evaluating educational frameworks for nursing education curriculum or faculty stu-

dent relationships.^[12] Traditional educational institutions with colonial attitudes and western teaching methods have failed to put into action modernization of the fundamental changes required to transform a marginalizing experience of education into a meaningful one for Aboriginal nursing students.^[13]

4.2 Indigenous education learning systems

Racism and stereotyping are barriers that Indigenous people face when they pursue advanced education, or use health care services. Allan & Smylie^[14] reported that derogatory descriptions of Indigenous people began in the 1800s and were used to both exclude and assimilate Indigenous people. Race is a social construction and is not based on biology and has “been used for hundreds of years to argue for and promote hierarchies of supposed superiority and civility among ‘races’ of people”.^[14] Indigenous people who wish to attend western post-secondary education face a number of barriers including prejudice and racism on campus, academic under preparedness, family and financial responsibilities, social isolation, inadequate financial resources, and absence of Aboriginal role models.^[10,15] Subtle racism in curricula, institutions, or peer and faculty attitudes can be noted as a barrier to nursing career development.^[10,16]

To include Indigenous perspectives in nursing education, one must understand and incorporate traditional Indigenous knowledge into the curriculum. For many Indigenous people, culture begins at birth, from observation then progresses through life stages, as demonstrated in the Medicine Wheel framework, which is used by a great number of Aboriginal groups across North America (see Figures 1&2). Observation, imitation, collaboration and storytelling replace outlined instruction, testing and quizzing the learner. The framework represents one system of learning which incorporates various aspects of the physical, emotional, intellectual and spiritual world, understanding their function and purpose. It represents human relationships to time, place, and space, and can be applied to all aspects of life through a wide variety of traditional teachings that rest within Aboriginal people and communities. The concepts within this framework are also elicited from interviews with American Indian and Alaska Native graduate education students at Harvard, which concluded that there are 12 standards for shaping Indian education: spirituality, service to community, identity, culture, continuity with tradition, respect, history, relentlessness, vitality, culture conflict, territory and transformation of cross-cultural relationships.^[16]

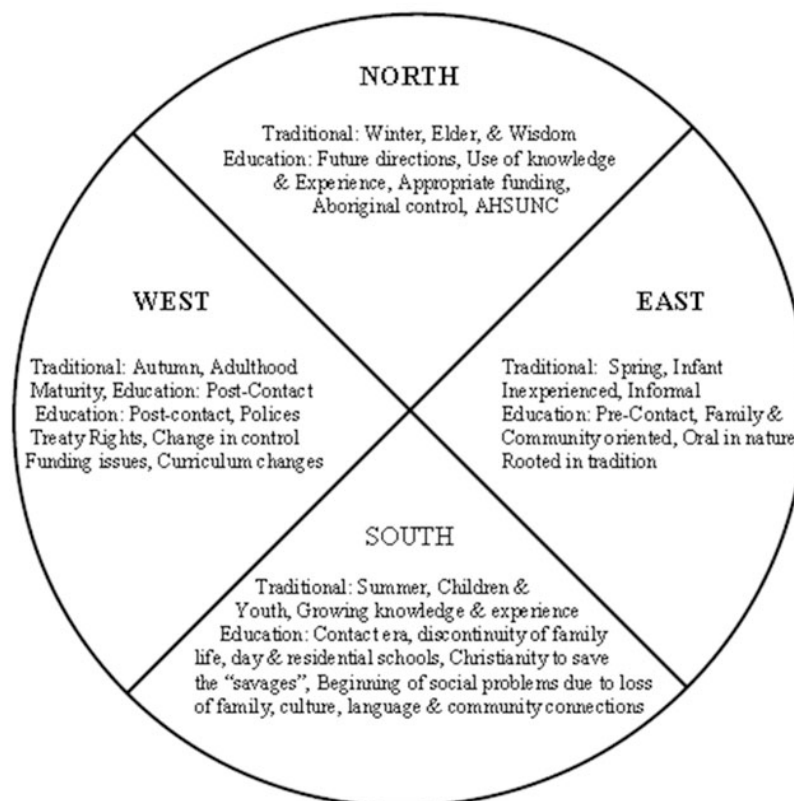


Figure 1. Traditional medicine wheel symbols

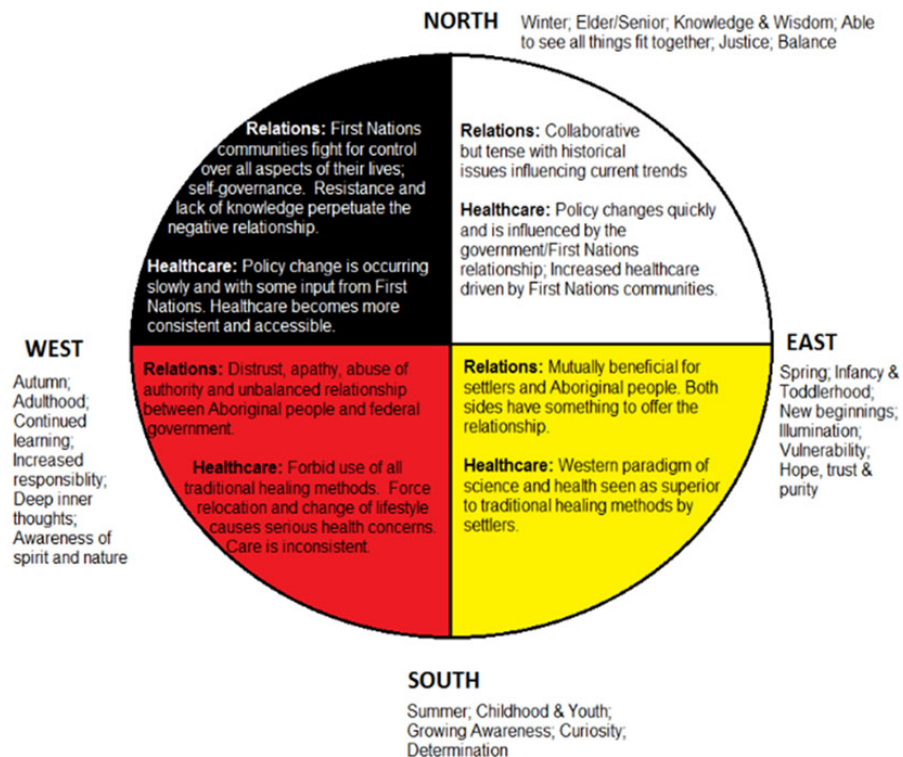


Figure 2. Indigenous health in medicine wheel framework

Traditional Aboriginal learning systems are often held within indigenous knowledge are passed from generation to generation often through teachings of the “Medicine Wheel”. A Medicine Wheel is recognized as a sacred ceremonial site with meaning and are located all over the world. The Medicine Wheel symbolizes the interconnection of life; the interconnectedness of animate with inanimate that pertains to plants, animals and people. This perspective of health promotes knowledge of holistic healthcare. The basis of healing and wellness occurs within balance of the interconnected systems.^[17] When this is applied in practice, it becomes a basis for developing a plan of action for each patient. The assessment of health or interventions planned incorporate cultural identity. When the Medicine Wheel framework of knowledge is immersed into traditional nursing education, it becomes a source of health education for generations past and those yet to come.

5. CURRICULUM REVISIONS

Traditional curriculum revisions that have occurred began in Canada to improve Aboriginal nursing program education. The text titled *Against the Odds: An Update on Aboriginal Nursing in Canada* provides a detailed examination of universities across Canada examining many criteria of education and the progress made.^[8] When revising the nursing curricula was revised, one-third of the nursing schools in British

Columbia added First Nations courses to elective or mandatory courses. Cultural safety, such addressing inequities in healthcare through collaborative decision making, was infused into Canadian nursing curricula. Various universities added coursework related to Aboriginal case based studies across the lifespan. Faculty development is now available, through courses related to Aboriginal healthcare. These educational changes made in Canada are culturally sensitive and demonstrate significance to Indigenous nursing students. To further increase the number of Indigenous students in Canadian nursing programs, there has been developed mentorship programs that allow the youth to be encouraged and nurture them to move through the secondary school process and enter into a post-secondary program.^[16] Other barriers like financial assistance, child care and compassionate leaves will require a systemic change, which may take time to acquire.

To further refine nursing education, Leininger,^[18] in her theory of Transcultural Nursing notes that the practice of nursing requires a nurse to find and meet the cultural needs of diverse group, understand the social and cultural reality of the client, family, and community, develop expertise to implement culturally acceptable strategies to provide nursing care and to find and use resources acceptable to the client.

If this is a responsibility of a student, then as we must also consider improving nursing education for diverse student

populations and settings. It is the faculty's academic responsibility to provide transcultural nursing education for all students. As such, the nursing curricula will evolve and provide a transcultural experience for all nursing students.

There is a lack of cultural inclusion of Aboriginal perspectives into nursing curriculum, leading to invisibility of Indigenous nursing students.^[19] By incorporating Aboriginal history into curriculum, such as cultural story telling or describing the methods of health throughout history, it eliminates learning gaps and reduces subtle aspects of discriminatory racism. Developing improved cross cultural competence, improves healthcare outcomes as has been shown.^[20] These improvements will assist non-Indigenous and Indigenous nursing students alike to learn more about cross cultural nursing practices and the need to be culturally sensitive when working with Indigenous populations.

Formal mentorship programs in post-secondary programs also may enhance Aboriginal nursing students' experiences as most identified that they acquired social and academic support from their peers.^[6] Family support, mentorship, recognition of the Aboriginal self and maintenance of Aboriginal culture emerged as the tools contributing to success.^[9] Traditionally elders educate those who acknowledge learning, as a process of life, through story-telling, observation, guidance, humor, which never has a beginning or an end. All learning is engaged, whether reflective, or action based.^[21]

6. SYNTHESIS OF REVIEW

Many different reports, reviews and research has shown that there is a lack of cultural inclusion of Indigenous nursing into curriculum texts, topics, leading to invisibility of Indigenous nursing students.^[22-26] By incorporating Indigenous history into the existing nursing curriculum, such as using traditional teaching methods like story telling or describing the methods of health throughout history, will eliminate some learning gaps and may reduce subtle aspects of discriminatory racism. Discussions with Indigenous people, especially medical professionals like nurses, will ensure that culturally sensitive and competent curriculum is provided to all nursing students.^[22,24] In reflection of literature, most significant was a qualitative study done utilizing a critical ethnography in two Canadian schools of nursing, which identified how intersectionality, equality versus equity, different explanatory models, racism, the invisibility of Aboriginal health in nursing discourse, and the history of Aboriginal education in Canada shaped Aboriginal nursing students' experiences.^[19] Recommendations made to improve recruitment and retention of Aboriginal peoples in schools of nursing were to recognize that collaboration with Aboriginal nursing students and nurses was paramount to the success. When nurse edu-

cators collaborate with Aboriginal students, nurses, agencies and communities, they develop a foundation for curriculum development and instructional design. By using reflexivity, more inclusive teaching strategies are being incorporated into practice.^[20]

7. RECOMMENDATIONS

First, in order to address educational inequities, improving the recruitment, retention and graduation of nursing students, efforts must be made to promote nursing education and practice in the K-12 education system and must incorporate cultural identity within the educational setting. Strategies for recruitment continue when collaborative education relationships form between cultures, communities, colleges and university settings. Collaboration with Aboriginal nursing leaders, mentors, and Elders can make positive impacts on nursing education through the academic progress, which can be obtained through access to formal and informal support programs which can provide these experiences. Nursing leadership is needed to create community based distance education programs to promote progression of nursing education. Community based nursing education is a growing phenomenon that is reducing distance disruptions which limit access to nursing education. The educational pipeline is a bridge that supports students who transition from the community setting into the on-site nursing education programs. These transition pipelines occur within Tribal colleges, universities and communities which collaborate to develop education innovations strengthening indigenous nursing education. Providing access to pre-nursing preparation courses, distance education, child care support, role model mentoring, language and a cultural liaison presence, with funding incentive programs, all may be a part of this nursing education pipeline. Students who achieve recognition for their accomplishments expand the recruitment, retention and graduation of future nursing students. Learning environments such as these incorporate use of a recognized language, culture and expresses world view experiences that improve the learning experience of students.

These recommendations made describe life transitions that occur from childhood into adulthood, demonstrating components of the academic progression of the nursing, as a life with function and purpose. It is knowledge that can fully describe the many critical components of nursing workforce development to provide healthcare for the aging population. These recommendations give meaning to utilization of the Medicine Wheel framework of indigenous knowledge, that all things in life are connected (see Figures 1&2). An important aspect of this is how it can promote recognition of indigenous cultural values and beliefs, which strengthens the

meaning and significance of indigenous identity. Knowing the historical perspectives of Aboriginal health, the importance of inclusion and collaborative health related decision making and community based nursing education will may result in increasing the nursing workforce and improve overall nursing cultural competence in a variety of healthcare settings and locations.

Patient outcomes improve when nursing education is based on knowledge of social determinants, which relate to applications and outcomes of cultural competence.^[28] “Mainstream” nurses trained in transcultural curricula and who incorporate care with specific Native American and Aboriginal people learn to provide care in a culturally sensitive manner. To understand to social determinants of health, knowing Aboriginal and Native American history leads to understanding the present health of the peoples and creating plans for improvement, which will require consultation and collaboration in decision making. By incorporating aspects of Aboriginal epistemology into pedagogy and curriculum, nursing education will broaden its potential of providing more inclusive education and better prepare graduates to provide care for all

people.

8. CONCLUSION

Nursing education curriculum that integrates traditional nursing with Aboriginal learning systems will benefit future diverse populations by increasing access to culturally sensitive health care providers. The need is urgent and requires nursing professionals to support the progression of nursing education and practice. As we move into the advanced global technology era, we adapt and use our resources well to sustain our cultural inheritance. Sustaining cultural identity occurs when revision of curriculum occurs. Today it is essential to meet the needs of the next generation of nursing students and faculty. Increasing diversity in the nursing workforce is a benefit to society. We seek to live in a healthy, well-balanced physical, emotional, intellectual and spiritual world, with a function and purpose.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest statement.

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