

THE UNIVERSITY EXPERIENCE:
PERSPECTIVES OF NATIVE AMERICAN NURSES

by

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March 5, 2006

TABLE OF CONTENTS

1. INTRODUCTION.....	1
Background and Significance.....	1
Overview.....	2
Native American Health Care Disparities.....	2
Unique History.....	3
Historical Trauma.....	4
Culturally Appropriate Care is Critical.....	6
Need for Native American Nurses to Provide Culturally Competent Care.....	7
Native American Nurses May Benefit the Profession.....	9
Problem and Purpose.....	10
Conceptual Framework.....	13
Phenomenological Research.....	13
Applicability of Phenomenological Research to Problem.....	14
2. REVIEW OF LITERATURE.....	17
Introduction.....	17
Barriers.....	18
Overview.....	18
Culture Shock.....	20
Discrimination and Bias.....	22
Personal and Academic Preparation for University Life.....	24
Financial and Practical Problems.....	26
Learning Style.....	28
Holistic and Pluralistic Thought.....	28
A Different Kind of Assertiveness.....	30
Time.....	31
Learning Psychomotor Skills.....	32
Failure to Use Available Services.....	32
Ambivalence towards Assimilation.....	33
Historical Trauma.....	33
The University Experience Today.....	34
Inadequate Support from University Administration and Faculty.....	35
Recruitment.....	35
Failure to Foster Diversity.....	36
Use of Faculty Time.....	36
Summary.....	37
Strengths.....	37
Overview.....	37
Holistic Worldview ad Learning Style.....	38
Perception of Time.....	38
Skills in Cooperation.....	39
Individual Strengths.....	39

TABLE OF CONTENTS – CONTINUED

Supporting Native American Nursing Students in Baccalaureate Programs.....	40
Overview.....	40
Bridge Differences between Native American and Academic World Views	41
Minimize Culture Shock.....	42
Sense of Belonging.....	42
Advising.....	42
Eliminate Discrimination and Bias.....	43
Assist Students to Overcome Inadequate Academic and Personal Preparation....	45
Assist Students to Overcome Financial and Practical Problems.....	46
Accommodate Unique Learning Styles.....	47
Support Holistic Thinking.....	47
Teach Time Management.....	48
Teach Psychomotor Skills.....	48
Assertiveness.....	49
Motivation.....	50
Mentoring.....	50
Understand Ambivalence about Assimilation.....	51
Support Cultural Identity.....	51
Support Family and Tribal Ties.....	52
Administrations Must Meet Student Needs.....	53
Commitment of Time and Resources.....	53
Improve Recruitment.....	53
Summary.....	56
3. METHODS.....	57
Introduction.....	57
Giorgi’s Phenomenological Approach.....	57
Overview.....	57
Methodological Concepts	59
Cross-cultural Research.....	61
Self-Awareness.....	61
Cultural Humility.....	61
Communality of Knowledge and Reciprocity.....	62
Spirituality, Accountability and Holism.....	62
Avoidance of Assumptions.....	63
Research Design and Methods.....	64
Pilot Study.....	64
Credibility.....	72
Transferability.....	73
Dependability.....	74
Confirmability.....	74
Summary.....	75

TABLE OF CONTENTS - CONTINUED

4. RESEARCH RESULTS.....	76
Introduction.....	76
Sample.....	76
General Information.....	76
Ties to Reservations.....	77
Home and Family.....	77
Prior Experience with Academic culture.....	77
Level Five: Typical Structure.....	78
Self, Community and Reciprocity.....	78
Maintaining bonds and Meeting Obligations.....	79
Personal Strengths.....	80
A Carefully Considered Choice.....	82
Participating in the Academic Environment.....	83
Cultural Differences and Exchange.....	84
The Work Today.....	85
Easing the Path for Others.....	86
Level Six: General Structure.....	87
Summary.....	89
5. DISCUSSION.....	90
Introduction.....	90
Evaluation of the Results.....	90
Cultural and Personal Strengths.....	91
Overview.....	91
Self, Community and Reciprocity.....	91
Maintaining bonds and Meeting Obligations.....	93
Personal Strengths.....	94
A Carefully Considered Choice.....	96
Participating in the Academic Environment.....	97
Cultural Differences and Exchange.....	98
Difficulties.....	100
Overview.....	100
Self, Community and Reciprocity.....	100
Cultural Differences and Exchange.....	102
Supportive Resources.....	104
Overview.....	104
Bridging the Differences between Native American and Academic World Views.....	104
Adequate Support in Other Areas.....	107
Continuing Needs.....	108
Overview.....	108
Students with Families.....	108

TABLE OF CONTENTS – CONTINUED

Study Limitations.....	110
Implications.....	111
Implications for Nursing Education and Practice.....	111
Implications for Research and Policy.....	113
Research.....	113
Policy.....	114
Summary.....	117
REFERENCES CITED.....	118
APPENCIDES.....	126
APPENDIX A: Phenomenology Definitions.....	127
APPENDIX B: Letter to Participants.....	128
APPENDIX C: Participant Consent Form.....	130
APPENDIX D: Demographic Data.....	133

ABSTRACT

Native Americans are subject to unique influences, contributing to health problems that are difficult to treat without culturally appropriate care. The most effective way to improve such care may be to recruit and retain more Native American Nurses. Many authors have written about the complex reasons that Native Americans are not adequately recruited or retained in baccalaureate programs, but few qualitative studies have focused on Native Americans in baccalaureate nursing programs, and few studies have focused on the strengths these students bring to their experience. In this phenomenological study, three in-depth interviews were conducted with Native American nurses who had graduated within the past one to three years from a baccalaureate nursing program. Interviews were transcribed and submitted to phenomenological analysis, following the method of A. Giorgi. Results indicated that the nurses belonged to extensive networks of family and tribal members. They were strongly invested in maintaining their emotional bonds and meeting their obligations within these groups, particularly if they had children. Their primary difficulties in nursing school were related to being away from these nurturing groups, and meeting their obligations to them, while also meeting the obligations of school. They relied on cultural and personal strengths that enabled them to achieve their goal. Universities may be able to make relatively simple and inexpensive alterations in their nursing programs in order to ease the struggles of these students, and to enable more Native Americans to complete baccalaureate nursing degrees. Further phenomenological research regarding Native Americans who did not complete their baccalaureate degrees, mainstream nurses who attended school with children, and Native American nurses who attended school without children could add to understanding of the needs of these students, and how best to meet them.

INTRODUCTION

Background and Significance

Overview

Disparities in delivery of health care are a primary obstacle to achieving a healthy population in the United States. The health of minorities and lower socioeconomic groups, both of which include disproportionate numbers of Native Americans, is profoundly affected by these disparities. Because of this, one of the two goals of Healthy People 2010 is to eliminate health care disparities in the United States (U.S. Department of Health and Human Services [USDHSS], 2000).

Native Americans have made significant health care gains, but continue to fall behind the United States mainstream, as well as behind other minorities (Indian Health Service [IHS], 1998; USDHSS, 2000). Researchers have indicated that there are a variety of interrelated causes for the poor health care received by Native Americans. These include: poverty, unemployment, isolation, active and passive racism, and historical trauma (Cook, 1995; O’Neill, 1994, 1996; Struthers & Lowe, 2003; Yurkovich, 2001). For Native Americans, these disparities are generally more severe than for other minority groups. As noted by the U.S. Commission on Civil Rights (2003), “Native Americans rank at or near the bottom of nearly every social, health and economic indicator,” (p. ix).

The combination and severity of factors leading to poor health are unique to Native Americans. Because of this, many authors have discussed the critical importance of culturally-appropriate care for Native American patients (Crow, 1993;

Dowell, 1996, Sullivan, et al., 2004). Researchers have also addressed the difficulty of providing such care by educating nurses from the mainstream culture (Lowe, 2002; Weaver, 2001).

It has been suggested that the most direct and effective path to culturally competent care may be to recruit and retain a diverse workforce (Dowel, 1996; Manifold, 2001; Sullivan, 2004). Throughout the United States, however, Native Americans are underrepresented in the nursing profession (USDHHS, 2005). Although there is a growing number of programs designed to support Native Americans in completing their baccalaureate nursing degrees, studies have shown that these programs are not uniformly successful (Weaver, 2001; Lowe, 2002; Yurkovich, 2001).

Native American Health Care Disparities

The Healthy People 2010 initiative reported that, while there have been improvements in the general health of United States citizens, gains are not proportionately reflected in the health of Native Americans (USDHHS, 2005). Native Americans suffer from rates of infant death and diabetes that are double those of Caucasians (National Center for Health Statistics [NCHS], 2005). The age-adjusted mortality rate for Native Americans of all age groups is 39% higher than the all-races mortality rate. The infant mortality rate is 22% higher and life expectancy at birth is 4.7 years lower among Native Americans than among Americans of all other races (IHS, 1996).

The Strong Heart Study, a longitudinal evaluation of cardiovascular risk factors among Native Americans, reported that the incidence of cardiovascular disease in

Native Americans is twice that of the general population (Howard, et al., 1999). Native Americans, compared to Caucasians, present later after the onset of symptoms of an acute myocardial infarction, tend to use ambulance services less often, and are less likely to undergo primary angioplasty or bypass surgery (Howard et al., 1999). The adjusted risk for in-hospital death is higher for Native Americans than for all other ethnic groups (Roubideaux, 2004).

Preventative care is also deficient in this population. Prenatal care is inadequate in 14% of Native American births (Roubideaux, 2004), and 70% of Native American children have unmet dental health needs (Moore, 2005). Rates of cervical and breast cancer screening are very low (Roubideaux, 2004). Native Americans have higher rates of such preventable problems as tobacco use, obesity, accidents, suicides, and homicides (Moore, 2005).

Unique History

The history of Native Americans in a multicultural society has been different from that of other minority groups. Rather than seeking to join mainstream culture, as have most minorities, many Native Americans have been hesitant to fully assimilate, in an attempt to maintain cultural integrity. They are recognized as members of independent nations, with which the United States has treaties and concerning which the United States has specific laws. In exchange for land and in compensation for forced removal from original homelands, the United States government has obligated itself to support and protect Native Americans. These responsibilities include the provision of health

care, through the Indian Child Welfare Act and the Indian Health Service (Weaver, 1998; U.S. Commission on Civil Rights, 2003).

Issues surrounding cultural identity, tribal citizenship, tribal sovereignty, and historical trauma have a strong bearing on health care for Native Americans (Weaver, 1998). Cultural identity is tied less to being Native American than to being a member of a specific tribe or clan (Weaver, 1998). This places an obligation on health care providers to understand the needs of specific groups among over 500 Native American cultures (Pichette & Garret, 1999; Weaver, 1998). Tribal sovereignty is considered essential to cultural identity (Weaver, 1998). The varying standards for deciding whether an individual is Native American are important to determining eligibility for specific services, as well as to understanding identity issues for those who have and do not have tribal status (Weaver, 1998).

Historical Trauma

Over the centuries, shifting and destructive U.S. policies have resulted in multiple health and social problems for Native American people. As mentioned earlier, health disparities are prevalent between mainstream Americans and Native Americans. A strong contributing factor is mainstream health care's failure to address historical trauma (Morrissette, 1994; Struthers & Lowe, 2003; Weaver, 1998). Such trauma has been defined as "cumulative and collective emotional and psychological injury over the life span and across generations, resulting from a cataclysmic history of genocide" (Struthers & Lowe, 2003, p. 258).

An example of these destructive policies and their ramifications is that, prior to the Indian Child Welfare Act of 1978, many Native American children were removed from their tribes and adopted by Caucasian parents or placed in Bureau of Indian Affairs (BIA) boarding schools. In these situations, the practices of Native American traditions were discouraged, if not prohibited (Struthers & Lowe, 2003). Physical, sexual and emotional abuse were common in BIA boarding schools at that time, beginning a cycle of poor parenting practices and child abuse (Morrisette, 1994). Much of Native American culture was lost. Individuals found themselves adrift in a foreign culture, with few role models or cultural moorings of their own (Bigfoot, 2000; Morrisette, 1994; Struthers & Lowe, 2003). This history has had a widespread influence on the mental and social health of Native Americans. Many health-related problems are more prevalent, more severe, and more difficult to treat than those of other groups (Cook, 1995; Morrisette, 1994; Struthers & Lowe, 2003).

Effects of historical trauma are responsible for unresolved grief across generations, with attendant high rates of substance abuse, depression, suicide, and overeating (Yellow Horse Brave Heart, 1999). Social problems have also been linked to historical trauma. These include poverty, crime, and low educational achievement. Rates of homicide, accidental deaths, child abuse, and domestic abuse are higher than in the mainstream population (Trujillo, 2000, cited in Struthers & Lowe, 2003).

Racial distrust and prejudice continue to inflict damage on the lives of Native Americans in subtle but powerful ways (O'Neil, 1994, 1996; Yurkovich, 2001). This affects all aspects of Native Americans' interface with the mainstream culture, including their relationship to the health care system (Struthers & Lowe, 2003; Stone,

2003). Prejudice may also be perpetuated by the tendency of culturally traumatized groups to exhibit social and psychological traits that allow a willing mainstream culture to see Native Americans as less capable and less desirable (Struthers & Lowe, 2003).

Compounding the difficulties caused by historical trauma and racism, and adding to those of studying and working within the mainstream culture, many Native Americans find it difficult to participate in a culture that historically has abused their own people. Because career and economic opportunities have tended to be sparse on reservations, many Native Americans attempt to adapt to the mainstream culture, but are ambivalent about doing so (Morrissette, 1994). This ambivalence may affect their ability to stay with a project that requires commitment to mainstream values, such as obtaining a baccalaureate degree (Morrissette, 1994).

Culturally Appropriate Care is Critical

There has been broad agreement within the nursing profession that culturally appropriate care is essential to accurate assessment, effective treatment, and patient education (Campbell & Davis, 1996; Crow, 1993; Edwards, 2005; Leininger, 1994; Weaver, 2001; Wittig, 2004). Leininger (1994) wrote that increased geographic mobility brings diverse cultures together under one health care system, and that nursing care will be “ineffective” unless nurses are culturally competent. More recently, Healthy People 2010 (USDHHS, 2005) listed personal barriers to health care access as: cultural or spiritual differences, language barriers, not knowing how or when to seek care, and concerns about confidentiality or discrimination. These factors have been described as directly related to culturally appropriate nursing care. Cultural

misunderstanding and insensitivity on the part of health care workers have been implicated in noncompliance and failure of treatment (Roubideaux, 2004; Sanchez, Plawecki, & Plawecki, 1996).

Need for Native American Nurses to Provide Culturally Competent Care

Pichette and Garrett (1999) acknowledged wide individual and intra-tribal variation among Native Americans, but added that, even within these variations, “American Indian culture is vastly different from the dominant culture in American society, particularly in terms of concepts regarding health and unwellness (p. 4).” Such concepts often are based on balance between person and environment, including spiritual practices, rather than on diagnosing a single problem and attempting to fix it (Weaver, 1999). Because of essential differences between mainstream and Native American health concepts, assessment and treatment of these individuals has been described as requiring a deep understanding of their complex cultural situation (Manifold & Rambur, 2001).

The education of truly culturally competent nurses, however, is an extremely difficult, and perhaps impossible, task. Although Wittig (2004) reported that nursing students are able to learn to apply cultural information in a way that is not stigmatizing or stereotyping, concerns remain (Lowe, 2002; Manifold & Rambur, 2001) that classroom instruction cannot adequately teach the important nuances of one culture, let alone the over 500 separate cultures which contribute to Native American culture (Pichette & Garrett, 1999). The education of culturally-competent nurses may be less effective than expected because cultures express worldviews primarily through actions

and complex intuitive understanding. Such “emic understandings” are poorly translated into words, making cross-cultural nursing very difficult for those who do not have extensive lived experience within a particular culture (Lowe, 2002).

For this reason, some authors (Dowel, 1996, Manifold & Rambur, 2001; Struthers & Lowe, 2003; Evans, 2004) have proposed that a more effective path to cultural competence in nursing is to recruit and retain a more culturally diverse workforce. Indeed, under the primary goal of eliminating health care disparities, an objective of Healthy People 2010 is to increase the number of degrees awarded in health care professions to members of underrepresented populations. This is a continuation of a goal which was not met by Healthy People 2000 (USDHS, 2000).

Cultural misunderstandings leading to poor nursing care may be less frequent when Native American nurses care for Native American patients. Based on their work with focus groups of Native American nurses, Lowe and Struthers (2001) reported seven dimensions of nursing in the Native American culture: *caring, traditions, respect, connection, holism, trust* and *spirituality*. They wrote that it is through these dimensions that Native American nurses may be able to provide more effective care for their own people.

Further enhancement of nursing care for Native Americans has been advocated by the United States Surgeon General, who recommended the use of traditional healing to reach out to mental health clients in a culturally appropriate way (Mason, 2001). Mehl-Medora (1999) reported the successful adjunct use of indigenous traditional healers for both medical and psychological problems of Native Americans. These authors wrote

that such care may be most effectively arranged by nurses who share a particular Native American culture.

A successful Native American initiative has been The Strong in Body and Spirit Program of the Native American Diabetes Project. In this program, teaching about lifestyle adjustments is based on understanding of Native American culture. The program resulted in increased glycemic control and decreased body weight after one year. Satisfaction and retention were high, and culturally-appropriate components of the program were positively rated by participants (Griffin, Gilliland, Perez, Helitzer & Carter, 1999). Another successful initiative was the use of a talking Circle format for cancer education, which improved screening rates for cancer (Hodge, Fredericks, & Rodriguez, 1996).

Native American Nurses May Benefit the Profession

While providing better care for Native Americans and other minorities, it has been suggested that a culturally-integrated workforce would likely benefit the nursing profession as a whole (Evans, 2004b; Weaver, 2001). Weaver (2001) noted that such a workforce has the potential to open the educational process to different ways of teaching and learning. Dowel (1996) wrote that diversity “generates multiple understandings and outlooks regarding health care policies, broad principles and practices of nursing education and expands the practical theoretical knowledge of the profession” (p. 293). Increased diversity of the nursing workforce is advocated by the National Advisory Council on Nurse Education and Practice, the Pew Health

Professions Commission, and the U.S. department of Health and Human Services Healthy People 2010 initiative (Evans, 2004b).

Several authors have written that Native Americans, in particular, have a great deal to offer the profession. Plumbo (1995) reported that Native American nurses “bring to the profession a richness born of spirituality, family bonds, tradition, pride, respect for life, and harmony with all creation” (p. 160). Lowe (2002) wrote that Native Americans tend to have in common a holistic worldview, in which all elements of the universe are interdependent and equally important to the whole. In this view, the self is integrated within family, community, tribe, and universe. The outcome of this world view is nursing care that is holistic, balanced, respectful, and honoring of the process of growth. Lowe (2002) proposed that Native American nurses may be able to integrate care of the patient with the care of community, tribe, and place – connections that give a patient’s life meaning and foster health.

Problem and Purpose Statement

While the benefits of increasing the numbers of Native Americans in the nursing workforce seem clear, there is much to be done. Nationally, American Indian/Alaska Natives made up 0.6% of allied health professional degree recipients from 1996-97 (Healthy People 2010, 2000). The Healthy People 2010 target is 1%, based on the proportion of Native Americans in the general population. Unfortunately, progress towards this goal has been limited, and objectives for Healthy People 2000 were not met (USDHHS, 2000).

Within the last ten years, the development and funding of baccalaureate nursing programs tailored to the needs of these students has improved both recruitment and retention of Native American students, but recent researchers have reported that a significant number of programs have not been optimal (Weaver, 2001; Lowe, 2002; Yurkovich, 2001). Approximately 9% of Native American students who enter college complete four years, compared to 20% of the general population (Flannery, Franco, & Sisk-Franco, 2000). Native American nursing students continue to require more effective academic preparation (Yurkovich, 2001), financial support (Dowel, 1996; Yurkovich, 2001), practical support (Dowel, 1996), and administrative support (Campbell and Davis, 1996). Yurkovich (2001) wrote that learning styles fostered in Native American cultures do not tend to be supported in universities. As a result of these factors, many Native Americans do not feel a sense of affiliation with university life (Dowel, 1996).

Yurkovich (2001) also described another area in which the interface between Native American students and the university environment may break down. Many Native Americans place a strong value on extended family and tribal ties, and family needs may override commitment to university programs. Native Americans are often willing to drop out of school when their families need them. Rather than respect their commitment to family responsibilities, university professors and counselors may see them as unreliable.

Native Americans may also have, for historical reasons, a strong sense of ambivalence towards assimilation into the mainstream culture. Many struggle to maintain their own cultural identity. They are well aware that formal education has

historically been used to discourage that identity (Struthers & Lowe, 2003; Yurkovich, 2001), and to shunt Native Americans into occupations requiring little skill (Struthers & Lowe, 2003). In this situation, it is easy for Native Americans to view acquiring a university education as accepting mainstream values that have been destructive to their own people (Yurkovich, 2001).

Universities contribute to this sense of alienation when they do not recognize Native American language, culture, and traditions as valuable. Many have no programs to support Native American cultural identity. In fact, Native American nursing school graduates continue to report overt and covert discrimination during their educational experiences (Kirkness and Barnhardt 1991; Yurkovich, 2001; Weaver, 2001).

Despite these continuing problems, a search through the literature revealed ¹ that few qualitative studies, and even fewer phenomenological studies, have provided insight into the challenges and the supports available to Native Americans who pursue a baccalaureate nursing education, within a system that may be quite foreign to them. Those studies that have been published are frequently described as preliminary and as having design limitations (2004; Manifold, 2001; Weaver, 1999, 2001; Wittig, 2004). Other studies (Benjamin, Downey, & Heuer, 1999; Evans, 2004a, 2004b) have not dealt specifically with Native Americans.

¹ Searches were conducted on CINAHL, ERIC, and GOOGLE using the search terms: Native American Nurses; Native American/Nursing Students; Native American/Nursing Education; Indian/Nursing Students; Indian/Nursing Education; Native American/Nurses; Indian/Nurses; baccalaureate nursing programs / minority students; baccalaureate nursing programs / Native American students; baccalaureate nursing programs; Indian students; health/Native American; health/Indian; Phenomenology; Phenomenological Research; Phenomenological Research/Nursing; Georgi) and the Philosopher's Index using the search terms (Phenomenology; Georgi; Phenomenological Research). Further searches were conducted for other work by authors of salient articles. Reference sections of relevant articles were reviewed, and new relevant articles obtained. Reference sections of these articles were reviewed, as well, for further sources of information, until no new relevant articles were found.)

The purpose of this study is to describe the lived experience of three Native American nurses who have graduated within one to three years from a baccalaureate nursing program in a university in the Northwest United States. Specific aims of this project are to: 1) Learn what cultural and personal strengths help Native American students to complete a baccalaureate nursing program; 2) Learn what difficulties they encounter in completing such programs; 3) Learn what resources are supportive in these programs, 4) Learn what needs these students have that the programs may better meet.

Conceptual Framework

Phenomenological Research

Polkinghorne (1989) described all research methods as “roadmaps,” which, if correctly followed, lead to knowledge. Such maps are based on assumptions about the nature of reality and of human understanding. The predominant map used within Western science is based on a positivist world view. An underlying assumption in this method of inquiry is that reality exists independently of our understanding, and that we must follow certain methods to eliminate distortions caused by subjectivity. Thus, the researcher is considered a passive recipient of objective knowledge derived from research.

A positivist worldview was further outlined by Fawcett (1993) and Newman (1991). According to these authors, when understood from a positivist perspective, phenomena have definable and measurable properties, which can be isolated and understood. It is assumed that, if only objective, observable and measurable

phenomena are studied, researchers will be able to construct universal laws regarding orderly and predictable relationships. Rigor in research is defined by reliability and objectivity, as well as internal and external validity.

Phenomenology, according to Polkinghorne (1989), has mapped the same terrain, but has marked different *features* of that terrain. Just as we would look at one type of map to learn certain information, and another type of map for different information about the same reality, we use phenomenology to answer different questions than those answerable by positivist research. It is not a method that is antithetical to positivist research, but complementary to it.

The primary tenet of phenomenology is that what may be understood as reality is actually a complex construct of human experience. This experience is described as a process of awareness, reflection, emotional response, imagination, and will. All of our descriptions of phenomena are derived from this experience. In this way, phenomenological studies explore how human beings make sense of an experience and transform that experience into consciousness (Moustakas, 1994). It is considered impossible for the person conducting the study to be a passive recipient of knowledge, because the processes of understanding continually influence that knowledge. (Polkinghorn, 1989; Guba & Lincoln., 1989).

Georgi (1995) developed a rigorous method of phenomenological inquiry, which requires the researcher to follow certain procedures in order to construct a synthesis of the data which are minimally influenced by preconceived notions, and to enable auditing of the researcher's thought process during synthesis. Inherent to his process are several concepts, including: phenomenon, reduction, essences, free imaginative

variation, and triangulation. These concepts are discussed in Chapter 3. Concise definitions of essential concepts have been outlined in Appendix A.

Applicability of Phenomenological Research to Research Problem

Yurkovich (2001) observed that simply noting and removing barriers has not been sufficiently effective in recruiting, retaining and graduating Native Americans from university programs. Tierney (1991b) called for research that “helps us think about the nature of Indian students and faculty participation in their institutions so we may put in place academic policies that are based on pluralism, cultural integrity, and empowerment” (p. 83). He recommended the use of qualitative research methods that move beyond statistical surveys and data. Therefore, a phenomenological approach was chosen for this study in order to explore, without preconceptions, the reality as perceived by Native Americans who have been enrolled in a baccalaureate nursing program. Georgi’s method of phenomenological inquiry was selected because it is a method that is clearly set forth, with close attention to rigor of analysis.

Summary

It has been considered important to increase Native Americans in the nursing workforce in order to provide culturally appropriate care for Native Americans, and to comply with Healthy People 2010 objectives (Campbell & Davis, 1996; Crow, 1993; Edwards, 2005; Evans, 2004; USDHHS, 2000; Weaver, 2001). Researchers have indicated that the significant health care disparities between Native Americans and the mainstream culture may be decreased in part by provision of more culturally

appropriate nursing care (Campbell & Davis, 1996; Crow, 1993; Edwards, 2005; Weaver, 2001; Wittig, 2004). Evidence has shown that such care may be provided most effectively by Native Americans themselves (Dowel, 1996, Manifold, 2001; Struthers & Lowe, 2003; Evans, 2004).

While there are increasing numbers of nursing programs that attempt to recruit and retain Native American nursing students, researchers continue to identify needs that are not been met by these programs (Dickerson & Neary, 1999; Dowell, 1996; Evans, 2004; Flannery, 2000; Healthy People 2010, USDHHS, 2000; Manifold, 2001; Weaver, 2001; Yurkovich, 2001). Descriptive, exploratory studies are needed for further information. This thesis has used a phenomenological approach to describe the lived experience of three Native American graduates from a baccalaureate nursing program in a university setting in the Northwest.

REVIEW OF THE LITERATURE

Introduction

The literature specifically related to Native Americans who pursue a baccalaureate nursing education is sparse and covers a broad timeframe (Manifold, 2001; Tierney, 1993). Because of this, researchers in this area often cite articles which concern minority students and baccalaureate education in general. Both the literature specific to Native American nursing students and that which is more general point to pervasive barriers that Native Americans face in baccalaureate nursing programs, and discuss ways to decrease these barriers (Crow, 1993; Dickerson & Neary, 1999; Evans, 2004b; Flannery, 2000; Manifold, 2001; Tierney, 1991a, 1991b, 1993; Yurkovich, 2001).

Less attention has been focused on the strengths that Native Americans may bring to baccalaureate nursing programs. Several researchers (Crow, 1993; Flannery, 2000; Yurkovich, 2001) have argued that Native American cultures foster traits which, if allowed to flourish, could serve these students well, both as students and as nursing professionals. These authors have discussed ways in which academic structures might be changed in order to allow these strengths to work for Native American students (Crow, 1993; Flannery, 2000; Yurkovich, 2001).

This chapter will cover a) barriers faced by minority and Native American students as they pursue baccalaureate degrees in nursing and other areas; b) strengths these students have been found to bring to their education; and c) how university systems might be revised to support the success of these students.

Barriers

Overview

Several authors have emphasized that the barriers faced by Native American nursing students are rooted in differences between the cultures of Native Americans and the academic environment (Crow, 1993; Dickerson & Neary, 1999; Pewewardy, 2002; Tierney, 1991a; Weaver, 2001). Many of these barriers are shared with other minority students, but Native American students also struggle with problems that are specific to their situation (Evans, 2004(b); Tierney, 1991a). This section will discuss the differences noted in the literature between Native American cultures and the university environment, and how they relate to a) the degree of culture shock Native American students suffer as they enter university life; b) the discrimination and cultural bias that are constant features of their lives; c) their personal and academic preparation; d) their financial and practical problems; e) how well they have learned in university classes; f) their ambivalence towards assimilation into the mainstream culture represented by universities; and g) the inadequacies in useful support from university administrations and faculties.

Native American Cultures and the University Environment

Crow (1993) wrote that all cultures are based on premises and concepts that are presumed to be true by the majority of their members. The world views based on these ideas permeate all aspects of cultural life and are invisible to most members of a given culture. Thought patterns based on these world views escape the notice of most people, leading members of a culture to be unaware that there are other ways to perceive and to

problem-solve. Tierney (1991a) added that a central problem faced by Native Americans and academic institutions when relating to one another is that their premises and concepts are often in conflict in ways that members of both groups do not perceive.

The nursing academic environment, according to Crow (1993) and Pewewardy (2002), has been established through Western institutions, and maintained through Anglo middle class culture. Crow (1993) wrote that, when students are educated into this environment, they follow a path that is linear, time-oriented, individualistic, competitive, dualistic, and emphasizing domination of nature. She emphasized that skills are often taught separately from content in this culture. Content is frequently divided into isolated fragments, and taught with narrowly-defined objectives. She added that testing is most often by multiple-choice exam, in which there is only one right answer.

Native American students, Crow (1993) explained, are often brought up in a culture that is transmitted largely informally, through legends, stories, and role-modeling. Learning in these cultures has been described as proceeding through a circular pattern of thought, which is holistic and pluralistic (Crow, 1991). Emphasis is most often placed on working cooperatively, and working groups are conceptualized as interrelating with each other and with the environment (Crow, 1993; Plumbo, 1995). Time is often conceptualized as delineated by events, rather than being carefully measured in an abstract, linear way (Crow, 1993).

Pewewardy (2002) warned against making broad generalizations about the many different cultures to which Native Americans belong. He added that there is considerable diversity among individuals, and in their degree of socialization to the mainstream culture. Despite this, Pewewardy (2002) and other authors (Plumbo, 1995; Pichette &

Garrett, 1999) have noted that some characteristics are held to varying degrees by most Native American cultures. Values attributed by these authors to Native American culture include a high regard for the sanctity of all life, for the past and for elders, for learning, and for seeking harmony with nature. Pewewardy (2002) and Plumbo (1995), attribute to Native American culture the traits of taciturnity, the ability to see value in suffering, and a holistic orientation that enables them to live at peace with the good and bad in a particular situation. Plumbo (1995) emphasized that Native Americans have a strong sense of responsibility towards preserving and honoring the past, while creating something positive for the future. Plumbo (1995) and Pichette (1999) emphasized that spirituality and health are inextricably linked in most Native American cultures.

Culture Shock

Tierney (1991a) wrote that the transition from high school and home to the university environment has long presented challenges to students from all backgrounds. Nugent, Childs, Jones, and Cook (2004) and Tierney (1991a) emphasized that, because universities are Western European institutions, students from outside that world view find it even more difficult to adjust. In exploring this difficulty in adjusting to the university environment, Dowel (1996) wrote that minority students may perceive attempts to maintain academic standards as cold and rigid. Others (Amstutz, 1999; Watson, 2002) have written that strategies used in an academic setting to remain detached from a situation and to gain perspective are often unfamiliar to these students, and may be interpreted by many as unwelcoming.

In exploring Native American perception of time, Crow (1993) wrote that the university environment's emphasis on sequential, time-centered, linear presentation of ideas, with an inherent theme of domination of nature, often seems foreign to those from more holistic cultures, and particularly to Native Americans. Others (Dickerson & Neary, 1999; Lipson, Dibble & Minarik, 1996) have put forward the idea that academic values centered on competition and personal success may be particularly alienating to Native Americans, who tend to come from cultures emphasizing cooperation and group benefit. Minority students, including Native Americans, may also find competition difficult, when they come to nursing programs lacking in self-confidence in the context of university life (Buchanan, 2000).

Crow (1993) discussed nursing academic milieu, and found that it supports values concerning holistic care, cultural competence, individualized instruction, avoidance of stereotypes, and meeting high academic and clinical standards. While many of these values may seem familiar to Native Americans, they are transmitted through academia, which is solidly based in mainstream culture. For this reason, Crow (1993) wrote that the values do not tend to resonate well with Native American nursing students.

Dickerson and Neary (1999) examined nursing faculty members' experiences in starting a program to recruit Native American Family Nurse Practitioner students. They found that the professors strove to produce students who were independent, who assumed the responsibility of leadership roles and who were able to practice in a multicultural world. The faculty members in this study were concerned with maintaining high standards and the good of the class as a whole. For this reason, they made a strong effort to avoid the appearance of favoritism by showing extra attention to Native American

students. They also reported being concerned about students' passivity when they would not seek help in class. Crow (1993) reported that the careful consideration which Native Americans tend to give to what they say, as well as their respect for authority, may seem passive to nursing professors. She related this apparent passivity to nursing professors' concerns that Native American nursing students may not be assertive enough to take on the nursing role.

Native Americans' sense of obligation to their families and tribes has been described as "stunning" (Tierney, 1991a). Yurkovich (2001) and Tierney (1993) wrote that it is difficult for these students to be away from their close-knit support systems, particularly when they enter a system in which there is little support of any kind. As they struggle with academic success, they may also have much to learn about functioning in a system that can be very different from those of their own cultures. Plumbo (1995) and Yurkovich (2001) wrote that Native Americans' strong sense of duty to family and tribe leads to willingness to leave the university environment to meet such obligations. Yurkovich (2001) noted that this willingness is not generally seen by those in academia as expressing love and loyalty, but rather, as lack of commitment to obtaining an education.

Discrimination and Bias

In addition to adjusting to university culture and self-esteem issues, minority students often face for the first time overt and covert discrimination (Dowell, 1996; Nugent et al., 2004). Despite longstanding efforts towards fostering cultural diversity, not all faculty members are able to recognize their own cultural and ethnic assumptions,

and not all are culturally competent (Weaver, 2001). Minority students continue to report discrimination, ranging from professors' expressing surprise when a minority student performs well to overtly racist comments in class (Merrill, 1998; Manifold, 2001; Weaver, 2001; Villarrual et al., 2001; Yurkovich, 2001).

The literature has affirmed that university faculty members continue to harbor stereotypes regarding minority students' being unable to perform well academically. There also has been evidence of subtle racism in nursing curricula and textbooks, and faculty bias in evaluation of minority students (Barbee & Gibson, 2001; Byrne, 2001; Janes & Hobson, 1998; Merrill, 1998; Villarruel et al., 2001; Yurkovich 2001). Some authors have asserted that cultural bias, and even racism, continue to be deeply ingrained in the policies and teaching in many universities, as well as in the nursing profession (Barbee & Gibson, 2001; Weaver, 2001; Yurkovich 2001).

Examples of cultural bias were presented by Weaver (2001), after she surveyed Native American nurses regarding their nursing school experiences. One respondent from a program designed to assist Native Americans in their nursing education reported that the director of the Family Nurse Practitioner program referred to "your stupid clinic on the reservation" (p. 256). The same student reported that a pathophysiology lecturer stated, "Now the American Indians don't chase deer across the land, they sit on the porch, drink alcohol, and collect welfare" (p. 256-7). Another respondent reported that "Native American culture was seen as an academic curiosity rather than a personal and genuine experience" (p. 257).

Yurkovich (2001) wrote that a more subtle form of discrimination is ethnocentrism. She elaborated that administration policies and faculties' structuring of classes are too

often based on mainstream cultural assumptions about what is right and true. Native American graduates of nursing programs have reported that administrators and teachers assume that mainstream culture is the better path. They have also reported a sense that their own cultures have not been adequately respected and represented in university culture.

Tierney (1991a) wrote that, in addition to discrimination, Native Americans face pervasive misperceptions, frequently supported by mass media, of their culture. Other authors (Pewewardy, 2002; Pichette & Garrett, 1999) have explored the unexamined notion held by many mainstream Americans that Native Americans belong to a monolithic culture. Members of the mainstream culture are unaware that the broad group of Native Americans includes a wide range of cultures and individuals.

Unique among minorities in the United States is Native Americans' mainstream status as romantic figures. Tierney (1991a) wrote that individuals in the mainstream attach various emotional meanings to Native Americans, many of which are not based in fact, and which are also supported by mass media. He added that a less flattering generalization that interferes with accurate communication between cultures is that of Native Americans as helpless victims of alcoholism or poverty, who are unable to administer programs or solve problems on their own.

Personal and Academic Preparation for University Life

Yurkovich (2001) reported broad agreement between Senate subcommittees, researchers, educators, and students that Native American students are inadequately prepared by their early education for success in the university environment. Nugent et al.

(2004) maintained that minority students, including Native Americans, are frequently unprepared for the amount of work and commitment expected of them in baccalaureate nursing programs. They added that secondary schools often have not prepared these students well in terms of effective study habits, test-taking skills, reading comprehension, and writing skills that are necessary for success in the university setting. Nugent et al. (2004) elaborated that, having been raised in cultures that are more holistic and less oriented towards the printed word, minority students sometimes lack the means to express their ideas in terms of the clear, logical thought that is highly valued in the university environment. This lack of preparation makes it difficult for many Native American students to complete the courses that are prerequisites for a baccalaureate nursing program (Tierney, 1991a). Like other minorities, Native Americans often require considerable assistance in developing their academic skills, as well as emotional support and encouragement, in order to succeed (Tierney, 1991a; Yurkovich, 2001).

Several authors (Evans, 2004b; Griffiths and Tagliareni, 1999; Yurkovich, 2001) have written that the effects of poor primary education and undeveloped skills may be exacerbated by the emotional demands of being the first person in one's family to attend college. Minority students, particularly Native Americans, are less likely than mainstream students to have the funds or family support to participate fully in college life. Although they have little extra money and are often required to hold down jobs as they attend school, students who are the first in their families to attempt college often carry the extra burden of being expected to increase family status, and may also suffer a deep fear of failure (Evans, 2004b).

According to Tierney (1993) and Yurkovich (2001), families and tribes of Native American students may be proud of having university students in the family, but have little experience with the demands and benefits of higher education. For this reason, they frequently may not be supportive of the demands on students' time and finances. Native American students also maintain a strong focus on the extended family and the many obligations involved. They may be willing to manage without things they need, and may even use their educational stipends or loans to help their families. They may also miss school in order to attend to family needs and obligations (Yurkovich, 2001).

Families and tribes also have expressed concerns that students would be educated into a different culture, and thus be lost to them (Kirkness & Barnhardt, 2001; Tierney, 1993). As an example, Tierney (1993) quotes a student who dropped out of a university, and returned to school at a community college, "...But a lot of these kids, their parents, they see education as something that draws students away from who they are...I would like to tell them [universities] that education shouldn't try and make me into something I'm not" (p. 311). Kirkness and Barnhardt (2001) wrote that, in response to an academic tendency to be inflexible in educational offerings and to make conscious efforts to acculturate Native Americans to mainstream values, families and tribes are less supportive of university education than they might otherwise be.

Financial and Practical Problems

Strongly related to problems with academic and personal preparation are those minority students may have with finances and the practicalities of being in school. Campbell and Davis (1996) noted that Federal financial aid in the form of loans and

grants has become less available to all students in the United States. However, most minority students can rely less on family income, and continue to require significant financial aid in order to complete their degrees. This is especially important in programs preparing health care professionals, which are often more expensive than other programs (Sullivan et al., 2004).

Nugent et al. (2004) wrote that, rather than receiving financial backing from their families, many minority students are the primary financial supporters for their nuclear and extended families. Most find that they must work full or part-time during their school careers. Without adequate financial aid, when faced with choosing between school and work, they have been forced to choose work.

Compounding Native Americans' financial need has been lack of familiarity with the capitalist system and best practices in personal money management in that system. Evans (2004a) wrote that many Native Americans have not been socialized to save money for their own needs, but rather to be generous with family and friends. Some have taken out high credit loans, or have made other unwise financial decisions, without fully understanding the repercussions of doing so.

Adding to the difficulties outlined above, many Native American students enter the university system later in life, after they have formed families of their own. Flannery (2000) and Yurkovich (2001) reported that, for these students, practical problems such as transportation, childcare, preparing meals and having money to feed their families are serious hurdles to staying in school. Native American students, in particular, often must travel far from home to attend school. They may lack money to keep a car in working

order or to park on campus. Flannery (2000) wrote that programs to address these needs are not luxuries, but are essential to the success of Native American students.

Learning Style

It has proven very difficult to generalize about the diverse population of Native Americans. The over 500 federally-recognized Native American tribes (Pichette, 1999) represent a wide variety of languages, governments, social systems, values, and levels of acculturation into the mainstream (Fleming, 1992; Whitbeck, Hoyt, Stubben & LaFromboise, 2001). Pewewardy (2002) warned against making generalizations about how Native Americans learn best, and asserted that “diversity within any culture is the norm” (p. 4).

Despite this diversity, Pewewardy (2002) and other authors (Crow, 1993; Weaver, 1995; Yurkovich, 2001) have asserted that Native Americans tend to have different ways of learning, as well as different styles of expression, from those fostered and understood in the university system. Crow (1993) emphasized that many Native Americans have come to awareness in cultures that have been largely based in an oral tradition, rather than media-based. This may nurture a style of thinking that is holistic and pluralistic (Crow, 1991).

Holistic and pluralistic thought. While holistic thought is essential to most endeavors and is practiced by all cultures to some degree (Kolcaba, 1997), a predominantly holistic world view and way of thinking have been attributed to Native American cultures (Crow, 1993; Pewewardy, 2002; Weaver, 1995). Crow described a

holistic approach as emphasizing the breadth and depth of a subject without breaking it down into linear or hierarchical entities. Pewewardy (2002) explained that practitioners of this way of thought begin with an understanding of the complex structure of the area being studied and proceed to establish meaning only in relation to the whole. Holistic thinkers have been said to be more effective in relating concepts to one another, and to the greater whole (Crow, 1991; Pewewardy, 2002).

Crow (1991) contrasted pluralistic thought, attributed to Native American cultures, with dualistic thought, said to be common within the academic environment. Pluralistic world-views assume multiple modes of reality (Websters, 1977), encouraging multiple ways of approaching a situation, and multiple answers which can be considered correct (Crow, 1991). Dualistic world-views hold that reality consists of two irreducible elements (Websters, 1977). This encourages the practice of approaching a situation in the one “correct” way, to obtain the one “correct” answer (Crow, 1991).

Crow (1993) explains that, when Native American students reason and express themselves from a pluralistic and holistic point of view, their work may lack the logical, structural support expected in academic thought. While such students’ work may appear to them as a compelling whole, their professors interpret the work by standards of academic culture. This may lead professors to be insensitive to an organic organization of ideas, and to see instead, poor organization and conclusions presented without logical support. Professors do not consistently know how to teach these students to work well within the framework of academic culture, while expanding their holistic skills (Crow, 1993).

Despite these cultural differences, Dickerson and Neary (1999) found that nursing professors often continue to rely on a traditional approach, involving efficient transmittal of knowledge by lecture, seminar, and practicing of clinical skills. An overriding concern with fairness to all students leads to reluctance to use simpler language or to offer extra help to those who have difficulty. Professors are unlikely, unless required by policy or specific programs, to give minority students the extra attention that they require (Dickerson and Neary, 1999).

A Different Kind of Assertiveness. Coming from cultures that emphasize humility, respect for elders, and cooperation, Crow (1993) and Yurkovich (2001) wrote that Native Americans may also have difficulty with the type of assertiveness expected in nursing programs. Respect for elders often leads them to receive information in respectful silence, letting the speaker have the floor. Communication style often involves prolonged silences and nondirective techniques. Criticisms or conflicting points of view are accomplished in a roundabout way, to avoid giving offense. These communication techniques have been appropriate and sensitive in Native American cultures but often ineffective in the academic world.

Crow (1993) and Lowe (2002) wrote that the cooperative nature of Native American cultures includes a long tradition of making decisions by group consensus. Such decisions are often complex, involving not just the individual, but the larger social context, and requiring considerable thought before speaking. Their cultures also tend to evaluate people not by what they say, but by their actions. Thus, the authoritarian style

so often found in university classes may seem incomprehensible and even rude to these students, while the emphasis on words over actions may seem to be ill-advised.

Although Caucasian students generally show positive reactions to high faculty expectations, Vasquez (1976) wrote that minority students, particularly Native Americans, sometimes view such expectations as hostile. In a system that is based on individualism and assertiveness, nursing students are expected to speak in class, and to aggressively seek help when they need it (Dickerson & Neary, 1999). Many Native American students, however, have learned a communication style that has not predisposed them to interrupt, argue or discuss class material with the professor (Crow, 1993).

Dickerson and Neary (1999) found that professors often misinterpret the Native American style of communication as showing lack of interest in class or lack of familiarity with class material. Professors in their study expressed concern that minority students appeared to have lower self-esteem, and that Native American students' reluctance to seek assistance might show a general passivity, that would make their work as nurses very difficult. Crow (1993) wrote that some professors equate such behavior, as well as holistic thinking, with low intelligence.

Time. In exploring a Native American concept of time, Crow (1993) wrote that these students tend to approach their studies with a concept of time that is event-centered, present-oriented, cyclic, and measured by the completion of tasks. This is often at odds with mainstream clock-time, which is abstract and linear. Students may become lost in one project, while neglecting another until they can devote the same attention to it. They

also tend to submit assignments late, only after they believe they are complete (Crow, 1993). Crow (1993) wrote that professors report frustration with the resulting uneven quality of work and late assignments, as well as concerns about students' time-management. Nursing professors have also reported concerns that this way of working is not conducive to success in the profession (Crow, 1993; Dickerson & Neary, 1999).

Learning Psychomotor Skills. Crow (1993) examined the problems that learning physical skills present to Native Americans in the mainstream academic environment. Many Native Americans are taught to listen, observe, and perform only when they were certain they can do so correctly. As holistic thinkers, they tend to integrate their understanding of why and how a task should be done before attempting to learn a skill. They are not comfortable "trying something out," but often prefer to practice privately, alone or with peers, before demonstrating skills. Professors have often perceived this as worrisome timidity.

Failure to Use Available Services

Because of the many levels of discomfort that minority students feel in adapting to university culture, Merrill (1998) reported they often do not take advantage of available services, such as workshops on study skills, test-taking, stress and time management, as well as financial counseling, or childcare. Dowel (1996) noted that minority students also rarely belong to peer support groups, social support groups, or study groups, all of which might support their success. She noted that the difficulties minority students have in participating in these extracurricular services may be compounded by the fact that the

students tend to be older, to have other responsibilities, and to commute to campus, rather than living on campus and becoming part of a campus community.

Ambivalence towards Assimilation

Historical Trauma. In understanding Native Americans' ambivalence towards assimilation, it is essential to consider not only the cultural differences discussed above, but the impact of historical trauma. Many cultures have undergone what Struthers and Lowe (2003) described as "cumulative and collective emotional and psychological injury over the life span and across generations" (p. 258). The history of Native Americans in the United States is unique among minorities because they were a strong presence on the continent before Caucasians arrived. Within memory of the parents of today's elders, individuals from these cultures had the use of most areas of the Western United States, but today they only have reservations made up of the poorest land (Struthers & Lowe, 2003; McFee, 1972).

More importantly, United States policymakers have, until recently, made a concerted effort to eradicate Native American cultures (Bigfoot, 2000; Cook, 1995; Morrisette, 1994; Struthers and Lowe, 2003; Yurkovich, 2001). Methods have included denial of legal status to certain tribes, legal quantum blood requirements, derogatory labels, and Bureau of Indian Affairs boarding schools (Bigfoot, 2000; Yurkovich, 2001). These boarding schools also have set Native Americans apart from other minorities, because education has been used, not as a way out of poverty, but as a tool of deliberate cultural destruction (Bigfoot, 2000; Weaver, 1998; Yurkovich, 2001).

The University Experience Today. In more current times, Yurkovich (2001) wrote that Native Americans express concern that higher education has contributed to the loss of indigenous cultures by imposing professional norms derived from the dominant culture. She explained that Native Americans struggle to maintain cultural identity in a system that only minimally recognizes their language, culture, and traditions. The Native American nursing school graduates she interviewed reported numerous instances of overt and covert discrimination by faculty during their student years. Kirkness and Barnhardt (1991) wrote that universities continue to represent an intimidating and often hostile environment, which gives Native American students little credit or respect for the strengths they bring to the experience. They added that students often feel they are being asked to make fundamental changes that they are not willing to make.

This situation is complicated by the problems encountered when Native American and university cultures meet. Kirkness and Barnhardt (1991) wrote that, too often, when Native Americans do not learn well, universities simply step up programs to acculturate those students to mainstream values. They added that efforts to understand and support the strengths which Native American students bring to their university experience have been inadequate.

Inadequate Support from University Administrations and Faculty

Despite the many difficulties Native Americans and other minorities face, authors (Campbell & Davis, 1996; Dowel, 1996; Merrill, 1998; Tierney, 1991a) noted that universities tend to be structurally inhospitable to minority students, and to lack firm commitment to increasing diversity. Rather than carefully designing programs to

increase minority enrollment and success, many universities seek minority students only when overall enrollment declines (Campbell & Davis, 1996; Evans, 2004a). Campbell and Davis (1996) wrote that this leads to poorly-organized, inconsistent efforts to recruit and retain Native American students.

Recruitment. Dowel (1996) wrote that, although universities have made greater efforts to recruit Native American students, they tend to use the same career fairs, open houses, and brochures that have worked in the past to recruit mainstream students. They do not reach out to those students who are capable, but who may not believe a college education is within their grasp. In the case of career fairs and open houses, many of these potential students are not present, since, lacking role models and encouragement, they have not considered the option of a college education (Dowell, 1996; Grubbs, 1989; Kohler & Edwards, 1990).

Prospective students may also respond to perceived and actual prejudice with a belief that they are not welcomed into academic life (Evans, 2004a; Richardson and Skinner, 1990, cited in Dowell, 1996). Dowell (1996) wrote that this sense of not being welcomed is heightened by the dearth of faculty members and students who have been members of minority groups. Recruitment efforts are further hampered by lack of full-paying scholarships and grants to offer students who cannot afford school without them (Campbell and Davis, 1996; Dowel, 1996; Evans, 2003; Merrill, 1998). Indeed, without well-informed strategies and adequate funding specific to finding and recruiting talented minority students, many of these students are lost to the university, and lost to nursing (Dowell, 1996).

Failure to Foster Diversity. Cultural diversity content is often condensed into single classes, rather than woven into the curriculum. This encourages mainstream students and faculty to see other cultures as foreign, rather than as integral to a diverse society (Canales, Bowers & Norton, 2000, cited in Evans, 2004b). Even within the last five years, Sommer (2001) and Evans (2004a) have found that significant numbers of faculty and administrators are unfamiliar with principles of multicultural education.

Use of Faculty Time. Perhaps more critically, Campbell and Davis (1996) noted that faculty time does not tend to be prioritized to allow necessary time with minority students or the issues that concern them. The duty of speaking for minority issues often defaults to the few minority faculty members on staff, who, like other faculty members, are occupied with other duties. As a result, faculty members are less sensitive to minority problems than they might otherwise be (Campbell & Davis, 1996; Merrill, 1998), and students have reported lack of faculty support and advisement (Dowell, 1996).

Without firm administrative commitment and well-structured policies to increase diversity, minority students too often have been left to negotiate the various inclinations of faculty to help them. Authors have reported faculty bias in student evaluations (Barbee & Gibson, 2001; Villarruel, Canales, & Tores, 2001), a dearth of minority faculty and advisers (Dowell, 1996), impersonal faculty relationships with students, lack of advisers who understand their particular difficulties, and lack of mentors (Evans, 2004a). Native American students have reported a lack of university-wide policies to prevent insensitivity to their cultures in the classroom (Weaver, 2001), as well as discrimination by faculty and students (Weaver, 2001; Yurkovich, 2001).

Summary

These factors frequently have set up Native American students to feel isolated, alienated, frustrated and misunderstood by the cultures of the mainstream and of academia (Buchanan, 2000; Villarreal et al., 2001; Evans, 2004; Dowell, 1996; Gardner, 2005; Nugent, 2004). Many respond with a feeling of fatalism, or have found the situation too stressful to continue. The result has been decreased enrollment of Native Americans in baccalaureate nursing programs, decreased retention of these students (Crow, 1993; Dickerson & Neary, 1999; Evans, 2004b; Manifold, 2001; Tierney, 1991; Yurkovich, 2001), and a shortage of Native Americans in the nursing work-force (IHS, 1996; USDHHS, 2005).

Strengths

Overview

Although little discussed in the literature, many Native American students bring considerable strengths to their university experience. Many of the traits that are considered barriers to their success in higher education are strong assets, in a setting which allows their expression. Strengths identified in the literature are discussed under the following categories: a) holistic world view and learning style; b) perception of time; c) skills in cooperation; and d) individual strengths leading to success in the academic world.

Besides helping individual students, some authors (Bevis and Watson, 1989; Watson, 2000; Evans, 2004a, 2004b) have postulated that adjusting university systems to emphasize these strengths will benefit all students. They decry the use of the current

“banking model” of education, in which teachers have all the important knowledge, and will somehow deposit this within their students. Evans (2004b) wrote that changing this model to accommodate minorities such as Native Americans may lead to more effective thinking and problem-solving skills in all students as they enter the workforce.

Holistic World View and Learning Style

Native American cultures have tended to foster a style of thinking and learning that is based on a predominantly holistic world view (Crow, 1993; Pewewardy, 2002; Weaver, 2001). Holistic thinking, which is used in all cultures (Kolcaba, 1997) has been described as taking into account all the concepts related to a subject without breaking them down into discrete parts (Crow, 1991). It is a system of organization that has been described as organic, rather than hierarchical (Pewewardy, 2002). Struthers and Littlejohn (1999) found this style of thinking to be an essential component of Native American awareness.

Crow (1993) proposed that this background might allow Native American students to more easily integrate new material with previous learning. She added that, because of this approach, in which all information is considered useful, students may be more likely to see any situation as one from which they might learn, and so to continue their learning in and out of class and throughout their lives. Elements of this approach, such as thinking in terms of the whole situation rather than seeing it piecemeal, have been viewed as vital to problem-solving (Pewewardy, 2002).

Lowe (2002) and Crow (1993) wrote that Native American students, as holistic thinkers, may be better able to understand the complexities of working with families,

particularly in a Native American setting. Lowe (2002) added that they may also more easily care for a patient in a holistic way, integrating care of family and community.

Lipson et al. (1996) theorized that holistic thinkers might be expected to manage a variety of complex situations more effectively.

Perception of Time

Another barrier that may be considered an asset is an event-oriented perception of time. Many Native American cultures have fostered an understanding of time that is grounded in the present, and measured in terms of events (Crow, 1993). This has been considered by nursing professors to be inconvenient in the university setting, and potentially disruptive in the work setting (Crow, 1993). Lowe (2002) observed, however, that students with this orientation tend to see nursing actions as dictated, not by linear time, but by what is happening as they form and maintain a relationship with a client. Crow (1993) wrote that such an orientation may also lead students to stay with a difficult situation until it is resolved.

Skills in Cooperation

Crow (1993) observed that skills in cooperation, so essential to the work of nursing, might be powerful strengths in Native American nursing students. Having come to awareness in cultures that valued cooperation and fostered the complex social skills involved, Native Americans tend to excel in this area, while mainstream students may require considerable education to learn basic skills. A holistic understanding of the way groups work, valuing of cooperation, and valuing of group benefit over that of the

individual, all serve Native American nursing students well in working with groups. (Lipson et al., 1996; Lowe, 2002).

Individual Strengths

Yurkovich (2001) explored individual strengths which increase Native Americans' success in nursing programs. She found that these included: a determined focus on the goal of graduating; an ability to work within another culture while not losing one's own; accurate self-assessment skills; the ability to develop assertiveness skills; and the ability to establish a support community. These interrelated strengths have enabled students to socialize into the roles of student and nurse, and to master course content. Nursing programs that are designed to foster these strengths will have more successful Native American graduates.

Supporting Native American Nursing Students in Baccalaureate Programs

Overview

The central issue in supporting Native American students as they pursue baccalaureate nursing degrees is their lack of familiarity and discomfort with the academic environment (Crow, 1993; Dickerson & Neary, 1999; Pewewardy, 2002; Tierney, 1991a; Weaver, 2001). Cultural differences and misunderstandings underly the barriers discussed earlier: a) the degree of culture shock suffered by Native Americans as they have entered university systems; b) the discrimination and bias which have been integral to their lives; c) their personal and academic preparation; d) their financial and practical preparation; e) the quality of their learning in the university setting; f) the

ambivalence they have felt towards assimilation; and g) the quality of support of university systems. While responsibility for the origins of these problems does not fall to university administrations and faculties, they nevertheless have considerable power to make adjustments which can improve the recruitment and retention of Native American nursing students. This section will address how universities might address each of the barriers listed above.

Bridge Differences between Native American and Academic World Views

There is much to do across many areas in order to help Native Americans feel more welcome during their university experience. Merrill (1998) suggested that academic and Native American cultures could recognize and respect one another's approaches to learning, while each maintains individuality. She maintained that both cultures would benefit from expanding their horizons in this way. This respect could be a starting point for working together towards the common goal of educating Native American nurses. Native American students could benefit from an emphasis on cultural awareness and competence as they navigate their way through a university system that is foreign to, and sometimes in conflict with, their own cultures (Crow, 1993; Evans, 2004a; Yurkovich, 2001).

Gardner (2004) suggested that the development of programs and classes to help mainstream students and faculty become more culturally aware would be useful to all concerned. In such programs, emphasis would not be exclusively on learning cultural competence, but also on learning to understand mainstream culture and avoiding its implicit stereotypes. Crow (1993) and Merrill (1998) emphasized that, in making cultural

contrasts for students and faculties, it is critical to affirm students' native cultures, and not to imply that students needed to change in order to succeed.

Minimize Culture Shock

Sense of Belonging. Yurkovich (2001) wrote that, whenever possible, administration and faculty members should work to construct an environment which functions somewhat like an extended family system. In this system, Yurkovich recommended that communication be direct and personal. This could be fostered by community meals, in order to help students feel at ease with each other and with the faculty. Also, because storytelling has had an important role in many Native American communities, Yurkovich recommended that students be asked to tell stories of how they came to study nursing, or how a nurse has affected their lives (Yurkovich, 2001).

Advising. Gardner (2005) suggested that all Native American students be assigned to the same academic advisor, and that this person actively work as their advocate. She emphasized that, for all minority students, nursing advisors and educators should be proactive, approachable, sensitive, and nonthreatening, so students would feel free to ask for help or support. Others have recommended that such an advisor actively seek out students for individual or group sessions, because Native American students' respect for authority might cause them not to seek such assistance on their own (Campbell & Davis, 1996; Crow, 1993; Yurkovich, 2001). Once Native American students are in the advising system, it has been noted that Native American students might require active encouragement in order to share their experiences (Crow, 1993; Yurkovich, 2001).

Several authors have noted that a proactive advisor also could be effective in helping students to compare and contrast university practices, perceptions and expectations to those of Native American cultures, reducing cultural assumptions and unspoken misunderstandings (Crow, 1993; Evans, 2004a; Yurkovich, 2001). Crow (1993) emphasized that, in making these cultural contrasts, it would be critical to affirm students' native cultures, and not to leave students with the sense that they were to learn a new, better culture. Yurkovich (2001) added that such an advisor could also teach students to navigate the university system and to interact effectively with a culture that is, to varying degrees, foreign to them.

Yurkovich (2001) noted that students, faculty, and advisors must discuss means of future communication early in students' university careers. She wrote that this might be critical to the success of Native Americans, who often are raised to respect elders and those in authority, and not to actively seek their advice (Yurkovich, 2001). Because Native Americans tend to prefer personal communication, Yurkovich (2001) also suggested that direct and social communication, such as telephone contact and telephone trees, be used, rather than bulletin boards or newsletters.

Eliminate Discrimination and Bias

In order to foster a culturally-diverse environment, Barbee and Gibson (2001) suggested that faculty and administrators must be aware of how our educational institutions are shaped by race, class, and gender. In doing so, they must become much more sensitive to institutional racism and work actively against it. Yurkovich (2001) emphasized the critical importance of mainstream administration and faculty members

first becoming aware of assumptions and biases in their own culture, and only then seeking to understand Native American culture from the students' point of view.

To further an environment of respectful cultural exchange, Merrill (1998) wrote that universities should recruit and hire faculty, staff and administrators from a variety of cultures. She also emphasized that faculty from all backgrounds should be educated regarding the needs of students from various cultures, and that cultural content should be woven into the curriculum, rather than taught in discrete classes. Gardner (2004) added that students of all cultures should be encouraged to express cultural values, stories, and ways of doing things in the classroom.

Tierney (1991a) wrote that faculty members and administrators must keep in mind that the goal is not to educate Native Americans to fit into mainstream culture. He added that attempting to do so would alienate many Native American students, whose strong intention is to maintain and strengthen their culture. The goal put forward by Tierney (1991a) and Yurkovich (2001) was to teach the material in such a way that students could use it within their own culture, while making unique contributions to the mainstream. Barbee and Gibson (2001) added that minority students should be educated and empowered to work within mainstream systems and to change them.

Assist Students to Overcome Inadequate Academic and Personal Preparation

Nugent et al. (2004) reported that, once minority students are recruited, it is important to recognize that they may require considerable support in order to succeed in a system that is foreign to them. Because many minority students are first-generation college students, Nugent et al. (2004) wrote that they would need to be educated in

advance about the rigors of a baccalaureate education. Yurkovich (2001) added that families also must be prepared for the degree of student involvement required to obtain an advanced degree. Having prepared students and families in this way for university life, Dowell (1996) wrote that it would be critical to provide early opportunities to learn test-taking skills, study habits, and interviewing skills. She added that students might also require catch-up courses or early tutoring in math or English. Merrill (1998) and Nugent (2004) noted that it would also be necessary to ensure that these courses not be seen by incoming students or their cohorts as remedial or specifically for Native Americans; they should be offered for all students with the understanding that many students find nursing courses difficult. Evans (2004) also noted that faculty should be alert for students who might need help from tutors in order to learn English as a Second Language.

Other suggestions made by Nugent et al. (2004) for ensuring minority students' successful adaptation to university life have been for incoming students to shadow a student already in the program; to provide a summer enrichment program; or to use peer instructors under faculty supervision. Another option suggested by Nugent et al. (2004) was an introductory nursing course for students before they entered a nursing program. Such a course would provide an opportunity for students to understand what they were undertaking, to become familiar with campus, and to initiate a relationship with a nursing faculty member.

Whatever the means of enriching the education of these students, Yurkovich (2001) emphasized that faculty should take the initiative, seeking out students to establish personal relationships, to offer assistance, and to invite questions that otherwise might

remain unasked for fear of offending a person in authority. In writing about minority students, Vasquez (1990) wrote that faculty could foster positive self-images in minority students by making it clear that expectations for these students were equal to those of other students.

Assist Students to Overcome Financial and Practical Problems

Because financial assistance is often critical to minority students, Campbell and Davis (1996) wrote that administration and faculty members should aggressively seek funding through research and grant proposals. Nugent et al. (2004) suggested that universities also must be aware of other funding sources, such as loans, scholarships, and fellowships, because many Native American students do not have the background to seek these out on their own. Nugent et al. (2004) also urged administrators to be willing to “think outside the box,” by helping students to find nursing-related work or by setting up such work for Native American Students in university clinics.

Another area that requires administrative creativity is that of providing for the practical needs of students. Older students with families need childcare facilities or help in setting up ways to share childcare (Merrill, 1998). Other suggestions have been to provide students with bus passes or to help in setting up carpools (Merrill, 1998). Also, it has been noted that, while teachers and administrators might not take the place of extended families, they could provide a powerful support network through the above actions and through being willing to listen and to help students problem-solve (Evans, 2004a).

Accommodate Unique Learning Styles

Vasquez (1990) wrote that, in a multicultural society, educators must be challenged to match their teaching styles to the learning styles of students. He urged educators to be aware that mainstream strategies might initially be foreign to Native American students, but that this would not preclude their being good students or having other strengths (Vasquez, 1990). Pewewardy (2001) emphasized that being aware of, and teaching to students' strengths would be more effective than teaching to their weaknesses.

Support Holistic and Pluralistic Thinking. Crow (1993) wrote that Native Americans, at least initially, might profit most from modular learning, in which they would first be presented an integrated picture of a subject, requiring general understanding of many aspects at the same time. More detailed knowledge would then be presented and related to the understanding of the whole. In this model, students would also be encouraged to draw knowledge from many different sources. As students learned the concepts involved, relevant skills could be integrated into this whole.

Several authors have suggested that lectures be presented in a more holistic fashion to Native American students. This would include discussions of personal experiences, pragmatic implications for patient care, relating content to skills, and drawing in past lecture content (Crow, 1993; Vasquez, 1990; Yurkovich, 2001). Crow (1993) emphasized that lectures should teach not only facts, but the structure into which the information fits. She added that professors should help students to form interrelations between knowledge, skills, practical applications and personal experiences. Suggestions for supplementation of lectures have included field trips, seminars, live interviews, visual

aids, and small group activities (Crow, 1993; Vasquez, 1990; Yurkovich, 2001). Testing should be by written essays with integrated skills exams (Crow, 1991).

Although fostering holistic thinking is considered important, Weaver (2001) warned that faculty must remain aware that these students' future work environment is not likely to encourage a strictly holistic approach to nursing. She urged that Native American students also be taught the linear thinking and time management strategies necessary to function in the mainstream culture of nursing, while maintaining their own cultural moorings. Rather than simply adjusting the curriculum to the ways of thinking that Native Americans have brought with them, she wrote that their horizons should be expanded by teaching them to function in both modes (Weaver, 2001).

Teach Time Management. While an abstract, linear orientation to time must be taught in order for students to function as nurses, Crow (1993) urged that professors understand that this is not been a natural way for many Native Americans to order their experience. Rather, she stated that professors should recognize the Native American event-centered, present-oriented approach to time as a potential strength. She suggested that these students might form more attentive relationships with their patients, as well as stay with a difficult nursing situation until it is resolved. In teaching both ways of perceiving time, Crow (1993) suggested that the issue be openly discussed, and that students be allowed some leeway in handing in assignments early in their careers.

Teach Psychomotor Skills. When teaching skills, Yurkovich (2001) suggested that Native American students' tendency towards holistic thought be taken into consideration, by integrating skills with relevant concepts. She added that, because many Native

Americans are not comfortable learning a skill while others are watching, they might benefit from practicing privately with peers before demonstrating skills. Crow (1993) added that professors should not assume that reluctance to perform a task before it is completely learned shows timidity, but that it might demonstrate respect for the knowledge and task at hand.

Assertiveness. Nugent et al. (2004) suggested that, in adjusting to Native Americans' culturally different ideas regarding authority, professors should avoid an authoritarian style. In doing so, they would allow students to take on more authoritative roles, leaving room for growth that would enable them to be assertive as students and as nurses. Nugent (2004) also suggested that Native American skills in cooperation might be used to start small groups and roundtable discussions, which could then be used to foster developing mainstream assertiveness skills.

Starting from an understanding that these students might already have assertiveness skills which are appropriate for the setting in which they grew up, Nugent et al. (2004) suggested that professors act as cultural interpreters, discussing with students the different cultural norms of mainstream, academic and Native American cultures regarding assertiveness. In discussions of professionalism and effective leadership, it might be necessary to discuss with Native American students that these are not incompatible with humility and respect for elders. Crow (1993) added that all students, but particularly Native Americans, might develop increased self-esteem as a result of being reminded that, while standards are high, they are capable of meeting them. Nugent (2004) suggested that additional courses and workshops might be useful. These might

include general skill sets such as stress and time management, as well as career development.

Motivation. Vasquez (1990) noted that, because many Native American students have not been motivated by the reinforcers that are implicit in mainstream and university culture, it is important for professors to take on the task of motivating them to succeed in the university context. The prospect of a job that pays well, providing independence and personal status, might not be appealing to students whose reinforcement systems have tended to be based on family pride, preference for close personal relationships and cooperative activities. Vasquez (1990) and Crow (1993) speculated that Native American students might be more strongly motivated if they could imagine returning to their families and communities with skills that will be highly valued, and which would increase their own and their families' standing in the community.

Mentoring. The word, mentor, is derived from a friend of Odysseus who was entrusted with the education of Odysseus' son; synonyms include "tutor" and "coach (Webster's, 1977)." Patchell (2005) wrote that mentoring has become "a hallowed pathway to success in almost every profession (p. 1)." She pointed out, however, that an already complex process becomes much more so when it is carried out cross-culturally, particularly when it involves "people of one culture moving through a rigid educational system designed by people of another culture (p. 1)."

Patchell (2005) wrote that mentors help students to unify their experience as Native Americans with those of academic and mainstream culture. She added that mentors help students to unify mind, body, emotional and spiritual components of themselves, while

learning the discipline of nursing. Nugent et al. (2004) added that a mentor empowers the student to become an independent thinker, who is able to see herself as becoming successful and influential.

Minority students have been reported to perform at their best when they have had a “sanctuary” relationship with a faculty member. Such relationships have been successful whether they were informal or highly structured, so long as the student regularly reviewed his or her progress, and the overall plan was corrected as needed (Campbell and Davis, 1996).

Crow (1993) urged faculty to take the initiative in seeking out minority students in need of mentoring (Crow, 1993). Campbell and Davis (1996) noted that a mentor must truly be willing to listen to a variety of student problems, whether academic, financial, family responsibilities, or homesickness. They added that emotional support should be provided, but most importantly, the student must be helped to problem-solve.

Understand Ambivalence about Assimilation

Support cultural identity. Too often, when Native Americans do not learn well, universities increase efforts to acculturate these students to mainstream values. This is generally ineffective (Kirkness and Barnhardt, 1991), and resented by Native American students (Yurkovich, 2001). In fact, those Native Americans who have succeeded in college are those who have a strong sense of cultural identity, and who are able to operate within the complexities of the mainstream culture and their own cultures (Benjamin, Downey, & Heuer, 1999; Flannery, 2000).

Crow (1993) wrote that, in order to foster this ability to operate within two cultures, professors should act as cultural interpreters for their Native American students. They should point out the differences in traditional Native American ways of thinking and those of university and professional culture. In doing so, professors should make a plausible case that Native American ways might be enriched, rather than hindered, by taking on new approaches. Crow (1993) suggested that professors emphasize that all university students are engaged in learning more than one way of perceiving, learning, and responding to information. They should teach students that such flexibility provides more options from which to choose when dealing with problems in their professional and personal lives.

Support family and tribal ties. The strength of family and tribal ties frequently disrupts Native Americans' university performance. Students often enter and leave a program several times, as they respond to needs of tribe and family (Evans, 2004; Plumbo, 1995). Plumbo (1995) asserted that understanding the nature and strength of these bonds is critical to meeting the needs of Native American nursing students. She wrote that educators must avoid reflexively interpreting Native American students' prioritizing of family ties as lack of interest in the curriculum, when, in fact, it might represent a commitment to community and wellbeing of others that is central to good nursing. Evans (2004a) added that professors should be alert for family forces that work against students' interests, and be available to help students navigate conflicting demands.

Families are sometimes concerned that their children will lose their cultural moorings or that school will take their children away from tribe and family. Patchell (2005) suggested that universities respond to this concern by developing curricula that demonstrate to families that the university will help students stay connected to their family and tribal values. She also suggested that family be welcomed at university functions.

Administrations Must Meet Student Needs

Commitment of Time and Resources. Several authors have noted that programs to recruit and retain Native American students in baccalaureate nursing schools require strong, committed administrative backing. Policies and initiatives should be long-range, well-funded, carefully thought-out, and integrated with academic curricula. They also require adequate allocation of faculty time (Campbell and Davis, 1996; Dickerson and Neary, 1999; Yurkovich, 2001). Dowell (1996) urged that these policies not be generalized to all minority groups, but specific to Native Americans, as they should be specific to other minority groups. Tierney (1991b) added that goals and methods of evaluation should be carefully thought-out. He also noted that such programs require a fundamental change in perspective, through analyzing and transcending the ways power operates in a university. He emphasized that the goal must be to share power with Native Americans, rather than to dispense favors to them.

Improve Recruitment. Moultrie (1987) wrote that universities committed to recruiting minority students should begin by setting up partnerships with high schools that have significant percentages of those students. In doing so, faculty should work with

high school counselors to be certain that nursing is put forth as a career option for those students. Hodgman (1999, as cited in Evans, 2004b) wrote that it was critical for universities to send students and faculty who are Native American to visit high schools with Native American students, in order to establish personal relationships with teachers, counselors and students. These representatives also should speak with families and interested tribal members, and be sensitive to their concerns that education might cause prospective students to be lost to them, as they enter a different way of life. Careful listening will be necessary so concerns can be addressed (Dowell, 1996; Hodgman, 1999).

Barbee and Gibson (2001) asserted that, despite concerns students and families may have, in many minority cultures, nursing has been a respected profession. Nurses who return to their communities are viewed as trusted resources. They suggested that universities should take advantage of this community respect and support in their recruitment of Native American students (Barbee & Gibson, 2001).

In addition to recruiting Native American high school students, Tierney (1991a) suggested that universities might use community colleges and continuing education programs as bridges that could lead minority students into health care. He reported, however, that there is often considerable misunderstanding between these types of institutions, which has impeded recruitment of Native American students. Universities tend to expect community colleges to prepare students for the university by helping them with any remedial work they may require, and by teaching study skills. Community colleges, however, understand their mission as training students for vocations, rather than transfer to a university. Tierney (1991a) suggested that negotiations take place between

these entities, regarding the division of labor in preparing students for university courses. In the case of tribal colleges, he urged that universities recognize that these institutions are seriously underfunded, and might be struggling to meet their basic obligations to students. When this is the case, Tierney (1991a) wrote that universities must take on the task of readying students for university courses.

As Dowell (1996) and Nugent (2004) indicated, the best recruiting policies will not be effective if funding is not available to help Native American students attend the university. Scholarships, work-study programs, stipends, and financial aid should be made available. Students should be made aware of the many options, and university staff must communicate their willingness to assist them in obtaining financial aid.

Finally, as Crow (1993), has written, professors and administrators must publicly defend more open admissions standards. Crow (1993) reported that there is a common belief within mainstream culture that university standards have been lowered in order to allow non-Caucasian groups into university programs. While it may be the case that Native Americans and other groups are admitted with lower test scores, administrators and faculty must remind the public that personal and cultural factors influence student success. These factors are taken into consideration in evaluating whether students will be able to handle the course of study. Crow (1993) wrote that the public must be made to understand that, once in the university, minority students are held to the same standards as other students, and will have to pass the same licensing examinations as other students in order to practice their professions.

Summary

Over the last forty years, many authors have studied the Native American experience at universities, and noted considerable barriers to the success of these students (Crow, 1993; Dickerson & Neary, 1999; Evans, 2004a, 2004b; Manifold & Rambur, 2001; Plumbo, 1995). Native Americans are not aggressively recruited by university nursing programs, and if they do find themselves in such programs, they frequently lack the supports they require in order to be successful. Programs to minimize these barriers have not been successful in enlarging the percentage of Native Americans in the workforce (USDHHS, 2000; Tierney, 1991a). While little is found in the literature about the strengths these students bring to nursing programs, it seems likely that those programs which, in addition to eliminating barriers, also nurture the considerable strengths of these students, will be the more successful programs in recruiting and retaining Native American students.

METHODS

Introduction

The factors contributing to the general lack of success of Native Americans in baccalaureate nursing programs are complex and incompletely understood. Tierney (1991b) recommended the use of qualitative research methods that move beyond statistical surveys and data. He wrote that the use of exploratory, descriptive research should be used to lay the foundation for understanding the experiences of Native American nursing students in baccalaureate programs.

The intent of this chapter is to describe the research methodology for this study, which is based on Giorgi's phenomenological method. The chapter includes three sections: a) a discussion of the fundamental assumptions and concepts related to Giorgi's method, b) a discussion of the difficulties inherent in cross-cultural research, and c) a description of the design and methods of this study.

Giorgi's Phenomenological Approach

Overview. While several meanings of the term, "phenomenology" exist, Giorgi (1995) defined his approach as a "systematic analysis of phenomena as they present themselves to consciousness precisely as they present themselves" (p. 8). The purpose of phenomenological research, according to Giorgi (1989a) is "to discover and describe the structure of the given as experienced" (p. 41). Phenomena may include complex situations, ambiguous nuances, contexts, and the way in which such information is presented (Giorgi, 1988). In phenomenology, Giorgi (1988) wrote, the observer must

maintain constant awareness that there could be other perspectives, or that his or her perspective could be incorrect. He added that, because original data is essential to understanding, it is critical to ensure that these data be as inclusive and precise as possible (Giorgi, 1995).

Giorgi (1988) described phenomenology as “a philosophy of intuition” (p. 170). He further explained that, “intuition is related to the presence of meanings and meaning can serve as evidence. Evidence is being present to meaning with insight” (p. 171).

In his approach to phenomenological inquiry, Giorgi (1988) recommended that researchers follow specified, but broadly defined and flexible, procedures. The purpose of these procedures is to construct a synthesis of the data that is minimally influenced by preconceived notions, and to enable auditing of the researcher’s thought process during synthesis. In describing the process, Giorgi (1989a) identified the first step as the “constitution of the research situation” (p. 42), or the creation of the situation in which specific knowledge can occur. He emphasized that any such situation is necessarily different from the experience to be studied, because we have imposed constraints in order to do research. The second step is the “constitution of the data” (p. 43). Again, he emphasized that data is changed by the process, and provides only an aspect of the entire situation. The third step is the “constitution of the method” (p. 43). This also, involves setting up certain constraints within which the researcher operates. The final step is the “constitution of the interpretation and communicative procedures” (p. 44). In doing so, all researchers, regardless of method, must be aware that there are other ways to organize the data. The researcher must be aware that the information gained from research is always limited because “every time one does something one is simultaneously

constituting a contextual limit” (p. 44). The clarification of this context contributes to the rigor of phenomenological research (Giorgi, 1989a).

Methodological Concepts. Major concepts important to Giorgi’s method include: phenomenon; reduction; essences; free imaginative variation; and triangulation. These concepts have complex definitions, which are discussed below. Concise definitions of these terms can be found in Appendix A.

Phenomenon was defined by Giorgi (1995) as “that which shows itself precisely as it shows itself to an experiencing consciousness” (p. 8). He emphasized that phenomena must be understood to be as they exist for the observing consciousness, and not as they would exist if no consciousness were aware of them. Giorgi (1995) wrote that when phenomena are analyzed by phenomenologists, it is done “in terms of the most essential characteristics of subjectivity and of the ‘given’ “(p. 9), in seeking the most universal and foundational essences of the phenomena.

Giorgi (1988) wrote that the process of reduction is essential to the phenomenological approach. This process requires the researcher to be “present to what is given precisely as it is given” (Giorgi, 1989a, p. 45). The two processes of bracketing and searching for essences are integral to reduction. Bracketing is the holding in abeyance of any preconceptions regarding the phenomenon, participants, or what is expected from the research. It is thought to enable the researcher to perceive the presentation of the data in a fresh, naive manner (Burns & Grove, 2001; Giorgi, 1995; Giorgi, 1988).

The process of searching for essences is closely related and concerns and orientation toward the final result of learning the essences of a situation (Giorgi, 1988). Giorgi referred to the phenomenologist philosopher, Husserl, who had defined essences as, in Giorgi's words, "the most invariant meaning or identity that can be assigned to a phenomenon for a given context" (Giorgi, 1988, p. 172). Giorgi (1988) gave the example of a chair, which might be made of any material, but which would require a seat to be considered a "possible chair." While the chair under consideration would not be descriptive of an actual chair, it would set boundaries "within which an actual chair could be realized" (p. 173). Giorgi further explained that essences are derived only when researchers are able to refrain from accepting appearances as truth. It is the essence of an experience that is the expected outcome of phenomenological research. A counterexample to the essential description could prove it wrong (Giorgi, 1988).

The third concept intrinsic to Giorgi's approach to phenomenological research was described by Husserl as "free imaginative variation" (Giorgi, 1988, p. 172). In using free imaginative variation, Giorgi (1995; 1988) explained, researchers are committed to consciously varying their perspectives. This allows them to derive unexpected intuitions which might lead to procedural inventions. It may also lead to insights uncovering the truly invariant, or essential, features of a phenomenon. This method also prevents the process of reduction from becoming too rigid, as may be encouraged by the researcher's obligation to describe phenomena precisely as they present themselves (Giorgi, 1995).

The final concept, discussed by Giorgi (1988, 1989b), is "triangulation." This involves the use of at least three subjects to provide variation in their description of the

same phenomenon. Giorgi believed this would present sufficient variety in data to produce meaningful results.

Cross-cultural Research

Several authors (Cook & Petit de Mange, 1995; Hostetter, 1984; Weaver, 1997) have discussed the risk of obtaining inaccurate data and drawing inaccurate conclusions when researchers work outside their own cultures. Weaver (1997) explained that without self-awareness and knowledge specific to the culture being studied, a researcher might have such fundamental difficulties as framing appropriate questions, developing relevant approaches, implementing research-based projects, and interpreting data in a meaningful way. She added that questions asked by the researcher might prove irrelevant, unclear or even offensive if they are not asked within the context of the culture at hand. She also discussed the possibility of bias in instruments and institutions being unrecognized (Weaver, 1997). It has been recommended that researchers approach their participants from other cultures with open minds, focused on listening and learning. They should strike a balance of not generalizing, projecting their own values, or holding prejudices. At the same time, they should remember that people, even when from different cultures, are more alike than different. (Hostetter, 1984; Weaver, 1997; Cook & Petit de Mange, 1995).

Self-awareness. Because a critical part of listening and learning is self-awareness, Weaver (1997) emphasized the need for self-awareness on the part of the researcher. She urged individuals who wish to conduct research in a culture that is not their own to reflect on their beliefs, values and biases, and how these may impact the research project.

McIntosh (1988) wrote that mainstream Americans must also carefully examine themselves for hidden assumptions based on privileges which may not be available to those in minority cultures.

Cultural Humility. Tervalon and Murray-Garcia (1998), as well as Hunt (2001) emphasized the importance of “cultural humility” in approaching cultures different from one’s own. Hunt (2001) wrote that culture does not determine behavior, “but affords group members a repertoire of ideas and possible actions, providing the framework through which they understand themselves, their environment, and their experiences” (p. 2). Since, in our complex, multicultural society, individuals choose from many cultural options, Hunt (2001) wrote that it is not possible to make assumptions about or to completely analyze the experiences which have shaped a particular individual. She advocated the development of a respectful partnership, with the understanding that, as two people interact, there is a relationship between two perspectives. Tervalon and Murray-Garcia (1998) wrote that “self-reflection and commitment to a lifelong learning process” (p. 119) were critical to interacting with people from other cultures.

Community of Knowledge and Reciprocity. In an effort to foster meaningful research which is valuable to participants, Wilson (2004) described four research principles formalized and used by researchers working with Aboriginal communities in Canada. The first of these was the community of knowledge and reciprocity. Wilson explained that researchers do not develop knowledge, but act as interpreters for those who already have this knowledge. In return, he added, research findings must be

“relevant, useful, and accessible to the communities that are involved in our research” (p. 6).

Spirituality, Accountability and Holism. In following the principle of acknowledgement of spiritual connections, Wilson (2004) wrote that researchers “make every attempt to respect and adhere to personal, local and community protocols throughout the research process” (p.6). The principle of relational accountability requires researchers to be accountable for both the process and the outcome of the project. Finally, the principle of holism reminds researchers to base the entire research project on a holistic understanding of the participants.

Avoidance of Assumptions. In emphasizing the importance of not making assumptions about a particular Native American culture, Cook and Petit de Manage (1995) wrote that researchers should be aware that there are over 500 Native American tribes, speaking 252 languages, encompassing considerable cultural variation. Weaver (1997) explained that it is helpful to conceive of Native Americans as including about as much variety as do people of European descent. She added that we would not assume that a Scottish and a Greek person would be similar in all respects; nor should we expect this from an Iroquois and a Hopi.

While this research did not involve extensive relationships with particular tribes, the above cautions and guidelines were taken into account throughout the project. The manner in which these cautions have been addressed is described under “Research and Design.”

Research Design and Methods

This was an exploratory, descriptive study. Giorgi's method of phenomenological research (Giorgi, 1988, 1989a, 1989b, 1995) was followed. Nondirective in-depth interviews were transcribed and then subjected to phenomenological analysis, using six steps derived from Giorgi's method.

Population and Sample

Three graduates of a university college of nursing in the Northwest were interviewed between one and three years following their graduation. In the interest of obtaining the broadly representative sample essential to Giorgi's phenomenological method (Giorgi, 1988), participants were not excluded by location or type of work in which they were currently engaged, by age, or by gender. Participants were recruited through records kept by administrators of the university college of nursing. All nurses who graduated during this time period received personal letters that briefly described the purpose of the research project, its voluntary nature, inclusion criteria, and the interview process (Appendix B). Follow-up phone calls were made, during which any questions regarding confidentiality or other concerns were answered, and arrangements were made for the interviews with those who agreed to participate.

Pilot Study

In order to test whether the question to be asked generated data that was relevant to the research question (Giorgi, 1995), a pilot interview was conducted with a Native American nurse. There were no available subjects at the time who entirely matched study

requirements of being a Native American baccalaureate-prepared nurse who graduated from a university nursing program in the Northwest from 2002-2005. A Native American graduate of a university nursing program in the Northwest, who had graduated in 1986, was interviewed. The question, "Would you tell me about your experiences as a nursing student?" did produce data relevant to the research purpose, including: 1) cultural and personal strengths she brought to her baccalaureate education; 2) the difficulties she encountered; the needs she had that the baccalaureate nursing program did not meet; 3) the needs she had that her program could have better met; and 4) the resources that were supportive in her program. It was, however, useful to incorporate two follow-up questions into the interview: 1) What strengths did you bring to your baccalaureate education; and 2) What did you find the most difficult about completing your education? The participant had spoken generally about these issues, but was able to better focus on the issues when asked these more specific questions. These questions were then incorporated into the interviews for this study.

Procedures for Data Collection

Discussion of Rights of Human Subjects and Consent Process. This study was approved prior to the start of data collection by the Montana State University Institutional Review Board. Participants were first contacted by letter, after their names and addresses had been obtained from a school of nursing. Follow-up phone calls were then made, to discuss the research and to answer any questions or concerns. If the prospective participants were interested, an appointment was made to interview them at a time and place that was convenient to them. Informed consent forms were discussed and signed in

person, prior to interviews. The consents (Appendix C) contained brief information regarding the purpose of the study, eligibility of participants, what might be expected from their participation, risks, benefits, costs to participants, remuneration, funding. The voluntary nature of the study and confidentiality were discussed, and there was a statement concerning responsibility for any potential injury. Questions were answered in person, and participants received the phone numbers and e-mail addresses of the researcher and thesis advisor, whom they were invited to contact if they had further questions.

Three means of data collection were used. They included: interviews, personal notes, and a demographic data survey.

Open-ended, in-depth interviews. After signing informed consents, participants were asked a single nondirective question, “Will you tell me about your experience as a nursing student?” At some point during each interview, the follow-up questions discussed under “Pilot Study” were asked. Additional questions were asked in order to ensure that the participant’s meaning had been correctly understood, or to request elaboration of a point made by the participant. The audiotaped interviews were conducted during January and February of 2006, at a time and place that was convenient to the participants, and lasted from 30-90 minutes.

Consideration was given to a common Native American perception of knowledge and time as something valuable which is shared (Wilson, 2004). A book about nursing was given to each participant, as a token of appreciation for the time and thought they put into the interview process. The potential that this research might produce insights which

could increase the success of Native Americans in baccalaureate nursing programs was also discussed.

Personal notes. Notes concerning the interview setting, apparent emotional reactions, body language, and other aspects of interviews that might have indicated or emphasized meanings conveyed by the participants were written immediately after the interviews.

Demographic data. Demographic data (Appendix D) was obtained from each participant after the interview. In view of a general cultural preference for personal contact over filling out forms, this was obtained in person, rather than in a form mailed before the interview.

Method of Data Analysis

Jenni (1990) described six levels of data analysis advocated by Giorgi. These steps were followed during data analysis. They are described below.

Level One, Individual Protocol. Giorgi (1995, 1989b) explained that the first stage involves reading the entire transcript from an interview with a research participant, in order to find a global sense of the whole. He emphasized that this sense is not explicit, thematic, or analytic. Rather, he likened the process to reading a short story in order to know the story in its entirety.

Level Two, Individual Protocol. The second step requires the researcher to identify “meaning units.” In order to do this, Giorgi (1995, 1989b) explained, the researcher must

reread the description, but more slowly, “working from within a perspective of the phenomenological reduction and assuming a psychological perspective towards the description that includes a special sensitivity to the phenomenon being researched” (p. 24-25). The researcher marks the text whenever he or she experiences a transition in meaning. Meaning units are not analyzed during this phase, in order to allow the researcher a “disciplined spontaneity” in identifying transitions (Giorgi, 1995, 1989b). The results are restated, without repetition, and with standardized grammar (Jenni, 1990).

Level Three, Individual Protocol. The third stage (Giorgi, 1995, 1989b) involves expressing the meaning units more directly in psychological language. Remaining within the phenomenological perspective, the researcher uses free imaginative variation to consider each meaning unit, asking how it might explain the psychological meaning of the participant’s lived experience. If a meaning unit does not add to the understanding of a phenomenon, this is recorded. If the meaning unit proves to be a rich source of data, clarifying the phenomenon, the meanings are expressed exactly as they were presented to the researcher. The researcher then explores them through imaginative variation, until a meaning emerges which is psychologically essential and appropriate for the meaning unit in its context. The outcome is a series of transformed meaning units, with all of the constituents of the data expressed psychologically and in terms of the phenomenon being studied (Giorgi, 1995). This stage begins to construct the framework from which general categories can be derived (Jenni, 1990).

An example of the first three levels of analysis is:

3. Oh, man! (Laughs) You know, I looked at a lot of um...different...things. I looked at Graphic Design; I looked at being an actual classroom teacher. I'd actually been accepted to a masters program at the University of Alaska.....but something just didn't click...you know.

3. C looked at a variety of possible careers, including Graphic Design and Classroom Teacher. She had also been accepted into a Masters program – but none of these seemed to be what she really wanted to do.

3. C perceives herself as a capable person who has many options in life. Her goal in choosing a career is to find work she really wants to do

Level Four, Individual Protocol. The fourth stage described by Giorgi (1995, 1989b) is to synthesize, through free imaginative variation and eliminating redundancies, the transformed meaning units, in order to generate a coherent structure. All transformed meaning units must be taken into account (Jenni, 1990). Giorgi emphasized that this structure is not a copy of the original experience, but an expression of the “essential psychological understanding of the richer, concrete experience” (1995, p 26). The result is called a description of the situated structure because it is situated in the experience of one participant (Giorgi, 1995).

Level Five, Combined Protocol. In this stage, the descriptions from all participants are brought together, focusing on shared meanings of their situated structures. Individual variations that are unrelated to the structure are eliminated, and other variations that are relevant to the structure may be identified (Jenni, 1990). The result is called a description of the typical structure (Giorgi, 1995).

Level Six, Combined Protocol. This is the final level of analysis, which describes the essential structure of the experience. It includes only the aspects of experience shared by all participants, regardless of their particular situation and experiences (Jenni, 1990).

All variations have been removed to uncover the underlying essential elements, revealing the general structure (Giorgi, 1995). For example, all participants, despite very different backgrounds, were very concerned about maintaining family bonds during their academic studies.

Data Management. Confidentiality was maintained by omitting all possible identifying information from the transcripts. No references have been made in the final report to participants, the nursing program from which they graduated locations of employment, specific reservations or tribes. In addition, audiotaped interviews were identified with a code, and erased after transcription. Transcripts were entered into a computer with a protected password. The key to the codes and the signed consents were placed in two separate locked files, and will be destroyed after five years.

Cross-cultural Research

Self-awareness. In the interest of developing self-awareness, the researcher performed a self-interview by posing the question, “How did you come to be interested in the subject of your thesis?” and writing a reply. This reply was discussed with her thesis advisor.

Cultural Humility. The self-interview contributed to the maintenance of cultural humility throughout the research process. A respectful partnership with research participants was sought, with the common goal of increasing the success of Native American nursing students. Active listening, open exploration of cultural similarities and differences, and continued self-reflection were also used. The phenomenological method

enforced careful listening and continual exploration of the meanings expressed in the participants' interviews.

Communality of Knowledge and Reciprocity. The phenomenological method also encourages the communality of knowledge and reciprocity. Phenomenological researchers strive to uncover the meaning expressed in participants' interviews, in a sense acting as interpreters for those who already have knowledge. Also, as Wilson (2004) urged, this project's findings are intended to be "relevant, useful, and accessible to the communities that are involved in our research" (p.6).

Spirituality, Holism, and Accountability. It is fundamental to phenomenological research to respect any spiritual connections expressed, as well as to seek a holistic understanding of the participants (Wilson, 2004). In this project, it was not necessary to formally adhere to specific local and community protocols, but letters to participants and consent forms were carefully worded to show respect for participants and their confidentiality. During a visit to a reservation for interviews, great care was taken to be open, courteous, and respectful of all individuals encountered. Accountability for the process and outcome of the process was achieved through the consent process, and through notifying participants when and where this thesis can be found on the university web-site.

Avoidance of Assumptions. This principle, also, is fundamental to phenomenological research. Prior knowledge or assumptions are bracketed, or held in

abeyance, throughout the interview and the analysis process (Giorgi, 1995, 1988). Great care is taken to uncover the *true* structure of experience as expressed by participants.

Procedures for Assessing Trustworthiness of the Research

Guba and Lincoln (1989) wrote that internal validity is “an assessment of the degree of isomorphism between a study’s findings and the ‘real’ world” (p. 236). They explain that, as such, the concept is meaningless in a qualitative system, in which realities are considered to exist only in mentally constructed form. External validity, which involves the generalizability of findings to additional populations and conditions, likewise has no meaning, if multiple “realities” are considered to exist in different minds. Reliability is described as “essentially an assessment of stability – of the phenomena being assessed and of the instruments used to assess them” (p. 236). If phenomena are constantly changing, however, no instrument can measure them reliably. For these reasons, Guba and Lincoln (1989) argue that different standards must be used to evaluate the worth of phenomenological studies.

Credibility. Guba and Lincoln (1989) describe credibility as an assessment of fit between the constructed realities of research participants and the reconstructions which researchers attribute to them. They recommend: 1) prolonged engagement with participants and sites, in order to build rapport and avoid confounding misinformation; 2) persistent observation, to allow identification of elements most relevant to the research questions; 3) peer debriefing, or the process of actively engaging a disinterested peer in extensive discussions of findings, conclusions, analyses, in order to enhance one’s own

observations and understanding; 4) negative case analysis, described as revising working hypotheses with the goal of arriving at a hypothesis that accounts for most, if not all, known cases; 5) progressive subjectivity, in which the researcher records and saves what she or he expects to find from the study, and compares findings to this record, with results too similar to the expectations being suspect; 6) member checks, or testing hypotheses, data, preliminary categories and interpretations with members of the groups from which the original constructions were obtained.

In this study, the “prolonged engagement,” advocated by Guba and Lincoln, consisted of overnight travel to the towns and homes of participants; conversation before and after interviews; tours of two participants’ homes; and a tour of one town on a reservation in the Northwest, by the researcher alone, and by the researcher in the company of a participant. “Persistent observation” involved the use of three in-depth interviews, travel to the towns in which participants lived, exploration of the areas in which they lived, the writing of personal notes, being immersed in the data, and careful phenomenological analysis, using Giorgi’s method. “Peer debriefing” consisted of discussions with the researcher’s thesis advisor. The requirement of “negative case analysis” was met by Giorgi’s free imaginative variation. The procedure for “progressive subjectivity” was followed.

Transferability. Transferability is described by Guba and Lincoln (1989) as a means of checking the degree of similarity between participants’ and researchers’ contexts regarding the research findings. They recommend the use of 1) thick description, or careful and extensive description of the time, place, context, and culture in

which the hypotheses generated were found to be meaningful. In this study, general demographic information was collected from participants after the interviews; personal notes described the context of the interviews in terms of the participants' home environments, their comments outside the interviews, being shown around two participants' homes, and being shown family pictures; and a tour provided by one participant of a town on the reservation.

Dependability. Dependability, according to Guba and Lincoln (1989) refers to the influence on the analytic process because of inquirer exhaustion, boredom, and psychological stress. They suggest that the process of analysis be documented in a way that allows the thought process of the researcher to be audited. In this study, Giorgi's method of analysis was followed, and documented in a chart, in which the transformation of each meaning unit was easily followed, as the researcher worked. Because of the need for maintaining confidentiality, the specific information is not included in this thesis.

Confirmability. Guba and Lincoln (1989) wrote that confirmability refers to the researcher's demonstrating that data, interpretations, and outcomes of inquiries are "rooted in contexts and persons apart from the evaluator and are not simply figments of the evaluator's imagination" (p. 243). It must be possible to track data to their sources. In this study, demographic data for each participant is shown in Appendix D. The process by which the Typical Structure was derived is available upon request to the author.

Summary

In this exploratory, descriptive study of the lived experience of Native American nursing students pursuing a baccalaureate degree, three graduates of a university college of nursing in the Northwest were interviewed between one and three years following their graduation. The method of Giorgi (1988, 1989a, 1989b, 1995) was followed in data collection and analysis. Guba and Lincoln's (1989) procedures for assessing research "trustworthiness" were also followed. Weaver's (1997) concerns regarding self-awareness were addressed. Cultural humility, as described by Tervalon and Murray-Garcia (1998), Hunt (2001), and Wilson (2004) was maintained.

RESEARCH RESULTS

Introduction

The results of this study are presented in the Typical and General structures, as described in Chapter 3. Giorgi explained that a Typical Structure might be viewed as a “balance between excessive generality and overabundant details,” and that the General Structure should have all individual variations removed, uncovering the underlying essential elements. Although the three participants in this study had many similarities, their experiences covered a broad range, in keeping with the diversity of Native American experience. In this situation, both the Typical and General structures will be of interest. This chapter contains a description of: a) the sample; b) the Typical Structure (presented as a description of an interview with a composite participant, “D”); and c) the General Structure (presented as a description of an interview with a composite participant, “E”).

Sample

General Information

Participants were all female. They graduated from their baccalaureate nursing programs in 2003 and 2004, at ages 27, 30, and 38. Currently, all participants are working full-time as registered nurses in their own communities. Two work in hospitals, and one works in an outpatient setting. Interviews were 45-60 minutes long.

Ties to Reservations

Two of the participants were raised on reservations and spent no significant time away from home before they were nursing students. Although the third had not grown up on a reservation, she regularly spent time on a reservation near the town in which she grew up. After her family relocated to another town, however, she had little contact with a reservation. Her tribal community lived largely in the town to which her family relocated, and she maintained close ties with her family and that community. She did leave this town to attend a university, to travel in Europe, and to work in a distant state, but at the time of the interview, had returned to live and work in her community.

Home and Family

The two participants who had grown up on reservations were wives and mothers before they began their baccalaureate educations. Their nursing programs required that they spend considerable time away from home. One participant brought her family with her to school, and the other kept homes in two towns, spending many hours driving from one to the other. The participant who was not raised on a reservation was unmarried and had no children when she attended nursing school. She was able to attend school in the town in which her tribe and family lived. This participant commented on the “struggles” of other Native American students she knew, who had families and who were far from home. She felt her own path was much easier.

Prior Experience with Academic Culture

Two participants completed pre-nursing requirements at a community college before enrolling in a university program. One participant met most of her pre-requisites

for nursing through a prior baccalaureate degree. Each attended a school that offered supportive programs for Native American students, and each graduated with three or four Native Americans in her class. All attended school full-time, without any breaks in continuity.

Level Five: Typical Structure

Self, Community, and Reciprocity

D's self-concept is situated within a broad network of family and tribe, with an emphasis on immediate family. Her place within this network depends on her maintaining emotional bonds with others and meeting her obligations to them. The bonds with her immediate family are critical to her sense of self, and dictate serious consideration of family members' welfare before other obligations.

Taking on a commitment like nursing school had the potential to seriously disrupt these bonds, because it required D to be away from home, and it required so much of her time. The commitment also carried with it the potential for not meeting her goal, while under the scrutiny of her close-knit culture. D was aware that young women from her area had attempted nursing school, and had not been successful.

D brought with her to nursing school a sense that relationships should be reciprocal. She was able to cooperate well in student groups, and felt rewarded when she was able to help other students, and added, "Teaching them also helped me to learn." As a student, she tried her best to care for patients "like they were family members," and she greatly appreciated her patients' gratitude when she was able to do so. She was able to view her role as a minority student as an opportunity for reciprocal cultural exchange. She also

viewed her scholarships in this way, as a gift that incurred an obligation that she work hard and succeed.

Maintaining Bonds and Meeting Obligations

D feels that her immediate and extended families make up a network of people whom she cares about and who care about her. Belonging to this network is critical to her sense of self and wellbeing, and was an essential source of strength during her school years. During those years, when she was unable to fully participate in the life of her extended family and community, she felt a deep sense of loss. Although she appreciated all sources of support while she was studying nursing, she commented that people outside her family “are just there for a little while” in her life, whereas family support is critical, because family is always there. D, therefore, focused on family while she was in school. She did whatever was necessary to maintain bonds and meet responsibilities to her family, and was willing to undergo considerable personal hardship in order to do so.

D found nursing school difficult because she had established roles as wife and mother, and needed to meet those obligations, despite the heavy workload of school. Her primary concern during this time was the welfare of her children. She took extraordinary measures to meet their needs, without regard for her own convenience or comfort, while continuing to meet her obligations for school. She was deeply concerned that, while intending to provide a better life for her children by going to school, she might actually be doing them harm.

Having to be physically away from home to attend school was an enormous problem for D. She had to deal with the logistic problems of where the children would

live, finding day-care that opened early enough for clinicals, and making sure her family engaged in activities that were conducive to their growth and happiness. D realizes that, had she been able to go to school in her home town, the large support system of her extended family would have been available to her, and her immediate family would not have been uprooted. She believes she would not have had to worry about such things as childcare, because people she knew and trusted would have been available to help her.

While D was away at school, people she knew died, and she was unaware because no one told her. She had a sense that she was left out of the community because she was not told about something as important as a death. She felt that she had a necessary role to play during such times, to support the family, to show respect, and “to remember the last time I saw them.” When she was unable to fulfill this role, she felt a sense of loss. Later, she found it emotionally very difficult to wonder what had happened to someone from the community, and then to find out that she had been unaware of that person’s death.

Personal Strengths

D identified as a personal strength her ability to move persistently towards her goal, in the face of the many stressors related to family responsibilities and being away from home. She had the ability to maintain bonds with her family and community, to which she was able to return for comfort and renewal. D also was able to approach the mainstream academic culture with a strong sense of her cultural self and little need to allow her values to be co-opted. She was interested in learning and performed well academically. At the same time, she was able to make unique contributions, based on her

cultural background. Because she felt strong in her own culture, D was able to confront nurses who made derogatory generalizations about her people.

It was helpful to D that she did not struggle with the academic content of her nursing courses. Because of this, she was able to spend time with her family, as well as to visit home. D also felt that she was good at communicating with professors, as well as with patients, and this made her academic and clinical work easier.

Being able to assess her own progress with some objectivity and humor served D well throughout her endeavor. She was aware of her need for maintaining family bonds, and was able to organize her time so she could do so. She was able to determine when she needed help, what sort of help she needed, and how to obtain it.

D had completed her nursing pre-requisites at a local college, and was generally confident that she could achieve her goal, although she did not always feel that her community had faith that she could do so. She saw one of her strengths as being “compelled” to succeed, a) because a family member had done so; b) in order to make a “better life” for her children; c) in order to improve her standard of living; and d) to be able to perform meaningful work. She also had worked very hard to earn scholarships. She saw these as recognition of her hard work and achievement, but also as having incurred an obligation to succeed.

D felt that her strongest asset was perseverance. She was able to keep the goal of a nursing degree in mind. She made a deal with herself that she would succeed, and took that commitment very seriously. She was able to withstand the necessary sacrifices in order to succeed.

A Carefully Considered Choice

D considered her career options within the framework of needing to maintain family and community ties. She felt it was essential to live and work near her home, community, and large extended family. It was also important to her to be involved in work that was emotionally rewarding, and to improve her standard of living. Nursing was a profession that met all these needs. Her choice was reinforced by generous scholarships, offered by Indian Health Service specifically for nursing school.

Participating in the Academic Environment

D completed her pre-requisites at the college in her hometown, in classes with other Native American students. At the university, also, she had Native American students in her classes. Because of her past background, she felt generally confident about her academic ability. She emphasizes that her primary difficulties were with maintaining family and community bonds, and meeting those obligations, rather than with academics.

D found that clinicals required a great deal of time, effort, and a different kind of thinking, which she referred to as “catching on.” She was often concerned that she did not know enough, as a student, to take care of people who were so ill – “the very weakest people.” She believed that clinical experiences were much easier in her home town, where she was familiar with people and cared about them. D was able to persevere, however, and had rewarding experiences during her clinicals.

The program designed by the university to be supportive of Native American nursing students was also helpful to D. She made good use of the summer review session before nursing school started, both to improve her academic skills and to become settled

in the university town. She realized that Native American students from reservations particularly benefited from the personal support of faculty, the opportunity to make decisions as a group about the type of assistance they wanted and needed, and the strengthening of their support for each other.

D was most appreciative of emotional support. She recalls a professor studying with her during a time of great stress, when D could not concentrate well. She was impressed by this level of support, and felt that it obligated her to succeed in nursing school. She also appreciated the stipend provided by the university, and scholarships from Indian Health Service, which demonstrated to her that her hard work was noticed and appreciated.

Cultural Differences and Exchange

D believes she is not labeling people, but clearly stating the situation when she says that approximately 95% of the Native American nurses she now works with had children before they went to school. She contrasts this way of approaching life to that of the mainstream culture, in which individuals go to college and then plan a family. She also sees large extended families, as well as extensive association and social links between as many as 14,000 tribal members as another cultural characteristic particular to Native Americans.

Despite these differences, D feels that her experience as a Native American in nursing school was different primarily because she was older than the other students and had family obligations. She feels some sadness and isolation when she reflects that other students were able to live with each other and share expenses, or live with their parents,

while she struggled to budget her scholarships and grants to take care of herself and her family.

D had mixed feelings about the cultural exchange made possible by Native Americans meeting with mainstream culture during nursing school. She felt it was awkward, and even offensive, at times, to be the one who was singled out as different – the one who had to explain her culture. At other times, she appreciated the students’ and professors’ efforts to learn about and understand the culture which was so central to her life. Because other students were able to learn “our stories and our families’ stories,” she hopes they will be less likely to label Native Americans in derogatory ways when they work as nurses.

D has known nurses who were unfamiliar with Native American culture to make derogatory and “labeling” remarks about the culture, based on the actions of a few. As a student, she was able to take the initiative in correcting these statements. D hopes she has been able to expand the understanding of the nurses who made derogatory comments, and thereby improve the treatment of Native American patients.

D also expressed concern that her university program, in educating for cultural competence, focused almost exclusively on Native Americans and one other rural group with whom students would be likely to work if they remained in the area. She noted that there were other groups in the Northwest which were isolated from effective health care by their language or customs. She was also concerned that students might graduate from her program and move to an urban setting, where they would be unprepared for the cultural diversity they would encounter.

The Work Today

To her satisfaction, D has found the work of nursing challenging and rewarding, both during her student years and working in her community after graduation. D is pleased when she is able to use nursing interventions, such as therapeutic presence and massage, to increase her patients' comfort. She hopes, in the future, to be also more proactive and confident in implementing changes she sees as necessary in the health care system.

D also is deeply impressed with the degree of gratitude people express when she takes care of them or their relatives. She is moved by how vulnerable her patients are, and how much they need her care. She considers her work to be successful when she is able to take care of patients as she would care for her own family members. D acknowledges that her job is stressful. There are times when she feels staffing is not adequate to do the work well. She also is not certain she knows enough yet to handle complex situations, and finds it stressful to not know how situations will develop with her patients.

D has maintained her place in the community by continuing to work within it after she received her degree. She is appreciative of the gratitude her patients express for her care, and is mindful of their vulnerability during times when they are ill. She offers a comment that her husband made to her when she was wondering why she chose the most difficult patients to work with, "Perhaps those patients are looking for you."

Having been successful in an endeavor at which many others had failed, D is now able to consider expanded options. She considers, at various times, the possibilities of working in administration for the hospital or for other organizations, of distance learning

to become an FNP, and of teaching. All of these are areas in which D feels she can make a difference for her community and for others.

Easing the Path for Others

Having been through the experience of obtaining her baccalaureate in nursing, D has taken an interest in how the way might be made easier for students who follow her. She is concerned that she has known Native Americans who wanted to become nurses, but who were unsuccessful. D believes that the nursing program she attended worked well for single young adults, but was difficult for those with families. She noticed that students with families had considerable difficulty maintaining family bonds and balancing responsibilities to family and school. They profoundly missed their families and communities when they were away from home, and were concerned that their being in school was causing their families harm. They also found it difficult to manage such practical problems as daycare, family meal times and spending time at home in the evenings

Despite the difficulties her nursing program presented for students with families, D believes that students can adapt to the program as it is. She would urge new students to keep in mind that “nursing school doesn’t last forever.” They, too, can persevere and be successful.

Level 6 – General Structure

E’s self-concept is situated within a broad network of family and tribe. Belonging to this network is critical to her sense of self and wellbeing. Her place within this

network depends on her maintaining emotional bonds with others, and meeting her obligations to them. It was an essential source of strength during her school years. E brought to nursing school a sense that relationships should be reciprocal. She noticed that students with families had difficulty balancing responsibilities to family and school.

E brought considerable personal strengths to her endeavor. She had the ability to maintain bonds with her family and community, to which she was able to return for comfort and renewal. She also was able to approach the mainstream academic culture with a strong sense of her cultural self and little need to adapt her values in order to succeed. Her prior success in school gave her confidence, and she rarely found the academic content of her courses to be difficult. She was goal-oriented, and determined to succeed, while organizing her time to maintain other bonds and responsibilities. Being able to monitor her own progress with some objectivity served E well throughout her endeavor.

E searched for a career within the framework of needing to maintain family and community ties, needing to make a good income, and needing to do rewarding work. She felt it was essential to live and work near her home, community, and large extended family. Nursing was a profession for which there was enough demand that she could live and work where she liked. It also provided a good income and personally rewarding work.

Because of her past academic success, E had few worries about her academic ability. Clinicals required more time and effort, but she persevered, and they became rewarding experiences. She realized that Native American students from reservations particularly benefited from a program designed by the university to be supportive to

Native American nursing students. She appreciated that program's summer review session before nursing school started.

E believes that the primary difficulty most Native Americans have with adapting to university life is that so many of them have started families before they enter school. Once in school, they are far from home, miss their rich family and community life, and carry a double burden of family and school responsibilities.

To her satisfaction, E has found the work of nursing challenging and rewarding. She acknowledges that the work is stressful, but is moved by her patients' gratitude and pleased to have the opportunity to make a difference in their lives. She has maintained her place in the community by continuing to work within it after she received her degree. In addition to opportunities in her community, E also considers the possibility of returning to school at some point – particularly if she could do so through distance learning, without having to leave her family.

E has taken an interest in easing the path for students who follow her. She believes Native Americans who want to become nurses have difficulty largely because they have children by the time they start school, and so have difficulty balancing the obligations of school with the need to maintain family bonds.

Summary

The diversity of experience shown by these interviews requires study of both the Typical and General structures in order to better understand the lived experience of Native American nursing students. It appears, from these interviews, that the experience of self as intricately linked with family and community, and the importance of

maintaining those bonds and meeting their attendant obligations, was central to the experience of these Native American students, as they negotiated their way through nursing school. The seriousness with which they viewed these bonds and obligations made it very difficult for those with families to take on the added responsibilities of a demanding course of study. It also evoked considerable strengths, which made it possible for them to succeed.

DISCUSSION

Introduction

This phenomenological study describes the lived experience of three Native American nurses, who graduated within one to three years from a baccalaureate nursing program in a university in the Northwest United States. The analysis provided a Typical Structure, describing a composite of the participants' diverse experiences, and a General Structure, describing the essential structure of their experience. Participants indicated that they strongly valued their roles in extensive networks of family and tribe, within which they had emotional bonds and obligations. Those who had spouses and children took their responsibilities towards them very seriously. Being away from home and having the extra burden of responsibilities imposed by school were severe hardships for these women. However, they brought to their experience many cultural and personal strengths, and were able to achieve their goal. The results of this research will be discussed under the headings: a) Evaluation of the Results; b) Study limitations; and c) Implications.

Evaluation of the Results

Specific aims of this project were to: a) learn what cultural and personal strengths help Native American students to complete a baccalaureate nursing program; b) learn what difficulties they encounter in completing such programs; c) learn what resources are supportive in these programs; (d) learn what needs these students have that the programs may better meet. This section will address each of these specific aims, relating them to

the research results and to the current literature, under the headings: Cultural and Personal Strengths, Difficulties, Supportive Resources, and Continuing Needs.

Cultural and Personal Strengths

Overview. Many authors have cautioned against making broad generalizations about Native American individuals and cultures (Pewewardy, 2002; Pichette, 1999). It has been noted, however, that there are characteristics that are held to some degree by most Native American cultures (Pewewardy, 2002; Pichette, 1999; Plumbo, 1995). Many of these personal and cultural traits have been described as “barriers,” to achieving a baccalaureate degree in nursing; however, in the proper setting, they may also be seen as strengths (Crow, 1993; Flannery, 2000; Yurkovich, 2001).

Self, Community, and Reciprocity. The cooperative and social nature of Native American cultures has been emphasized in the literature (Crow, 1991; Dickerson & Neary, 1999; Lipson, Dibble & Minarik, 1996; Plumbo, 1995; Yurkovich, 2001). Crow (1991) explains that many Native Americans are brought up in cultures that value cooperation and foster the complex social skills involved. She observed that such skills, which are essential to nursing, might be powerful strengths in Native American nursing students. Lowe (2002) and Lipson et al. (1996) wrote that Native Americans tend to have a holistic understanding of the way groups work, to value cooperation, and value the welfare of the group over that of the individual. All of these traits serve Native American nursing students well as they work with groups.

The experience of self as intricately linked with family and community was central to the women who participated in this research. They described immediate and extended

families and friends making up a network of people whom they cared about and who cared about them. Their place within this network was dependent upon maintaining reciprocal emotional bonds with others, and meeting obligations to them. With this cultural background, the participants were sensitive to the needs of others and to the rewards of working with them.

Cooperation in student groups came easily to these participants. Two of the women felt rewarded when they were able to help other students, and one added, “Teaching them also helped me to learn.” Another said of her Native American study group,

And it [admitting difficulty with an area of study] was kind of a...support that glued us all together. Because usually if someone was having trouble with something then all of us were.

The participants found the reciprocity in their clinicals to be both rewarding and motivating. One woman stated that she tried her best to care for patients “like they were family members,” and she was deeply impressed with their gratitude when she was able to do so. Two participants listed these relationships as powerful forces keeping them in school. One said,

I felt good about what I was doing...and then to help people, and the people I worked with from here [the reservation] would be in the hospital and taking care of them and they were just, you know, so overjoyed with seeing a face from home.

Of her work today, she said,

...and I've had so many people tell me you know, just be so thankful for taking care of somebody in their last days or their babies when they were sick or you know...everything, they are just so thankful.

In wondering why she kept choosing the most difficult patients, one participant was impressed with her husband’s explanation, “Perhaps those patients are looking for you.”

Participants were also motivated by a sense of reciprocity when they received scholarships, grants, or personal assistance from professors. One participant said, regarding a professor who took time to study with her,

And she sat with me for an hour and we studied, and you know I thought, "This woman is studying with me," and that was just kind of like amazing to me. That was the time I thought, "Somebody takes that much time and interest in you, you better try and do something."

Maintaining Bonds and Meeting Obligations. Tierney (1991a) described Native Americans' sense of obligation to their families and tribes as "stunning." Plumbo (1995) explained that Native Americans tend to have a strong sense of responsibility towards preserving and honoring the past, while creating something positive for the future. While the need to maintain bonds and meet obligations made nursing school especially difficult for women who had families, they had the skills and motivation to manage both. They brought these skills and motivation to their experience as nursing students.

All participants were able to organize their time well enough to maintain bonds with family and community, and took extraordinary measures to do so. They were focused, serious students, who had empathy for their patients, and who took the work of nursing seriously. In a broader context, all of the women gave thought to the difficulty Native Americans have in completing nursing programs and how these might be ameliorated.

All viewed their families as a source of strength and sustenance. The two women with families, who had to leave home for school, commented that they greatly missed the full benefits of this network when they were away, but they did find support in phone calls and visits home. One woman, who drove home almost every weekend, said,

What made it easier? Being able to come home all the time. Even though we didn't have a house here any longer, you know, we had people we would stay with or just here and there. Being able to come home.

The participant who had lived away from home returned to the town where her tribe and family were a strong presence. She was able to attend nursing school in this town. She spoke warmly of her fellow students, who were like “a second family.”

Personal Strengths. Yurkovich (2001) found that personal strengths that increase Native Americans' success in nursing programs included: a) a determined focus on the goal of graduating; b) an ability to work within another culture while not losing one's own; c) accurate self-assessment skills; d) the ability to develop assertiveness skills; and e) the ability to establish a support community. The participants in this research, successful graduates of nursing schools, exhibited or discussed all of these strengths.

A determined focus on the goal of graduating was labeled “perseverance” by two of the participants. These women felt that perseverance was their strongest asset in the difficult endeavor of attending school while they also met the demands of being wives and mothers. One woman said,

Strengths I brought to school? Perseverance. I'm not a quitter...I possibly could quit, but I made a deal with myself that if I passed [each semester], I'd keep going, so I kept going.

An ability to work within another culture while not losing one's own was shown by these participants being strong in their own culture. There was only one mention of feeling a need to co-opt mainstream values,

...having to compete with other people. I don't really like competition at all. Having to get good grades in order to get to the next step of the program – and that's hard because it puts that whole competition in there.

Throughout their educations, all participants were true to their culture in maintaining family ties. They participated in class discussions about their cultures, educated other students or nurses when they could, and gave considerable thought to how the course of study might be made easier for other Native Americans. One woman described standing up for her culture during her clinicals:

...I know for a fact that in [the town where she did her clinicals] a lot of the patients that get sent from this hospital, a lot of them were in driving accidents. A lot of them were in end stage liver disease, cirrhosis from drinking, you know. I think that a lot of [the nurses] labeled Native Americans as drunken Indians and stuff like that...I just totally took them apart because you can't just label people, a whole race on a few people.

These participants appeared to have accurate and objective self-assessment skills. They were aware of their need to maintain family bonds, and were able to organize their time so they could do the best job possible under the circumstances. All of them attended meetings of Native American students, in which a variety of situations were discussed and problem-solved. All were concerned about their clinical experiences, wondering whether they, as students, knew enough to care for patients who were very ill. One woman recognized the need for and obtained a tutor. All were able to view their situations and struggles with some objectivity, and were sometimes able to see humor in their situations. A woman who reported being anxious about writing papers, gave this humorous rendition of her experience,

...and then I'd just drive my family nuts. "I gotta DO this! Get outa here! You guys go for a ride! Leave me alone! I gotta get this done...What do you think I should write here? (Laughs) I'd just drive my family nuts.

The participants did not address assertiveness skills directly. One was anxious about public speaking but described taking a deep breath and “just doing it.” Another described changing jobs twice after graduation, because she did not feel she was in situations where she could do her work well. All were confident and forthright speakers, who reported functioning well in their current nursing positions.

The two women who were wives and mothers worked very hard to maintain the support systems they already had, which were based on family and community. Only the woman who was single and had no children when she attended nursing school established a new support system. She described her fellow students as “a second family.” This was something she had never experienced away from her own family, and she valued it a great deal. She has since sought jobs that provided this type of interaction.

A Carefully Considered Choice. A Native American tradition of making decisions by group consensus was considered by Crow (1993) to foster decision-making that is complex, involving not just the individual, but the larger social context. Pewewardy (2002) viewed elements of this approach, such as thinking in terms of the whole situation rather than seeing it piecemeal, as vital to problem-solving.

These participants considered their career options carefully within the context of their acknowledged need to maintain family and community ties. One participant explained,

....and there are just not a lot of jobs that pay good money here, and I knew that I didn't want to live somewhere else. I mean this is the place that I wanted to be because this is where my family is, and my husband's family is.

Although one participant had been away from home for several years, none was willing to leave her community to find work. Their pragmatic choice of nursing allowed them to remain in their communities, to make a middle-class income, and to do work which they found personally rewarding. All of these women are now happy with their choice, saying that the work is stressful, but challenging, and that it is emotionally very rewarding. It is work that not only allows them to remain in their communities, but which may enhance their community ties.

Participating in the Academic Environment. There is considerable attention in the literature to the differences between Native American cultures and the academic environment and how these differences affect the recruitment and success of Native American students. Tierney (1991a) wrote that a central problem faced by Native Americans and academic institutions when relating to one another is that the differing world views inherent to each group are often in conflict in ways that neither group perceives. Crow (1993) described the world view fostered by nursing programs as linear, time-oriented, individualistic, competitive, dualistic, and emphasizing domination of nature. She emphasized that skills are often taught separately from content, and that content is often divided into isolated fragments.

In contrast, the culture that Native American students bring with them is described by Crow (1993) as involving a circular pattern of thought, which is holistic and pluralistic. Emphasis is on cooperative work, and time is conceptualized as delineated by events, rather than being measured in a linear way.

If, indeed, these women were aware of such a cultural divide, they did not mention it in their interviews. They were not strangers to academic culture at the time they attended nursing school. Two of the participants completed their nursing prerequisites at their local community college. One had a prior baccalaureate degree and many of her credits applied to nursing prerequisites. All reported little difficulty with the academic aspects of the program. Two described helping other students who had problems with class material.

Two participants reported never doubting that they would succeed. One, who described severe anxiety about leaving the reservation and coming to school, was not certain she could succeed, but this was on emotional, rather than academic grounds, because she was concerned about meeting family commitments. Indeed, all three participants believed that the primary problems faced by Native American students were those related to being older and having family responsibilities when they attended school.

While confident in their academic subjects, all participants reported anxiety about clinicals. They expressed concern about whether, as students, they would be able to adequately care for complex patients. Clinicals also required a great deal of time, effort, and a different kind of thinking, which one participant referred to as “catching on.” Despite this, participants often found their clinicals rewarding.

Cultural Differences and Exchange. Merrill (1998) urged that universities foster an environment of respectful cultural exchange. She recommended that university faculty and administrators be recruited from a variety of cultures, and that they receive education regarding the needs of students from cultures different from their own. She also

recommended that cultural content be woven into the curriculum, rather than taught in discrete classes. Gardner (2004) suggested that students be encouraged to express cultural values, stories and ways of doing things in the classroom. Tierney (1991a) advised that all involved keep in mind that the goal is not to educate Native Americans to fit into mainstream culture, and Yurkovich added that material should be taught in such a way that students could use it within their own culture, while making unique contributions to the mainstream. Barbee and Gibson (2001) urged that all minority students be taught to work within mainstream systems for social change.

The interviews indicate that these participants had a good cultural experience in school. None reported incidents of overt or covert racism. They saw their difficulties as resulting not from cultural differences, but from being spouses and parents in a system which was difficult for families. The derogatory comments about her culture reported by one participant were from nurses at the hospitals where she did her clinicals, and not from students or faculty at the university.

The experience of nursing school enabled students to think objectively about cultural differences, and engaged their interest in reciprocal exchange. One woman felt that cultural education in her school was not broad enough, and focused too much on only two cultural groups within her state. She expressed concern that graduates might find jobs in urban areas, and be unprepared for the cultural diversity there. Another was pleased with the opportunity to talk about her culture with people who were interested. She said,

...and I think that us [Native Americans] being in the mix, and their being able to hear our stories and our families' stories, that I don't think that they would ever, I'm hoping that they would never label my race.

These participants brought many strengths, both cultural and personal, to their experience as nursing students. Two of them managed the many difficulties of adding the obligations of school to those of family and community. All of them were able to earn their baccalaureate degrees in nursing, and to contribute to their class in unique ways.

Difficulties

Overview. While the literature often focuses on difficulties arising from differences between the world views of Native American cultures and the academic environment (Crow, 1993; Dickerson & Neary, 1999; Pewewardy, 2002; Tierney, 1991a; Weaver, 2001), these participants reported that their primary difficulties were usually unrelated to culture, but were directly related to the difficulties of meeting both family and school obligations. The two participants who had children discussed at length the difficulties they endured. The participant who had not had children during the time she attended nursing school, and who was able to attend school in her own community, reported few problems. She noted that students with families “struggled” to meet the obligations of school and family, and she saw this as their primary difficulty in school.

Self, Community, and Reciprocity: Maintaining Bonds and Meeting Obligations.

Flannery (2000) and Yurkovich (2001) reported that, for Native American students with families, practical problems such as finances, transportation, childcare, and preparing meals are strong barriers to success in college. Flannery (2000) noted that programs to meet these needs are not luxuries, but essential to the success of Native American

students. Yurkovich (2001) wrote that it is difficult for Native American students to be away from their close-knit support systems, especially if they enter a system which provides little such support.

All participants described belonging to a rich and extensive social network, which they deeply valued. The two students who had to leave home for their studies profoundly missed their communities, as well as the practical support those communities provided. They emphasized that their primary problems in school were related to leaving home and the need to maintain bonds with family and community, as well as to meet obligations on their own, without their support network. One participant described her misgivings about involving her family in her endeavor,

We had a life and a home here that I couldn't just expect them to up and leave, because [her husband] had a good job...here, and we had family and support here.

She discussed having to find, not only a daycare, but one that opened early enough in the morning,

...and then I had to travel all over [the town where she had her clinicals] to find a daycare that would be open early enough for me to make it to my clinicals.

Another participant described her sense of loss at leaving home,

You know, you look at [the town she lives in], and you think, there's not much here. But it isn't the town. Being able to walk to the store and just about recognize everybody in there (laughs)...talk to everybody...

The participants with families took extraordinary measures to keep their families as healthy as possible. One woman described the measures she took to take care of her family while she went to school,

...I had two houses. I had one here and one in [the nearby town] and my daughter traveled back and forth with me...and my husband and son stayed here and ...I did everything double.

She elaborated,

I knew that my kids came first, so I would get off school and if my little boy had something going on, I'd drive all the way home, and make it for that, and then I'd leave at 5:00 the next morning, to drive all the way back to [the town where she went to school], so....it wasn't easy.

Another participant described putting her family before her studies,

Because then I would have gotten better grades if I'd spent more time studying, but I had to...I had to worry about them, whether they had a life, and making sure that they got to do things, and not just sit at home.

Both participants with families told of being deeply concerned that their being in school was actually harming their families. One participant described her feelings,

You know, I just felt like...so many times I felt completely guilty, because here I am trying to make a better life for my family, but all the while my family is suffering the consequences of me trying to better myself. I mean, you know, I'm trying to set up a future for my kids, but my...family...my kids...my husband, suffer consequences.

Cultural Differences and Exchange. Many of the barriers discussed in the literature are centered on differences between the world views of Native Americans and academia (Crow, 1993; Dickerson & Neary, 1999; Pewewardy, 2002; Tierney, 1991a, 1993; Weaver, 2001). Specific results of culture barriers which are discussed in the literature include: a) culture shock; b) discrimination and cultural bias; c) not being personally and academically prepared for the university; d) financial and practical problems; e) different styles of learning; and f) ambivalence towards assimilation into the mainstream culture represented by universities. Few of these barriers were applicable to this group of participants.

No participants mentioned culture shock in their interviews. One woman reported, in conversation after her interview, that she had felt culture shock when she first arrived in the university town, after attending community college on the reservation. She explained that, on the reservation where she grew up, “there really were no rules,” whereas, in the university town, she was put off-guard by how well people cared for their property, and constantly worried that she would do something wrong. After one semester in this town, however, she reported that she had come to like it, and was reluctant to leave. There was no other mention in the interviews of feeling of being ill at ease in a different culture, although participants readily acknowledged that their culture was different from the one in which they were involved as they went to school.

The participants also reported no experiences of discrimination or bias within their nursing programs. One had, as described above, encountered discrimination against patients at a clinical site, which she was able to address directly. Another had experienced occasional discrimination against patients at her job, which was not on a reservation, and she also reported addressing this directly. They reported that faculty and nursing students were interested in their cultures and supportive of them.

The participants also felt that their personal and academic preparation had been adequate for the program. They did not mention in their interviews having difficulty with their styles of learning, but all emphasized that they had few academic problems. One participant, who had obtained a GED instead of graduating from high school, reported weak study skills when she first entered the university, and having problems with “doing everything at the last minute.” She added, however,

I think for me the work wasn't all that hard, because I would start

studying two or three days before the exam – but it was like the stress of it all was really making it worse than it was.

The others reported no difficulties. These women had completed two years of pre-requisite courses before entering nursing school. They were familiar with academic culture, and had done well enough to be accepted into a demanding program.

Regarding financial and practical problems, the participants who were parents emphatically stated that their primary problems involved going to school at a time when they felt they needed to be involved with their immediate families. One woman, who was supporting her husband and son on her scholarships, reported financial problems. The other problems, as discussed above, were the practical problems of meeting both family and academic obligations.

None of these participants discussed feeling ambivalent about assimilation into the system represented by the university. The two women who had been raised on reservations were strongly involved in their own culture, and had never considered working elsewhere. Far from being isolated from their culture by their education, they reported enjoying the respect and gratitude of their patients, as well as their increased income. The woman who had been able to attend school in her own community also found work within that community, where she plans to remain.

Supportive Resources

Overview. Many authors have suggested supportive resources for Native American nursing students (Crow, 1993; Gardner, 2005; Merrill, 1998; Yurkovich, 2001).

Suggestions have been made regarding: a) the degree of culture shock suffered by Native Americans as they have entered university systems; b) the discrimination and bias which

have been integral to their lives; c) their personal and academic preparation; d) their financial and practical preparation; e) the quality of their learning in the university setting; f) the ambivalence they have felt towards assimilation; and g) the quality of support of university systems. These participants reported few difficulties with culture shock, discrimination, academic preparation, quality of learning in the university setting, ambivalence towards assimilation, or the quality of the support offered by their university. Their primary problems were related to being separated from home and family support, and the practical problems of meeting the obligations of family and school.

Bridging the Differences between Native American and Academic World Views.

Merrill (1998) envisioned a university in which the differences between academic and Native American world views would be recognized and respected, while ~~each~~ maintaining the integrity of each. Yurkovich (2001) added that Native American students would benefit from a university environment that functioned like an extended family system, with direct and personal communication. Gardner (2005) emphasized that, for all minority students, nursing advisors and educators should be proactive, approachable, sensitive, and nonthreatening, so students would feel free to ask for help or support. The participants in this study found many of these elements in their nursing program.

Participants reported they were involved in a program developed especially to support Native American nursing students. They felt they had good emotional support from university faculty. All reported attending scheduled meetings, attended by nursing

faculty, for Native American students to discuss their concerns. One participant appreciated the degree of control that Native American nursing students had in deciding how to use their time:

What I thought was fine about it was that we brought the issues to the table....and they didn't show up with a set plan of somebody telling us you know this is what you will be doing, because they don't know. And we decided what we worked on.

She also appreciated the interest in her own culture which her program sponsored:

...another thing that was good though was that in our classes, when we had discussions, they tried a lot of times to make our culture known. They were curious. They wanted to know...because my life is different from most of their lives.

All participants reported that faculty was approachable and interested in their progress.

One participant, as quoted earlier, described how her motivation was increased by a faculty member taking the time to study with her. It may also be that the open climate regarding the Native American culture at the university nurtured these participants' appreciation of their culture and willingness to explain and defend it. All participants, without being asked, expressed satisfaction with the program.

The only reference to feeling culture shock was, as described above, one participant's feeling initially ill at ease in the university town, after moving there from the reservation. She explained, however, that she had been helped with this by the summer program offered to Native American nursing students before school began,

For me, it wasn't like I could just say, "Oh, I'm going to school," I had to work my way into it, so I went down and I did a summer externship, where I was paid in the chemistry lab down there...so I did that...and at the end of the summer, I already had an apartment, I already kind of knew how to get around town, so that was really good.

No participants felt that they had suffered discrimination or bias while at the university. All reported honest and interested sharing of cultural information with professors and students. One expressed concern that there was too much focus on Native American cultures, and that students might be better served by broader cultural education.

Adequate Support in Other Areas. All participants reported doing well academically. One participant believed her study skills were poor when she entered the university, but she reported that these skills improved over time. She was able to obtain a tutor, and reported an instance in which her professor studied with her.

Two participants reported receiving scholarships and grants from Indian Health Services, which paid for tuition, books and living expenses. One did not discuss financial aid, but she was able to live with her family while attending school. Another reported having to budget carefully for her family because her scholarships and grants were their only income.

Despite the attention devoted in the literature to the need to adapt university teaching methods to Native Americans' different ways of thinking, these participants reported doing well academically without such interventions. All were in classes that had three to four Native Americans. With the exception of being asked about their culture, no participants reported receiving any special attention in class. One of the three participants was uncomfortable being asked about her culture, and the others were pleased with the opportunity to discuss the subject. Participants did report regular meetings of Native American students with faculty to discuss any problems they might be having and what could be done to ameliorate those.

None of the participants reported ambivalence towards assimilation. One had traveled, and had lived away from home. She also reported a strong interest in other cultures, related to her prior baccalaureate degree. The other two participants, who had lived on a reservation, felt at ease in their own cultures. While they could interact with people from the mainstream culture, they had no intention of joining it, and did not report feeling any pressure to do so.

In summary, it appears that these participants found enough support in their regular meetings and faculty support to enable them to succeed in their mainstream classes. They felt strong in their own culture, and were supported in this by the nursing program. It may be that the degree of support they received for cultural issues allowed them to focus in their interviews on the practical problems of balancing family and academic responsibilities, and of being away from home support systems.

Continuing Needs

Overview. In meeting practical needs of Native American nursing students, Merrill (1998) suggested that universities assist older students who had families with childcare, or with setting up ways to share childcare. She also suggested helping with transportation, by providing students with bus passes, or helping them to set up car pools. Evans (2004a) suggested that faculty and administrators could, in some ways, temporarily replace the supportive networks students had left behind by being willing to listen and to help students to problem-solve.

Students with Families. While these participants felt they had good emotional support from faculty, and found their regular meetings to discuss problems and their solutions useful, those with families struggled to meet demanding academic and family obligations. They also greatly missed the emotional and practical support that would have been available to them at home. One participant discussed her understanding that “the money might not be there” for programs to help with practical concerns, but she stated that her primary problem was,

...the toll on my family...that and probably the fact that the nursing program was geared not towards family. I thought it was more geared for 20 year-old kids getting out of school that had no other obligations and were still living off Mom and Dad.

All participants expressed concern that, while they had been able to succeed in nursing school, many Native Americans had not. They believed this was due to the difficulty of being away from home and managing family responsibilities while in school.

One woman said,

And when I left [her hometown], there were two other girls that graduated with me, with a pre-nursing degree and we all went to the same summer semester. Both of them had families and kids, too, but they were a lot younger than I was but...neither one of them made it. It was just too much.

Another commented that she had initially been reluctant to tell people she was studying nursing, because so many people on the reservation tried and failed,

Because...so many people fail that you just know they think, “She’ll be back....She won’t make it.” It’s like expected that you won’t make it...very few people do.

She added,

But yeah, a lot of young girls...in fact, there’s one that went down to [the university]. She’s quit already. And there’s another one that quit.

And I know about seven personally that tried it in the last three years and quit. A lot of them want to go home.

In summary, these participants believed their needs as Native Americans were met by their nursing program. They described helpful, caring professors, a climate of cultural exchange, and adequate financial aid (through Indian Health Service and small university stipends). They were concerned, however, that many other Native Americans do not make it through such programs. All participants believed that the primary difficulty is that Native Americans tend to go to school after they have had children, and that this is a very difficult thing to do. They did not make suggestions during their interviews, and one participant acknowledged that programs to help cope with family responsibilities would be expensive. Their interviews indicate, however, that their own problems were related to having to travel to the university for classes, to having clinical sites that were distant from their homes, and to having to adjust their lives to early morning week-day clinicals.

Study Limitations

This phenomenological study was undertaken to explore the lived experiences of Native American nursing students, and in this, was successful. The results are not intended to be generalized to all Native American nursing students, but to suggest further avenues of exploration. These are discussed under Implications.

The women who participated in this study had succeeded in earning their baccalaureate degrees in nursing. By their own report, they are not representative of the much larger group of Native Americans who attempt nursing degrees, but are not

successful. Because this study has examined only those participants who were successful, there is no way to know how they or their situations differed from those who were not successful.

Another limitation is that participants were interviewed from one to two years after their graduation from nursing school. For this study, therefore, they relied on their memories, which may have been affected by subsequent experiences, or forgetting issues that were no longer prominent in their lives.

It could be construed that the diverse backgrounds and experiences of these participants make it difficult to arrive at an essential structure for their common experience. Their diversity, however, meets Giorgi's requirement for triangulation. It is also representative of Native Americans, who are a diverse group of people, subject to many influences. The fact that one woman in the group did not have children when she attended nursing school, and reported few problems, gives meaning to the statements that the other two put forth: that their problems in nursing school were not related to being Native American, but to attending school after they had incurred the bonds and obligations of parenthood, and with being inadequately supported while they were away from the strong support available at home.

Implications

Implications for Nursing Education and Practice

Participants in this research consistently reported that they did not have significant academic or cultural problems. Their difficulties arose from problems associated with

already having strong immediate and extended family bonds and commitments when they entered nursing school, and with missing their close relationships and supportive network while they were away from home. Practical barriers to their success were related to having to travel to the university for classes, to having clinical sites that were distant from their homes, and to having to adjust their lives to early morning week-day classes and clinicals.

One approach to these problems would be to ameliorate the practical difficulties for these students. Universities could make available more distance-learning components for Native American and other students who live in isolated regions of the Northwest. Programs to support part-time learning could be developed. Efforts could also be made to arrange more clinical experiences within reservations and towns where Native American nursing students live.

If such clinical experiences were arranged, it would be necessary to provide for diverse cultural experiences for these students, who must be, as is expected of all baccalaureate-prepared nurses, culturally competent with a variety of groups. It may also be, as the participants in this study reported, that local reservation hospitals are smaller than other hospitals in the area, and so are treating patients who are medically less complex. If this is the case, it would be necessary to provide for clinical experiences involving complex patients, even if this requires travel away from home. Early clinical experiences, with nursing home patients and more stable medical patients could be arranged on students' reservations and in their home towns.

A second way to approach this problem would be to focus on early recruitment of nursing students, before they are married and have children. Such recruitment could

begin as early as middle school, and might include frank discussion of the difficulties of attending college when one is a parent. In doing this, universities would need to maintain close, frank, and diplomatic ties with school administrations, and not violate any cultural rules.

A third approach would be to adapt the program to better meet the needs of students with families. Inexpensive approaches could involve helping students to set up cooperative childcare, evening meals, and outings for children. Students could discuss whether they wanted to keep such groups entirely Native American, or whether they wanted to be more inclusive, in the interest of enlarging the groups. The university might also contract with a daycare center to provide early-morning hours, in exchange for enrollment of nursing students' children. It might also be possible to arrange more flexible clinical hours, so students could have clinicals on evening, night and weekend shifts, if this fits their schedules better. Professors might find it reasonable to provide a time range in which large assignments could be handed in, so students could schedule their work around family events.

It may also be possible for universities to work more closely with Native American community colleges, both to coordinate pre-nursing and nursing programs, and to assist community colleges to develop nursing programs. Collaboration between such programs could benefit both the university and the community college.

Implications for Research and Policy

Research. This study has raised several interesting questions, which could be best addressed by further qualitative research. Because the women who participated in this

study were successful in obtaining their baccalaureate degrees in nursing, their experience is not representative of the experience of the many Native Americans who attempt to earn nursing degrees, but who are not successful. A phenomenological study of Native Americans who dropped out of baccalaureate nursing programs would indicate ways in their experience might have been different from that of women who succeeded. Such insights would inform the development of a larger qualitative study, to determine how these groups differ, and to suggest what might be done to foster the success of more Native American nursing students.

Because the participants in this study indicated that their primary difficulties were related to attending nursing school at a time in their lives when they had taken on the serious responsibility of children, it would be informative to compare their experience with that of mainstream or other minority groups who also attended nursing school while raising children, and with Native Americans who attended nursing school without children. A comparison of these groups might indicate the degree to which these problems are practical, rather than cultural. Again, phenomenological studies could give direction to larger qualitative studies.

An alternative path to a nursing degree for Native Americans in the Northwest is to attend a reservation-based community college that has developed a program that includes many elements of Native American culture in the curriculum. It would be interesting and informative to compare the lived experience of graduates of this college with that of the nurses in this study. This could inform the development of a broader qualitative study. It may be that these two programs could make useful contributions to each other.

Policy. Even the modest actions suggested above require significant faculty and administrative time, and therefore, cost. It would be necessary to allocate more faculty time to the program to support Native American nursing students, or to decrease the credit load for faculty involved in the program. This would likely require the hiring of new faculty. If a distance-learning program were developed, it would also be necessary to purchase equipment.

It may be difficult for a college of nursing to justify to the university the added expense for a relatively small number of students. It is possible that advocates of this idea may emphasize that land-grant universities can meet their obligation to work for the public good in this way. With a relatively small expenditure, health care for a large group of people can be improved; the economic standing of severely economically depressed areas can be bettered as more Native Americans earn the middle-class income provided by nursing jobs; legal and moral obligations to Native Americans can be met. More practically, grants may be obtained from Indian Health Service to increase the number of Native American nurses, and from other government agencies for programs to meet the Healthy People 2010 goal of increasing the diversity of the health care workforce.

Because financial assistance often is critical to minority students, Campbell and Davis (1996) wrote that administration and faculty members should aggressively seek funding through research and grant proposals. Nugent et al. (2004) suggested that universities also must be aware of other funding sources, such as loans, scholarships, and fellowships, because many Native American students do not have the background to seek these out on their own. Nugent et al. (2004) also urged administrators to be willing to

“think outside the box,” by helping students to find nursing-related work or by setting up such work for Native American Students in university clinics.

Summary

This phenomenological study has described the lived nursing school experience of three Native American nurses who graduated within one to three years from a baccalaureate nursing program in a university in the Northwest United States. Results indicated that these women were part of extensive networks of family and tribal members. They were strongly invested in maintaining their emotional bonds and meeting their obligations within these groups. Their primary difficulties in nursing school were related to being away from these nurturing groups, and to meeting their obligations to them while dealing with the added obligations of school. Those who had spouses and children suffered severe hardships as they attempted to nurture family bonds and meet family obligations while attending school. Their many cultural and personal strengths enabled them to achieve their goal.

Universities may be able to make relatively simple and inexpensive alterations in their nursing programs that would significantly ease the struggles of these students, and perhaps enable more students to complete their nursing programs. Further phenomenological research of Native Americans who enrolled in baccalaureate nursing programs but did not complete them, mainstream nurses who attended school with children, Native American nurses who attended school without children, and nurses who attended a Native American-oriented nursing school in the Northwest, could suggest

improvements in nursing programs, as well as delineate larger qualitative research projects.

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APPENDICES

APPENDIX A

PHENOMENOLOGICAL DEFINITIONS

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Bracket: To hold in abeyance what one knows about the described phenomenon in order to grasp its presentation in a fresh manner.

Essential Structure: A description of “the most invariant meaning of identity that can be assigned to a phenomenon for a given context.”

Free Imaginative Variation: Attempts to vary the descriptive features of the given phenomenon in imagination in order to see what the truly invariant – or essential – features of a phenomenon are.

Phenomenology: The systemic analysis of the phenomenon that presents itself to an experiencing consciousness precisely as it presents itself.

Reduction: The acceptance of the description of an experience simply as it presents itself without reflection or judgment of what it means.

Triangulation: The selection of three or more subjects who will provide variation in their descriptions of the same phenomenon. Through analysis of the variations and by asking what they are variations of, the invariant essences of the structure of the lived experience of the phenomenon under investigation emerge.

APPENDIX B

LETTER TO PARTICIPANTS

Gail Trenfield-Joyner, RN
346 Stephens
Missoula, Montana 59801

Name
Address

Date

Dear _____,

As a Family Nurse Practitioner student at Montana State University, I am conducting a study to learn about the experience of Native American nursing students in baccalaureate programs of nursing. Your name has been given to me by _____, because you are Native American, and have graduated from such a program in 2003 or 2004.

If you agree to participate in this study, you will be asked to take part in a confidential interview in which you will share your experiences as a nursing student. It is hoped that what is learned from this study will add to the discussion of how nursing programs could be adapted to be more supportive to Native American students.

The interview will take from 30 to 90 minutes, and will be tape-recorded. It will be done at a time and place convenient to you. I will call you the week of _____ to discuss whether you are interested in participating.

Thank you for your attention to this letter.

Sincerely,

Gail Trenfield-Joyner, RN

APPENDIX C

PARTICIPANT CONSENT FORM

SUBJECT CONSENT FORM
FOR
PARTICIPATION IN HUMAN RESEARCH
AT MONTANA STATE UNIVERSITY

**Study Title: THE UNIVERSITY EXPERIENCE: PERSPECTIVES OF
NATIVE AMERICAN NURSES**

You are being asked to participate in a study that is attempting to describe the lived experience of Native American nursing students. You have been asked to be in this study because you are a Native American RN, who graduated in 2003 or 2004.

What is the purpose of this study?

The purpose of this study is to gain information about the experience of Native American nursing students in a baccalaureate program of nursing. This information will increase our understanding of how the needs of Native American nursing students could best be met during their education in a university-based nursing program

Who will participate in this study?

Native American RNs who graduated from a baccalaureate program of nursing in 2003 or 2004 may be interested in taking part in this study.

What will happen during this study?

If you agree to participate in this study you will be asked to take part in an interview in which you will be asked to share your experiences in a baccalaureate nursing program. The interviews will be tape-recorded so they can be transcribed and entered into a computer.

How long will the study last?

Your interview may take anywhere from 30 to 90 minutes. Following the interview, if additional questions about the content of the interview arise, the interviewer may call you to clarify any points of confusion.

What are the risks of the study?

Your participation in the study involves low risk.

What are the benefits of the study?

This study will be of no direct benefit to you. However, the study may add to the discussion of how nursing programs might be adapted to be more supportive to Native American nursing students.

Will it cost me anything to be in this study?

You should not have any financial costs for participating in this study. Interviews will be done at a time and place that is convenient for you.

Will I be paid for participating in this study?

Each participant will receive a book about nursing as a token of appreciation.

What about confidentiality?

Every effort will be made to maintain the privacy of your personal information. The tape-recorded interviews will be identified with a code. The key to the codes and the signed consents will be kept in two separate locked files, and destroyed after 5 years. Audio tapes will be erased after transcription. Transcripts will be entered into a computer with a protected password. All identifying information will be removed from transcripts. These transcripts will be shared only with my thesis committee for analytical purposes. Your name will not be identified in any reports and/or publications resulting from this study.

Is being in the study voluntary?

You are under no obligation to participate in this study.

Who is funding the study?

As a masters thesis, this is an unfunded study.

Injury/Compensation Statement

Because this study involves nothing that could cause physical harm, there is no need to provide compensation for physical injury. Montana State University-Bozeman cannot be held responsible for injury or accidents that may occur as a result of traveling to and from your interview appointment.

What if I have questions?

All questions are encouraged. If you have questions about the study, please contact Gail Trenfield-Joyner at (406) 549-0312 or johnandgail@mtwi.net or Patricia Holkup, PhD, RN at (406) 243-2543 or pholkup@montana.edu . This study has been approved by the Human Subjects Committee at Montana State University-Bozeman. If you have questions about your rights as a study participant, please contact the Chairman of this committee, Mark Quinn, at (406) 994-5721.

Authorization from adult participants

AUTHORIZATION: I have read the above and understand the discomforts, inconveniences, and risks of this study. I _____ (print name) agree to participate in this research. I understand that by signing this form, I have not given up any of my legal rights. I understand that I may later refuse to participate, and that I may withdraw from the study at any time. I have received a copy of this form for my own records.

Signed _____ **Date** _____

Witness _____ **Date** _____

Researcher _____ **Date** _____

APPENDIX D

DEMOGRAPHIC DATA

DEMOGRAPHIC DATA

Participant Number	#1	#2	#3
Date of Interview	1/31/06	1/31/06	2/16/06
Current Employment	Reservation Hospital	Reservation Hospital	Small City Clinic
Hours per Week	Avg. 40	Avg. 40	Avg. 40
Number of Native American Students in Graduating Class	4	4	3
Current Age	31	40	29
Spent Most of Life on Reservation?	Yes	Yes	Nearby