

**Nurturing a Dream:
The Support Program for Aboriginal Nursing Students**

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In 2007, the Faculty of Health Sciences, University of Lethbridge launched the Support Program for Aboriginal Nursing Students (SPANS) based on a collaborative process with local Aboriginal education, health services and tribal governments to address the shortfall of Aboriginal Registered Nurses within the Blackfoot Confederacy.

This article presents SPANS as a case example describing its development as well as a detailed discussion about its daily operations. In order to inform other nursing programs that plan to develop such an initiative, an analysis is offered according to four criteria: (1) An Aboriginal perspective is apparent in the design, implementation and evaluation of the initiative; 2) the initiative enhances an understanding of Aboriginal world views; 3) the initiative is a benefit to the Aboriginal community; and, 4) the initiative demonstrates sound educational principles). The article ends with recommendations for other nursing programs contemplating offering a similar initiative.

NURTURING A DREAM:

THE SUPPORT PROGRAM FOR ABORIGINAL NURSING STUDENTS

There has been increased acknowledgement that a commitment is required of post-secondary educational institutions to help ensure the success and subsequent increase of Aboriginal Registered Nurses (RNs) in Canada (Aboriginal Nurses Association of Canada (ANAC), 2009). The availability of Aboriginal RNs has been linked to improved health status of Aboriginal individuals and communities (Health Canada, 2002). There are numerous challenges to improve the current low numbers of Aboriginal RNs; addressing these challenges in a manner that is both culturally safe and community-appropriate while based on partnership and collaboration is essential. This article discusses the Support Program for Aboriginal Nursing Students (SPANS) initiative within the Faculty of Health Sciences, University of Lethbridge. In addition, the initiative is evaluated according to criteria that ensure capacity building and cultural respect for Aboriginal beliefs. Finally, recommendations are provided that may be useful for other universities contemplating similar initiatives. In this article, Aboriginal refers to First Nations, Métis and Inuit (FNMI) peoples.

IMPROVING HEALTH IS RELATED TO INCREASING ABORIGINAL HEALTH CARE PROFESSIONALS

Health disparities among Aboriginal populations continue to be reported amongst developed nations (Henly et al., 2006; Indigenous Physicians Association of Canada, 2009; McRae, Taylor, Swain, & Sheldrake, 2008) which bear evidence that the fallout from colonization and historical oppression enduringly support social inequality (Health Canada, 2009; Royal Commission

on Aboriginal Peoples, 1996). Ultimately, working toward changing the fate and well-being of Aboriginal communities may rest with the preparation of a workforce that addresses both disease, and reconciles the social, historical, political, and cultural implications that reside within educational programming and delivery of health practices (Main, Nichol, & Fennel, 2000; McRae, Taylor, Swain, Sheldrake, 2008; Nash, Meiklejohn, & Scare, 2006). In this vein, Tskey (1997) reminds us that education can be used as a method for liberation. However, before an individual or community can liberate themselves through education in the midst of recovering from a history of assimilation and oppression, we must also acknowledge present day disparities that limit access to education and obstacles that ultimately derail Aboriginal students from obtaining a post secondary education (Henly et al., 2006). Some of these problems include, but are not limited to, low priority of accessible and appropriate education, lack of high school attainment, location of university/ distance from home, course prerequisites, financial cost of education, culturally relevant training, support mechanisms, amongst a host of other issues (Main, Nichol, & Fennel, 2000; Weaver, 2000).

The Royal Commission on Aboriginal Peoples (RCAP) specified that 10,000 Aboriginal health professionals needed to be prepared in the next decade (1996). Despite this recommendation, there remain limited attempts to determine accurate databases that identify the number of Aboriginal health professionals let alone mechanisms that help ensure greater success in rectifying their lack of availability. There are, for example, estimates of only 1200 Aboriginal RNs in Canada (Kulig et al. 2006). The national organizations in Canada for Aboriginal RNs (Aboriginal Nurses Association of Canada) and physicians (Indigenous Physicians Association of Canada) do not require membership decreasing the opportunity to collect baseline data.

We now face a significant problem that reaches across health professional disciplines; a chronic shortage of professionals with the appropriate skills to address the needs of Aboriginal populations, particularly those residing in geographically rural and remote communities (Gregory, Pijl-Zieber, Barsky, & Daniels, 2008).

POLICY DEVELOPMENT RELATED TO ABORIGINAL EDUCATION

In 2005, the Kelowna Accord included a series of agreements to address education, employment and living condition disparities among First Nations

people across Canada; the agreements were announced by former Prime Minister Paul Martin and included a budget of \$5 billion over 10 years (with \$1.8 billion for education). However, the fall of the Martin government and the election of current Prime Minister Stephen Harper stalled the initiative. When it was put in place the commitment to the initiative fell far short of the original plan to a total amount of \$450 million over 4 years.

In the same time period (2004), the “first ministers announced a Pan Canadian Health Human Resources Strategy” (McBride & Gregory, 2005, p. 89), to create a stable health care workforce but, most important to Aboriginal peoples, to improve recruitment and to secure long-term dedication of health-care workers in Aboriginal communities. The Aboriginal Health Human Resources Initiative (AHHRI), evolved to help ensure a long term systemic change in the supply and demand of Aboriginal health professionals; the funding is provided through Health Canada to the different geographic zones of First Nations and Inuit Health Branch (FNIHB) where funding applications focus on education strategies and programs that will help develop and implement health human resource strategies for Aboriginal peoples.

CURRENT STATE OF ABORIGINAL NURSING EDUCATION IN CANADA

In Canada, Aboriginal students experience numerous issues that often prevent them from being successful within post-secondary institutions (Blanchfield, 2006). These issues include systemic (i.e., lack of housing at post-secondary institutions; lack of understanding by faculty members and fellow students about the challenges faced by Aboriginal students, lack of inclusivity about indigenous views of science, funding differences between bands precluding adequate financial assistance) and personal challenges (i.e., lack of transportation, family and social responsibilities that can take precedence over studying) (Martin & Kipling, 2006). These issues are found in other countries including Australia (Nash, Meiklejohn & Scare, 2006) and the United States (About RAIN, 2010;) where similar political and social circumstances have impacted Aboriginal peoples.

There have been few sustainable educational initiatives across Canada that address the issues experienced by Aboriginal individuals who are interested in pursuing nursing as a profession. One exception is the Native Access Program to Nursing (NAPN) within the College of Nursing, University of

Saskatchewan (NAPN, 2010). This program provides student support and retention services to those enrolled in their existing nursing program. At the University of Saskatchewan, in collaboration with the First Nations University of Canada and Saskatchewan Institute of Applied Science and Technology (SIAST), a similar program exists, which has showed Aboriginal student retention rates to be 13% higher than provincial norms (Anonson et al., 2008).

In Winnipeg, Manitoba, the nursing program at Red River College, in collaboration with the University of Manitoba Faculty of Nursing, boasts a program that is nearly thirty years old and reports graduating 226 Aboriginal nursing students since the program's inception in 1982 (Labun, 2002). Key objectives shared by these programs are to improve admissions, recruit and retain aboriginal and/or minority student populations in completing a nursing Baccalaureate degree (Anonson et al., 2008; Labun, 2002). Strategies adopted by these programs to achieve their objectives include, promotion of nursing careers, close monitoring of academic progress, student counselling and academic advising support, scholarships and financial aid, inclusion of aboriginal cultural content into program delivery, and elder collaboration support and input (Anonson et al., 2008; Labun, 2002). Other programs have been developed in collaboration with Aboriginal groups but there is limited easily accessible information about them decreasing discussion among educators about the "best way" to prepare Aboriginal RNs.

NURSING EDUCATION AT THE UNIVERSITY OF LETHBRIDGE

The Faculty of Health Sciences offers a 4-year BN degree in nursing in collaboration with Lethbridge College. The first two years of the program are offered on the college site while the remaining two years are offered at the University of Lethbridge site. The curriculum is jointly planned and delivered. Collectively, it is referred to as the Nursing Education in Southwest Alberta (NESA) Program and has been in existence in its current form since 2002 although the initial collaborative nursing program dates back to the 1990s. There are inherent challenges in the delivery of the program based upon issues such as philosophical differences between the institutions (i.e., expectations for conducting research among university faculty; lack of means to share documents and information about students across institutions) as well contract differences (i.e., only the university faculty are on year-round contracts) which impact the SPANS initiative. Despite these issues, there re-

mains a strong commitment to collaboration to ensure that quality nursing education is provided to the students.

The information presented in this article focuses on SPANS, an initiative within the Faculty of Health Sciences that supports Aboriginal students who are interested in pursuing a nursing career. It includes a transition year to assist students meet the eligibility requirements for NESAs and a host of services and supports from the transition year through to year 4 of the nursing program. SPANS was funded in 2007 by the Aboriginal Health Human Resources Initiative (AHHRI), Scotia Bank and Astra Zenica. It represents collaboration between the University of Lethbridge, Red Crow Community College (RCCC), Blood Tribe Department of Health (BTDH), Aakon-Kiyii Health Services, Siksika Health Services and the Blackfoot Confederacy.

The following evaluation framework was developed from a variety of documents including the ethical principles forwarded by CIHR (2007) in the conduct of research among Aboriginal peoples, cultural safety documents (ANAC, 2009; Nursing Council of New Zealand, 2002) as well as educational principles (i.e., active learning and respect for diversity - Chickering & Gamson, 1987) is used to critique the initiative:

- 1) An Aboriginal perspective is apparent in the design, implementation and evaluation of the initiative;
- 2) The initiative enhances an understanding of Aboriginal world views;
- 3) The initiative is a benefit to the Aboriginal community; and,
- 4) The initiative demonstrates sound educational principles.

The focus of the analysis is not on the preparation of students regarding their achievement of competences to deliver culturally safe care (ANAC, 2009) but rather what principles were used in the development and implementation of the initiative that illustrates respect and inclusivity regarding Aboriginal beliefs and perspectives. Furthermore, such an analysis may provide information about best practices for the educational preparation of Aboriginal peoples, a topic that thus far has received limited attention.

DESCRIBING "SPANS"

The University of Lethbridge is physically situated on the wintering grounds of the Blackfoot peoples and is located 85 kilometres away from the Kanai Reserve (the largest reserve in Canada), 100 kilometres from the Piikani Reserve and 130 kilometers from Siksika First Nations (the second

largest reserve in Canada). Despite the close geographic location to these Aboriginal communities, there has been limited formal involvement by the University to help ensure Aboriginal members succeed in their health-related programs such as nursing. Historically, there would only be 3 – 4 Aboriginal students across all four years of the nursing program. The first author (while Year 3 nursing coordinator) oversaw the pilot of community health clinical projects on the Kainai reserve which led to a renewed interest and commitment in helping to ensure that there was sufficient numbers of Aboriginal RNs in the area. Simultaneously, the first author became involved in documenting information about the first Blood RNs from the Kanai reserve (Kulig & Grypma, 2006). From these seemingly unconnected events and activities, the notion of SPANS was borne.

The idea for SPANS was generated after discussion between the first and fifth authors because of the concerns that arose about the shortage of RNs in one of the on-reserve health agencies. The conversation led to a discussion of the availability of funds through AHHRI and a series of meetings were held to discuss what the program would look like. The meetings included representatives from the BTDH, Aakom-Kiyii (Piikani) Health Services, Red Crow Community College (RCCC), and the University of Lethbridge. As is customary, an Elder was also present. Representatives from Siksika Health Services were not always able to attend but were supportive of the proposal and sent materials as they were available. The funding was granted in the summer of 2007; a celebration and official signing of the agreement for the program was held at the BTDH on the Kainai Reserve. A variety of dignitaries were present to commemorate the event which was seen as a clarification of the partnership and willingness to collaboratively address issues pertinent to educational institutions and health service delivery organizations.

The major focus of SPANS is recruiting and retaining Aboriginal students who are academically capable and interested in pursuing a nursing career. Assistance and support is then offered toward providing the necessary academic background needed to complete a BN within the existing Bachelor of Nursing program at the University of Lethbridge. It is hoped that when the students have completed their program, they will consider returning to their home communities to work. SPANS helps to encourage students to do this by providing opportunities to 1) complete third year community health placements in home communities; 2) complete final fourth year clinical

practicum in home communities with financial support to assist with costs of travel and lodging; and 3) theoretical discussion of Aboriginal health issues within nursing courses that allow for individual pursuit of specific local health issues.

What are its crucial elements?

There are five elements of SPANS that have been the focus over the last 3 years. These elements are: 1) pre-nursing program; 2) incorporation of Elders; 3) mentorship program; 4) social networking & tutoring; and 5) designated staffing and infrastructure. Each of these elements will be discussed in turn.

Pre-nursing year: The pre-nursing program is a transitional year offered at the University of Lethbridge that provides students with an opportunity to enroll in required courses for admission to the nursing program. The students take subjects such as math and chemistry within an environment that provides the support services needed to help ensure their success. Those in pre-nursing also take a health professional course which provides information about what it means to be a health professional to prepare them for such a role. Once the students are enrolled in the pre-nursing program, they are encouraged to formally apply to the nursing program but there is no guarantee of admission. There are, however, 10 non-competitive seats for Aboriginal students (those who apply from the pre-nursing program and those who apply directly into the nursing program after completion of high school).

Incorporation of Elders: Elders have always been an important part of SPANS although there are difficulties in scheduling events with this group. During the 2008/9 academic year, the proposed Blackfoot culture course was offered to all pre-nursing and nursing students within SPANS. The course consisted of a monthly session to discuss and examine concepts related to nursing and health care from a Blackfoot perspective. Topics included Mental Health and Illness; Childbearing, How to be a Health Professional in one's own Community, and Medications and Traditional Medicines. In addition, a Blackfoot Culture orientation was provided for the faculty within the nursing program in an attempt to increase their sensitivity and understanding of Aboriginal students. In the 2009/10 academic year, it has become increasingly difficult to schedule a formal Blackfoot culture course with the students because the nursing program does not provide students with many opportunities for gathering outside classes. In the pre-nursing program, the students are exposed to Elders on a routine basis which includes having an Elder in

residence and having Elder afternoon talks on a regular basis. However, it has become challenging to schedule events for faculty members to help ensure that sensitivity and understanding are achieved. The Blackfoot culture orientation has to compete with other professional development topics offered to the NESA faculty.

Mentorship program: A mentorship program was developed with permission based upon materials from the Arizona Mentorship program (Knoke-Wilson, 2005). A mentorship workshop for the mentors and a joint event for the mentors and mentees were held in November 2008 and January 2009 respectively. It has been difficult to ensure success of the mentoring; both the mentors and mentees acknowledge that they lack time to engage in mentoring activities.

Social networking & tutoring: Social opportunities have been offered to students throughout their program although it has worked better to include social activities with the Blackfoot culture course. Tutoring is arranged for students who require assistance with their courses and both institutions (the University of Lethbridge and Lethbridge College) have existing writing centres that can be accessed by the students as needed; a challenge is to ensure a sense of safety exists by the students who seek out assistance and that staff at the writing centers know how to interact with Aboriginal students.

Designated staffing and infrastructure: The program has included a Project Coordinator (first author) and Learning Facilitator (second author) and has an administrative assistant who is designated support for the initiative. The Coordinator oversees the initiative including chairing the advisory committee. The original proposal included funds to hire an Aboriginal nurse from a nearby reserve to work with the Project Coordinator as a co-coordinator. Despite trying to increase capacity in this way, it has not been manageable due to the nursing shortage. The Coordinator is part-time and conducts other activities in relation to her faculty role; meanwhile, a full-time Learning Facilitator works with the students at the University of Lethbridge as well as at Lethbridge College. There were some staff changes in the first 18 months of the funding limiting what could be accomplished in that time period. However, the 2009/10 academic year showed that there were 35 Aboriginal students (including those in the pre-nursing program and years 1 – 4) who self-declared.

In trying to achieve such success, infrastructure initiatives continue to take precedence include recruiting students for both the pre-nursing and

nursing program. Recruitment has included travel to reserves in northern Alberta, being present at career fairs throughout Central Alberta and attending Aboriginal youth conferences in Southern Alberta. Other activities include attending the University-wide committee that addresses Aboriginal, Métis and Inuit student needs, providing personal support and referrals to enrolled pre-nursing and nursing students for issues that arise in their lives; providing assistance in the completion of scholarships and arranging tutoring as well as activities with the Elders. Both the Coordinator and Learning Facilitator are involved in overall activities such as visiting the nearby reserves to have “coffee with the nurses” and provide them with updates about SPANS while also asking for advice about its implementation; preparing recruitment materials (e.g., brochures, web page, digital stories of our current Aboriginal nursing students); responding to media (see for example, Frontlinehealth.ca which features SPANS); and, hosting special events (e.g., Aboriginal Science Symposium (Kulig et al., 2010) and the 2009 honoring event for the Aboriginal nursing graduates). It is very easy for the daily activities of SPANS to take precedent over the need for systemic changes within the participating educational institutions.

SPANS: A CRITICAL ANALYSIS

As noted earlier, this discussion paper offers a detailed description of the SPANS initiative; the following evaluation provides information for educators, educational institutions and tribal health departments and governments who may be involved in developing similar initiatives.

Criterion #1: An Aboriginal perspective is apparent in the design, implementation and evaluation of the initiative: At inception, the SPANS initiative included Aboriginal stakeholders in its design and implementation. The CEO of the BTDH was comfortable in approaching the first author about how to address his workforce concerns. A meaningful relationship had already been established with various members of the Kanai community that made the discussions about the need for an educational initiative to meet their needs possible. Meetings with all stakeholders were purposefully held on-reserve to discuss the proposal that would be submitted to AHHRI. The emphasis from the participants was that the proposal needed to be respectful of their traditions as evidenced through the incorporation of the Elders. They also requested that students from RCCC would be encouraged to attend the

nursing program to support their local college and its work in enhancing the education of their residents. There were no difficulties in committing to working with the Elders and incorporating them in the nursing program; the first author attended Elder meetings to discuss the curriculum and clarify what would work for both groups. However, the ongoing implementation of the Blackfoot culture course and the incorporation of the Elders have met with difficulties. As such, the demands of the nursing program coupled with students' ongoing personal and school commitments have made it challenging and almost impossible to incorporate the Elders in a consistent, meaningful way. Discussions with RCCC (who provides access to the Elders) are ongoing about how to rectify this situation.

The original plans for the SPANS initiative were to encourage systemic changes within the nursing program to ensure that faculty members become more cognizant of Aboriginal viewpoints. However, competing demands for professional development of all faculty members have made it difficult to meet this goal. Although the Aboriginal Science Symposium was considered a mandatory professional development activity and financial incentives were provided to attend, not all faculty members chose to attend nor can they be forced to attend such an event. However, the importance of the sessions is related to the creation of "safe" classrooms for Aboriginal students and other students of cultural diversity. In other words, if faculty members are not able to reflect on their own perspectives (which may be biased and therefore may be harmful), then the classroom experience may be uncomfortable and not a place which welcomes alternative perspectives. Nursing students (of any cultural/racial background) in turn, may not be prepared to work in culturally diverse clinical settings and may in fact provide inappropriate care.

The Faculty of Health Sciences and the University of Lethbridge views RCCC as a valuable partner who helps with access to community perspectives and to individuals such as Elders. SPANS personnel also encourage RCCC students to apply for the pre-nursing and nursing program providing assistance to ensure an effortless transition between education institutions.

The Advisory committee which includes Aboriginal members meets on a regular basis. Not all partners are able to attend due to competing demands, and weather and inter-related transportation issues. There was also no success in locating an Aboriginal nurse who could act as co-coordinator. However, it has been helpful that the Coordinator and Learning Facilitator ven-

ture out to the communities to have coffee with the nurses, provide updates and receive any advice or feedback. A review of the progress of the initiative was undertaken in December 2009 – January 2010; the hopes had been to include members of the three participating tribal communities on the evaluation oversight committee. However, their own personal workload demands and the timing (e.g., H1N1 outbreaks) made it infeasible to include them on this committee. However, the advisory committee, which includes tribal membership, reviewed the evaluation report and offered suggestions for the future and sustainability of the program.

Criterion # 2: The initiative enhances an understanding of Aboriginal worldviews: The Aboriginal nursing students were exposed to perspectives and worldviews from a Blackfoot perspective in the sessions with the elders. For the non-Blackfoot students, this exposure broadened their understanding of Aboriginal world views. The Coordinator and Learning Facilitator, although familiar with the local and other Aboriginal groups, enhanced their own understanding and knowledge about specific issues related to the Blackfoot groups. The NESA faculty has been given the opportunity to engage with Blackfoot elders and educators; in doing so, there has been an increased learning about Aboriginal worldviews and their application in educational settings. Regardless of the best efforts to promote events such as the Aboriginal Science Symposium and the Blackfoot culture nursing faculty orientation, attendance was poor from this group. Individual faculty members demonstrated an interest in understanding Aboriginal perspectives but there has been limited headway in incorporating such perspectives within the nursing program. Creating systemic change is challenging and requires commitment from administrators and individual faculty members. Offering other opportunities to learn about Aboriginal knowledge and its potential for developing a unique and stronger nursing program are needed within a supportive administrative structure.

Criterion # 3: The initiative is a benefit to the Aboriginal community: The goal of the initiative is to help increase availability of Aboriginal RNs from the local on-reserve communities. This will require an ongoing commitment and more time in order to see long-term changes in the actual numbers. However, we are seeing short-term benefits where the Aboriginal nursing students from the local reserves are completing their clinical practicum in their home communities and becoming role models for other community

members. An additional benefit to the Aboriginal community has been the trust and respect that has been fostered and maintained through the experience of developing and implementing SPANS.

Criterion # 4: The initiative demonstrates sound educational principles: There are numerous examples of this criterion in the various components of SPANS. Examples include providing a variety of support services (i.e., personal and academic counseling, tutoring) to ensure student success; providing professional development for nursing faculty members and working collaboratively with other members of faculty and staff at the University and College level in order to ensure student success and to allow for incorporation of other world views. In summary, it is essential that student needs and issues be the main priority in order to assist them with their ongoing challenges.

RECOMMENDATIONS

Developing and implementing an educational initiative that addresses Aboriginal nursing student needs ultimately means that certain perceptions have to be acknowledged and reflected upon in order to develop a collaborative stance with groups outside one's academic institution. Simply stated, this is not easy nor is it something that all participants are willing to undertake. Nevertheless to be successful beyond a menu of activities related to help ensure student achieve success, systemic change needs to be planned for and implemented. This may mean mandating that professional development topics focus on cultural awareness and safety to help faculty move forward with their thinking and understanding.

Students need to feel safe in their classrooms and clinical settings. Faculty perspectives are one aspect of this but the other is fellow students who may not be aware or knowledgeable about the historical context of Aboriginal peoples or hold erroneous assumptions about this group of people Steps need to be taken to help students in working within these multiple perspectives which may include planned cultural awareness in classrooms as well as experiences in First Nations communities. At the University of Lethbridge, Native Awareness week provides a variety of activities free-of-charge to students, faculty and staff, which is one way to change preconceived assumptions.

Universities need to assist Aboriginal communities to address educational inequities by developing ways to work in collaboration and partnerships. Joint appointments between Aboriginal-run colleges and universities is one example; hosting discussions about indigenous science and how it can be incorporated into university level curriculum is another.

Finally, recruitment and retention will only be successful if universities work in collaboration with public schools to ensure that the proper information is available regarding requirements for nursing programs. Encouraging Aboriginal youth to consider nursing as a career needs to start early in their educational lives and requires collaborative efforts of universities and public school systems.

CONCLUSIONS

In conclusion, there have been few educational programs that attempt to address the lack of Aboriginal individuals in nursing and even less published information that discusses and analyzes the credibility of such programs. The SPANS program, an ongoing collaborative initiative between the University of Lethbridge and the Aboriginal communities and relevant agencies, is attempting to rectify the previous lack of commitment to address the local Aboriginal health workforce requirements while also addressing the need for systemic change. There are inherent challenges but working in partnership with tribal health departments, tribal governments and an Aboriginal on-reserve college has proven fruitful and rewarding. Evaluation criteria illustrate that the success of the initiative is related to the creation and maintenance of relationships, the willingness to try different methods to make systemic changes and the importance of placing the students first.

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