

The Lived Experiences of Racism Among Indigenous Nursing Students Enrolled in a Canadian Baccalaureate Nursing Education Program

Rebecca Cameron, Red River College Polytechnic

Patricia Gregory, Red River College Polytechnic



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We would like to thank all the participants who bravely shared their story with us. We would also like to thank Kate Tate for her role in the study. We give thanks to Dr. Kim Mitchell for giving us the opportunity to pursue this study; without her support this project would not have been possible. | Nous tenons à remercier toutes les personnes qui ont participé en faisant part courageusement de leurs histoires. Nous aimerions également remercier Kate Tate pour son travail dans le cadre de cette étude. Nous tenons à remercier Kim Mitchell, Ph. D., de nous avoir donné l'occasion de réaliser cette étude; il nous aurait été impossible d'effectuer ce projet sans son soutien.

Positionality

The term *Indigenous* refers to all persons in Canada identifying as First Nations (status or non-status), Métis, or Inuit; however, this does not suggest that these groups have the same history, culture, identity, beliefs, and knowledge. The first author (RC) is of Red River Métis descent on the paternal side. Born and raised on Treaty 1 Territory, homeland of the Red River Métis, RC has always identified as being Indigenous but did not learn about the culture until adulthood because of colonialism. The second author (PG) identifies as a white settler descended from settlers who came to Canada from Europe and the United Kingdom. PG was born and grew up in Repentigny, Quebec, the traditional territory of the Kanien'kehà:ka, and is currently living on Treaty 1 Territory. PG is influenced by the privilege that she has experienced growing up as a white settler in a society built on colonial systems.

Introduction

The challenges of accessing nursing education are evident in the low numbers of Indigenous people registering in nursing programs and the underrepresentation of Indigenous nurses in practice (Vallee, 2018; West et al., 2013). The Canadian Association of Schools of Nursing (CASN) and the Canadian Indigenous Nursing Association (CINA) (formerly the Aboriginal Nurses Association of Canada) have recognized the need to increase the presence of Indigenous nurses within the nursing profession (CINA, n.d.). Statistics Canada (2022) reported that although Indigenous people compose 5% of the Canadian population, they are significantly underrepresented in the health care professions. According to CINA (2019), less than 3% of Canadian nurses identify as Indigenous.

While the number of Indigenous nursing students is increasing, the number of students who complete their programs of study is not known. To increase recruitment and retention of Indigenous people in nursing educational programs, additional information about factors that enhance or hamper the educational experiences of Indigenous nursing students is needed (Martin & Kipling, 2006). Racism plays a substantial part in many Indigenous students' post-secondary experience (Pidgeon et al., 2014). Few studies have been conducted on Indigenous nursing students' experiences of racism in Canada. Thus, there is a need to understand racism affects retention of Indigenous people who are admitted into nursing programs in Canada (CINA, 2019).

The purpose of this study was to investigate whether Indigenous students in a nursing program perceived, experienced, or observed instances of racism from instructors, fellow students, or patients during their nursing education and/or clinical practice experiences. We explored the impact of such experiences on student learning and the consequences of perceived racism and its effect on the retention of Indigenous nursing students. We then developed recommendations for nursing educators on how to address and combat the issues Indigenous students may face while attending nursing programs. This study is important to addressing Call to Action #23: "We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field" (Truth and Reconciliation Commission of Canada [TRC], 2015, p. 3).

Background

Since the 1960s, improved recruitment of Indigenous people to post-secondary nursing programs has been a stated objective of numerous task force studies, official health policies, and Indigenous organizations (McCallum, 2007). However, challenges have become evident (Vallee, 2018). The TRC (2015) identified the gap in rates of completed education between Indigenous and

non-Indigenous people as occurring because governmental policies have caused social, health, educational, and economic inequalities. As a result, some universities are now recognizing the government's role in perpetuating institutional racism, which has affected numerous generations of Canadian Indigenous Peoples (Rousell & Giles, 2012).

Attrition rates among Indigenous students are estimated to be as high as 50%, compared with 25% among non-Indigenous students (Vallee, 2018). Over the past decade, strategies have been developed to improve the enrolment in nursing education programs and retention of Indigenous nurses in the Canadian nursing workforce. Mentorship, for example, has been identified as successful in recruitment and retention and to support aspirant Indigenous nurses in Canada (Anonson et al., 2008; James et al., 2013). Anonson et al. (2008) improved retention by implementing one-on-one mentoring, advisors, student counsellors, and additional tutorials. In Australia, Indigenous faculty, Indigenous health content, individual mentoring, and nurturing of Indigenous nursing students were deemed successful for retention (Best & Stuart, 2014). These strategies are successful in addressing the lack of representation of Indigenous people in the nursing profession (Etowa et al., 2015).

When nursing programs fail to incorporate Indigenous cultural identity, it may be seen as a form of subtle racism. Consequently, this absence adversely impacts students' self-esteem and their performance in academics. Additionally, it reduces recruitment and retention rates among Indigenous nursing students (Thurston & Mashford-Pringle, 2015). Even with culturally relevant programs and services, systemic discrimination and overt and subtle forms of racism remain significant barriers to and play a substantial role in many Indigenous students' post-secondary experience (Pidgeon et al., 2014). Turpel-Lafond (Aki-Kwe, 2020) defines Indigenous-specific racism as follows:

The unique stereotyping, bias and prejudice about Indigenous peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous peoples that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from the colonial policies and practices. (p. 5)

Covert or subtle racism, defined as the routine, everyday, normalized racism that may be invisible and hard to identify and may manifest as microaggressions, is described by some as modern racism (Bailey, 2015; Park & Bahia, 2022). Bailey (2015) viewed modern racism as particularly relevant to Canadian higher education institutions because there is a pervasive myth of Canada as an open and inclusive society, yet modern racism is prevalent in its social institutions.

Microaggressions have been identified as a significant factor in the experience of post-secondary students who are marginalized by race (Wong & Jones, 2018; Zappas et al., 2021). Therefore, understanding the impact of perceived microaggressions is a start on being accountable to racialized students (Ro & Villarreal, 2021). *Racial microaggressions* are defined as "daily indignities directed towards disempowered racial groups that communicate hostile, derogatory, or negative racial slights" (Canel-Cinarbas & Yohani, 2019, p. 41). Racist attitudes or microaggressions can be deliberate, obvious, and direct, in addition to being subtle, indirect, and unintentional. The unconscious or implicit bias display of racism can be difficult to detect. However, the impacts are just as damaging as those inflicted by direct expression (Canel-Cinarbas & Yohani, 2019). Implicit bias works at a level that the individual is not aware of. The fact that

implicit bias is unconscious can mean that someone can have explicit beliefs and still have unconscious prejudices influencing how they act (Gatewood et al., 2019).

Research has indicated that health care professionals exhibit comparable levels of racism to those found in the general population. This can be attributed to the fact that the education and training within these professions often overlook the values and identities of racialized people, leading to the perpetuation of racist attitudes (Johnson et al., 2022). Racism within the health care system has numerous negative consequences. Indigenous patients suffer from longer wait times, are often mislabelled as drug seeking, and consequently receive inadequate pain treatment. They also have lower rates of renal transplants, face gaps in acute and chronic cardiovascular care, experience higher rates of post-surgery complications, and are sometimes subjected to forced sterilization. Additionally, they receive lower acuity triage scores, have insufficient health resources, and face higher mortality rates (Ramsoondar et al., 2023).

An examination of racism within the foundation of nursing requires our attention; therefore, the nursing discipline warrants a vigorous analysis to discover how the actions of racism have been covertly redefined in its academic foundations (Louie-Poon et al., 2021). Louie-Poon et al. (2021) stated that it is critical not only to end the racism rooted in the structure of nursing's academic foundations but also to determine how to implement anti-racism policies and procedures to free nursing institutions from its racist legacies.

Methods

We used narrative inquiry as the methodology in this study as it focuses on the power of storytelling as a means of gathering data (Huber et al., 2013) and is an essential form of communication that allows people to give meaning to their experiences (Seidman, 2013). In narrative inquiry, stories are interpreted as memories of a person's life experience that are shared in a way to create a story with a beginning, middle, and ending (Mueller, 2019). Moreover, incorporating storytelling as part of the research methodology aligns with Indigenous worldviews.

Indigenous Peoples have always had systems for ways of knowing that existed long before European contact (Foster-Boucher & Thirsk, 2022). These systems involved gathering knowledge and passing it down using oral methods, in particular, storytelling (Kovach, 2010). Western research methods to explore Indigenous perspectives have frequently been deemed inappropriate and ineffective by Indigenous communities in terms of gathering information and fostering meaningful discussions (Datta, 2018).

Indigenous storytelling acknowledges the long-standing Indigenous oral traditions of generating and sharing knowledge and creates spaces for the sharing of experiences (Starblanket et al., 2019). Having an Indigenous lead researcher who also was a facilitator was important to create a safe space for participants to tell their stories. The facilitator honoured and respected participants' voices by allowing them to shape the direction and content of the storytelling process. Because of the emotional nature of the research topic, the strength of the methodology supported the emotional and relational work involved in this study. Indigenous storytelling validated the stories of the participants within the narrative inquiry, which allowed for understanding of the broader factors influencing the participants' experiences and perspectives.

The interviews in this study included semi-structured, open-ended questions that invited participants to share their personal experiences or narrative (see Figure 1). A private and quiet atmosphere was created to allow participants to share their stories in their own words and at their

own pace. In addition to this, an Elder was on standby in case any participants had an emotionally triggered reaction. Interviews ranged from 30 to 90 minutes. All interviews were conducted at the educational institution the students attended or online via video call. Interviews were recorded and transcribed by a professional transcription service, and protocols regarding confidentiality and consent were followed throughout.

Figure 1

Semi-Structured, Open-Ended Questions

Tell me about a time in your nursing education where you have experienced or witnessed racism.

- 1) What was your response to the situation?
- 2) In reflection, would you have done anything differently?
- 3) How did the experience make you feel?
- 4) Why do you think we need to discuss racism?

Students were recruited from a 3-year accelerated baccalaureate nursing program in an applied polytechnic-style college in Canada. Recruitment of students began in May 2022. A mass email was sent to all nursing students asking for those who identify as Indigenous to contact the researcher if interested in participating in the study. A news note was also posted on the nursing faculty's learning management system asking for Indigenous participants. Interviews of participants took place from June 2022 until November 2022. The study was approved by the educational institution's research ethics board. None of the students who participated in the study were past or current students of the investigators. They were offered a \$50 gift card of their choice and a medicine bundle as an honorarium for participating the interview.

Sampling sought representation from all years of the program and people who identified as being of Indigenous culture, including First Nations, status and non-status; Métis; and Inuit. Thirteen students initially volunteered to participate; however, only 11 students were available to be interviewed. Two students who initially volunteered did not respond to an email scheduling the interview. Demographic information was collected at the interview; therefore, no data are available on the personal characteristics of the two students who did not participate. Of the 11 students who were interviewed, 6 are status, 1 is non-status, and 4 identified as Métis. No Inuit students were interviewed.

We used thematic analysis to identify and examine themes. Two team members were immersed in all the data, listening to the interview audiotapes and reading the transcripts. They were involved in all the tasks of identifying themes. Researchers organize potential themes by grouping data that appear to be related or similar in content. Entire transcripts were read, reread, and highlighted to identify similar patterns in Indigenous nursing students' experiences, key concepts, and cues to racism. Thematic analysis stands as an effective and adaptable approach to examining qualitative data, applicable across a range of epistemological perspectives. It serves as a fitting analytical method for exploring the understanding of experiences, thoughts, or behaviours evident throughout a data set (Kriger & Varpio, 2020).

Findings

Four predominant themes emerged from the interviews: cultural isolation, academic self-perception, relationships, and resilience. Nursing students in this study experienced issues with

racist attitudes and stereotyping from non-Indigenous people. Both visible and non-visible Indigenous nursing students perceived and/or witnessed some form of racism from fellow students, instructors, patients, and other health care providers within the learning and hospital environment. Numerous non-Indigenous individuals displayed racist attitudes and behaviours that were hurtful towards the Indigenous student themselves, or those students witnessed the behaviour being aimed at another Indigenous student.

Cultural Isolation

One common theme threaded throughout this study was the challenge Indigenous students faced associated with their identity as Indigenous students. Participants described divergence between their perceptions of their own identity and hesitance about self-identifying as Indigenous for several reasons. They reported reluctance for fear they would experience some type of racism. Many chose not to identify publicly as Indigenous unless asked directly.

As one participant expressed, “Although I am very proud to be Indigenous, I’d rather not deal with the repercussions of saying so. I don’t feel like I have to hide who I am whatsoever outside of the college.”

Another reported, “I feel kind of guarded to let the instructors know if I’m Indigenous or not. I don’t want to have to deal with somebody who’s going to treat me differently because I’m Indigenous.”

Another said,

I feel like there is always like something in the back of their mind that they’re going to think like, oh, that’s—they’re not going to like me because I’m Indigenous, you know, or they’re going to think of me differently because I’m Indigenous, you know?

One participant of Métis heritage who has blond hair and blue eyes reported feeling hesitant identifying as Indigenous for fear of not being seen as an authentic Indigenous person. She stated that people question her on her identity when she reports being Indigenous:

I don’t want to go around telling people because a lot of the times they’re like, “Really? I don’t know about that.” I almost feel like I have to show the proof. People will say, “You don’t look it. Your blond hair, blue eyes, are you sure about that? Are you sure you’re not adopted?” They used to call me “bleach neech.” Yeah, which isn’t too respectful but that’s—like as a joking way and I used to say at the same time it’s kind of like, oh well, I already know I’m a little different. . . . I don’t like specifically say I’m not Métis. . . . I just won’t bring it up.

Another participant stated, “Honestly, I know, we all know that it is kind of a privilege to not look Indigenous, unfortunately.”

Academic Self-Perception

Despite being admitted to their nursing program through the same admission criteria as all other students, there continued to be a sense of uncertainty regarding their potential for success. Some of them expressed concerns about their confidence and self-doubt concerning their academic capabilities.

One participant expressed, “Do I even belong there . . . and it’s just like, do I deserve to be there? Even though you work your ass off, you still question that, and so you have that imposter syndrome even more.”

Imposter syndrome is defined as “doubting your abilities and feeling like a fraud. It disproportionately affects high-achieving people, who find it difficult to accept their accomplishments. Many question whether they’re deserving of accolades” (Tulshyan & Burey, 2021, para. 6). According to Khan (2021), when there are fewer individuals like us (Indigenous), we feel a need to represent our entire group. This means that feelings of imposter syndrome correlate with underrepresentation, bias, and exclusion (Khan, 2021).

Participants also mentioned experiencing judgement because of their race, which contributed to feelings of inadequacy and uncertainty about their academic achievement. According to Young-Brice et al. (2018), the impacts of stereotypes encompass self-doubt, heightened alertness, decreased motivation, compromised memory, and impaired academic skills. These stereotypes diminish working memory because of increased vigilance, reinforcing the stereotype in question. For instance, racial stereotypes can hinder a student’s performance, even when they possess strong academic abilities (Young-Brice et al., 2018). One participant explained,

You’re also expected to get better grades to prove your worth and then it’s harder in clinical, because you feel like if you make a mistake, it’s just like you’re done, you don’t belong there, because you have already slight self-esteem issues as it is, right. So, you have to try hard to prove yourself, for sure.

According to Young-Brice et al. (2018) being aware of the impact of how stereotyping affects academic performance of Indigenous students is important for faculty, especially when there are no Indigenous instructor role models in the program.

Relationships

Relationships are seen as foundational in Indigenous worldviews and Indigenous education (Bourque Bearskin, 2011; Pijl-Zieber & Hagen, 2011; Stansfield & Browne, 2013). The journey of Indigenous people’s post-secondary education can be told from many perspectives. When Indigenous students tell their own stories about their success in education, they repeatedly emphasize the interconnections and relationships between themselves, their families, and their communities (Pidgeon et al., 2014). Positive relationships, such as those with instructors, peers, family, and the community with both Indigenous and non-Indigenous people, that provide Indigenous student support was a significant factor in Indigenous nursing students’ success in schools of nursing (West et al., 2016).

In this study, other students were a source of support to the participants. The participants in this study spoke about how they had found friendships with Indigenous and non-Indigenous students to be rewarding.

One student commented, “When you’re in the nursing program, one of the biggest supports you get is from your peer groups and of course you ask instructors for help, but one of the biggest people you ask for help are your peers.”

However, not all students found this level of support from their peers. One student felt ostracized by another student because of her Indigenous identity:

She would start opening up about how her family is racist towards Indigenous people and she was like, “Well, I grew up like that but I’m learning to not be like that.” You know, she would tell me about this stuff and so I was like, “OK, well, that’s good.” Well, for a little while I thought I was becoming friends with her and we were getting closer because she was just—she was really nice to me but she kind of like shoved me to the side and like—I was like pushed out of their friend group because she—I found out that she later did not like me, yeah, so then I kind of—it was just like the very beginning. You’re getting to know people and, yeah.

This experience, which was in the first year of the nursing program, impaired this student’s ability to find peer support throughout the rest of her studies in this program:

Yeah, and I found that I was—I stopped asking for help from this particular peer group because they were all friends with this one girl, so I was just like, well, I feel kind of awkward just trying to push my way through because I know they don’t like me so I was just like—I stopped asking for help. There was one term I found myself I was struggling with the most and I didn’t know what to do so I dropped a course.

Relationships with peers were also affected by indirect interactions:

A lot of students mostly that kind of, in private chats they don’t really know who is in the chats, in group chats and then they’ll talk about Indigenous people really poorly. And they will say like, why are we having to do an Indigenous course, why do we need to know anything about these courses, they will say things like, they’re not important and yeah, so that happens a lot actually, really frequently, almost every term.

Relationships with instructors also suffered from what could be seen as microaggressions. One student recalled,

It had to do with an instructor who, her visibly—her body language, even her tone of voice changed when she was speaking with this one student, then she turned to me and was, like, “Ugh,” like, she just sighed. I don’t know, it just—there was a very noticeable and audible change in her mannerisms when she turned to speak with me.

Another student reflected on an interaction with an instructor:

You just asked me what was wrong, and I spilled out my heart to you, and now you’re telling me that I’m still—like, it’s my fault. And then I had to, you know, really just kind of put my head down and just not open up as much to teachers, because of feeling guilty and feeling like it’s my fault, and—yeah, it’s pretty painful to go through.

These experiences with instructors were the exception rather than the rule. Other students reported very supportive interactions with their instructors: “All my instructors I have come across are amazing, wonderful human beings that are super nice, understanding.”

Another recalled, “She was super nice to me and it kind of changed my perspective about, like how I view instructors because I was like hey, I’m having a hard time. And it’s like she just was super supportive.”

Resilience

The definition of *resilience* is “the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral

flexibility and adjustment to external and internal demands” (American Psychological Association, 2022, para. 1). In the context of Indigenous Peoples, there is a wealth of documented instances showcasing both their resilience and negative experiences. However, it appears that the negative aspects tend to receive more emphasis, potentially leading to both explicit and subtle forms of racism (Fast & Collin-Vézina, 2010).

When it comes to Indigenous Peoples and resilience in the colonial perspective, it takes many forms. The presence of resilience does not indicate that harm has not taken place. In fact, resilience is often formed because of trauma and happens with significant damage. That damage and trauma is often assumed to be characteristic of Indigenous Peoples and their colonial experiences. However, damage and trauma are only part of their story. Resilience completes this complex picture (Weaver, 2022).

Being motivated and committed to the program contributed to the participants’ perseverance. One participant talked about resilience:

I don’t care what anyone thinks or what they think of me. I’ve been through my life; I’ve experienced racism too many times to count. I’m not going to let this type of thing stop me from reaching my goals. Because that’s always been something that—I want to be a BN, I want to do that, you know, so, this isn’t stopping me from getting better or preventing me from getting through this course. I think if anything, it’s making me want to prove them wrong. . . . I am capable, I am strong, I can do this.

Another student stated, “The resilience has just fired me up. So I’m angry but in, like a happy, we’re going to do this kind of way.”

Students in this study spoke about helping their community as part of their goals that gave them resilience. One student said,

Because I do want to work with Indigenous and help with trauma and all that. And I would just say to myself there’s so many girls out there, and guys out there, that need help. Just keep going, just ignore what’s going on and just keep pushing through for the right reasons to help.

A similar observation was made by another student: “I’ve got to think about the reason why I came to be a nurse, you know, so I could help my people and, you know, be there for them.”

While the concept of resilience is complex, multi-factorial, and culturally defined (Kirmayer et al., 2011), we found this motivation to help to be a significant source of resilience for students.

Discussion

The findings in this study advance the knowledge required to address the incidents of racism among Indigenous nursing students by recognizing and acknowledging the issue of racism faced by Indigenous students, emphasizing the impact and the need for effective solutions. The work done in this study also builds the groundwork for future research to further address racism among Indigenous students.

There is a dearth of studies examining the experiences of racism by post-secondary Indigenous students. This study found similar findings to the ones published by other researchers. Canel-Cinarbas and Yohani (2019) conducted a study on Canadian Indigenous university students’ experiences with microaggressions and identified that participants were knowledgeable about

racism and were able to reflect on their own experience surrounding the topic. The results demonstrated that students had experienced or witnessed some type of racism at some point in their nursing education, which had an impact on their education and their personal lives.

Indigenous nursing students face numerous challenges throughout their education and experience higher attrition rates compared with non-Indigenous students. One such barrier is alienation and cultural isolation (Sedgwick et al., 2014). Similar findings on cultural identity to those found in this study were reported by Van Bower et al. (2021), in which nursing students like those in this study faced a conflict between their sense of identity and the hesitation of identifying as Indigenous. Some participants also related stories they heard from other Indigenous students that highlighted this issue as well. In the same study, participants expressed feelings of isolation in their nursing education and that they struggled to find safe spaces and safe people on campus (Van Bower et al., 2021). Van Bower et al. (2021) reported, “One of the prevalent experiences in this study was the challenge Indigenous people experienced associated with negotiating their identity or their self presentation as Indigenous students and health care professionals” (p. 65). Vukic et al. (2012) also reported that many students chose not to identify publicly as Indigenous during training unless asked directly for fear of being discriminated against. Therefore, recognizing cultural identity is essential for Indigenous nursing students; otherwise, it may serve as an obstacle to both academic achievement and cultural preservation (Thurston & Mashford-Pringle, 2015).

Canel-Cinarbas and Yohani (2019) found that participants similar to the ones in our study felt judged based on their race, which led to feelings of inadequacy and uncertainty about their academic success. It was noted that participants felt isolated and as if they did not belong because they were not White (Canel-Cinarbas & Yohani, 2019), as was expressed by the students in this current study.

Research suggests that racialized students feel more affected by relations with faculty and peers than majority students feel (Arieli et al., 2012). When difficulties arise in the interaction between students and instructors, adopting a strength-based approach can be instrumental in empowering students, instilling optimism, and nurturing their sense of self confidence (Brown et al., 2021). When students believe their instructors are supportive and compassionate, it not only improves their educational experience but also boosts their enthusiasm for the learning process (Labrague et al., 2015; Serçekuş & Başkale, 2016). Using a strength-based approach promotes open dialogue and trust and establishes a productive working rapport with nursing students. When a student feels that their instructor is collaborating with them to achieve success, their stress and anxiety levels decrease, enabling them to concentrate more on their learning (Won, 2023). Therefore, it is important for students to feel respected and encouraged to build vital critical thinking skills essential to nursing (Burrell, 2014).

We found positive outcomes in our research, as did West et al. (2016), in which students primarily emphasized elements related to their success in completing courses, rather than just retention concerns. In that study, these students demonstrated self-control and resilience in handling instances of racism and devised strategies to confront racism in a manner that empowered both themselves and others (West et al., 2016).

Recommendations/Nursing Implications

Over the past decade, nursing programs have been developed to improve the recruitment and retention of Indigenous nurses into the Canadian nursing workforce. This approach is

considered an effective method for tackling the underrepresentation of Indigenous people in this field (Etowa et al., 2015). CINA (2019) emphasized the significance of creating a secure learning environment through culturally sensitive instruction to enhance retention rates. CASN and CINA, tasked with directing CASN's efforts to advance TRC's Call to Action #23, which advocates for increasing the number of Indigenous health professionals, has developed a Framework of Strategies for Nursing Education (CASN, 2020). The framework focuses on the social-emotional and cultural environment of schools, curricular strategies, and plans to increase the recruitment and retention of Indigenous students and faculty. Initiatives currently underway include the following: "With support from Indigenous Services Canada, and in partnership with CINA, an annual survey is being developed to assess the implementation of the recruitment and retention strategies in the Framework" (Baker, 2021, p. 2).

Recognizing the impact of stereotypes on the academic performance of Indigenous nursing students is crucial for faculty, particularly in cases in which the program lacks culturally relevant role models. Faculty also need to be aware of the unique barriers Indigenous students' experience apart from their non-Indigenous students. Strategies that aim to deconstruct stereotypes can "mitigate the unintended effects and foster success for everyone," especially Indigenous nursing students (Young-Brice et al., 2018, p. 161). The CASN Anti-Racism in Nursing Education Working Group suggests that one strategy is anti-racism training for leadership, faculty, clinical instructors, and preceptors. This should emphasize non-discriminatory treatment of Indigenous students and the ability to identify and eliminate racial biases or assumptions based on deep-seated stereotypes. Faculty, clinical instructors, and preceptors must also be equipped to engage in discussions about racism with students and to intervene effectively when students experience racism, ensuring they receive the necessary support (Muray & Baker, 2023).

Another recommendation is to partner with Indigenous nursing leaders, other Indigenous nursing student mentors, and Elders, as this has positive impacts on Indigenous nursing students throughout their academic journey. Best and Stuart (2014) argued that Indigenous students need individual support and nurturing if they are to reach graduation. They suggest that Indigenous nursing students give support to one another and that having Indigenous nursing professors' aids in academic success (Best & Stuart, 2014). This can be accomplished through creating formal, informal, and personalized support programs for Indigenous students (Best & Stuart, 2014; Thurston & Mashford-Pringle, 2015).

For example, Mahkwa omushki kiim: Pathway to Indigenous Nursing Education was created at one university in Canada. Faculty members and staff constructed a unique educational program to meet the needs of Indigenous students. Using the same instructors and advisors, and in concert with tutoring and manageable course loads, a culturally supportive environment was implemented. Courses provide students with information about traditional Indigenous knowledge, Western science, and how the history of colonialism continues to impact Indigenous Peoples in North America (Martin & Seguire, 2013).

The program aims to enhance the role of mainstream baccalaureate nursing education in increasing the number of Indigenous nurses, support Indigenous students' success in their education by providing educational and counselling services and access to financial aid when necessary, and improve the cultural relevance and effectiveness of education and clinical practice to better serve Indigenous students. Key elements of the program can be adopted by nurse educators worldwide to guide the development of undergraduate nursing programs for Indigenous populations (Martin & Seguire, 2013).

Another recommendation is to create educational sessions for non-Indigenous nurse instructors on issues that affect Indigenous student retention and the problems faced specifically by Indigenous nursing students. In addition, there is a need to establish effective learning and teaching strategies for Indigenous students (West et al., 2010). These sessions should offer vital background and cultural information to help instructors understand the problems that Indigenous students face and how to respond to the students in a more effective way (West et al., 2010). Moreover, the absence of Indigenous education and cultural identity in nursing curricula can manifest as a form of subtle racism. This omission also plays a role in reducing the enrolment, retention, and graduation rates of Indigenous nursing students (Thurston & Mashford-Pringle, 2015). Therefore, these workshops should also assist instructors to recognize the importance of Indigenous nursing curricula (West et al., 2010).

However, rather than concluding at this stage, educators should take on an active role as agents of change by participating in critical self-examination, both individually and professionally (Johnson et al., 2022). Johnson et al. (2022) recommended that educators should “include as part of their course discussions the historical context of the information disseminated as well as critical discussion of the current state of affairs of the societies we live and work in” (p. 36). While having knowledge of Indigenous history is crucial, it is equally vital to recognize that this knowledge is just one aspect of the process. The true value lies in how individuals apply this knowledge in their actions and endeavours. Moreover, it is vital to comprehend the role of whiteness as the prevailing norm and work towards dismantling this ideology that has permeated our society (Johnson et al., 2022).

Nursing educators, regardless of their background or identity, should incorporate cultural humility and self-awareness into their work. It is important for nurse educators to view cultural humility as a moral and ethical responsibility and to establish a welcoming and safe learning environment for nursing students to succeed (Iheduru-Anderson, 2015). In a culturally safe learning environment, each student feels that their cultural identity is respected, enabling them to be authentic without fear of being judged, being singled out, or bearing the burden of representing their entire group (Antoine et al., 2018). Culturally safe practices include actions from educators to foster and respect identities by reflecting on their own culture, power imbalances, and attitudes and beliefs about others. It also includes having clear, open, and respectful communication and taking time to learn about and meet the needs and rights of students by developing trust and avoiding and recognizing stereotypical barriers (Antoine et al., 2018).

Green (2016) recommended cultural events such as sweats, pipe ceremonies, sweetgrass ceremonies, and traditional feasts that are planned and supported by students, faculty, and all levels of the university. This would require collaboration to understand Indigenous culture and protocol. Cultural and traditional ceremonies would be conducted on campus and in classrooms. Students would additionally be supported through Elder and peer mentoring. These actions validate and honour traditional Indigenous activities that foster cultural connectivity (Green, 2016).

Limitations

One limitation of this study is that sampling was sought from only one school of nursing.

Conclusion

Addressing racism in educational settings is crucial not only for ensuring equity but also for empowering Indigenous students to succeed and thrive. Effective solutions must involve a

comprehensive approach that includes anti-racist education, culturally responsive teaching, and strong support systems for Indigenous students. By acknowledging and addressing these issues, we can begin to create a more inclusive and supportive environment for students.

Finally, further research is needed to investigate the underlying factors that contribute to the development of racist attitudes. Additionally, it is critical to promote open and ongoing conversations about racism among students and faculty. In response to the experiences of racism reported by the participants, we strongly encourage schools of nursing to make diligent efforts to implement strategies outlined in the TRC's (2015) Calls to Action, specifically focusing on Call to Action #23: "Increase the number of Aboriginal professionals working in the health-care field" (p. 3). We also recommend adopting strategies to establish safe, inclusive, and culturally welcoming learning environments.

References

- American Psychological Association. (2022). *Resilience*. <https://www.apa.org/topics/resilience>
- Anonson, J. M., Desjarlais, J., Nixon, J., Whiteman, L., & Bird, A. (2008). Strategies to support recruitment and retention of First Nations youth in baccalaureate nursing programs in Saskatchewan, Canada. *Journal of Transcultural Nursing*, 19(3), 274–283. <https://doi.org/10.1177/1043659608317095>
- Antoine, A., Mason, R., Palahicky, S., & Rodriquez de France, C. (2018). *Pulling together: A guide for curriculum developers*. Pressbooks. <https://opentextbc.ca/indigenizationcurriculumdevelopers/>
- Arieli, D., Mashlach, M., Hirschfeld, M., & Friedman, V. (2012). Cultural safety and nursing education in divided societies. *Nursing Education Perspective*, 33(6), 364–368.
- Bailey, K. A. (2015). Racism within the Canadian university: Indigenous students' experiences. *Ethnic and Racial Studies*, 39(7), 1261–1279. <https://doi.org/10.1080/01419870.2015.1081961>
- Baker, C. (2021). *Canadian Association of Schools of Nursing statement of commitment: Anti-Indigenous racism*. Canadian Association of Schools of Nursing. https://www.casn.ca/wp-content/uploads/2024/01/Anti-Indigenous_Racism_Statement_EN-21-06.pdf
- Best, O., & Stuart, L. (2014). An Aboriginal nurse-led working model for success in graduating Indigenous Australian nurses. *Contemporary Nurse*, 48(1), 59–66. <https://doi.org/10.1080/10376178.2014.11081927>
- Bourque Bearskin, L. (2011). A critical lens on culture in nursing practice. *Nursing Ethics*, 18(4), 548–559. <https://doi.org/10.1177/0969733011408048>
- Brown, J., McDonald, M., Besse, C., Manson, P., McDonald, R., Rohatinsky, N., & Singh, M. (2021). Nursing students' academic success factors: A quantitative cross-sectional study. *Nurse Educator*, 46(2), E23–E27. <https://doi.org/10.1097/NNE.0000000000000882>
- Burrell, L. A. (2014). Integrating critical thinking strategies into nursing curricula. *Teaching and Learning in Nursing*, 9(2), 53–58. <https://doi.org/10.1016/j.teln.2013.12.005>
- Canadian Association of Schools of Nursing. (2020). *Framework of strategies for nursing education to respond to the calls to action of Canada's Truth and Reconciliation Commission*. <https://www.casn.ca/wp-content/uploads/2020/11/EN-TRC-RESPONSE-STRATEGIES-FOR-NURSING-EDUCATIONTRC-Discussion-Paper-Revised-date-Final.pdf>
- Canadian Indigenous Nursing Association. (n.d.). *Aboriginal nursing in Canada*. https://indigenousnurses.ca/sites/default/files/inline-files/Nursing_AborigNursing_sheet_2018_3.pdf
- Canel-Cinarbas, D., & Yohani, S. (2019). Indigenous Canadian university students' experiences of microaggressions. *International Journal of Advanced Counselling*, 41(1), 41–60. <https://doi.org/10.1007/s10447-018-9345-z>

- Datta, R. (2018). Traditional storytelling: an effective Indigenous research methodology and its implications for environmental research. *AlterNative: An International Journal of Indigenous Peoples*, 14(1), 35–44. <https://doi.org/10.1177/1177180117741351>
- Etowa, J., Perley-Dutcher, L., Vukic, A., & Krekoski, B. (2015). Mentoring as a resource for Aboriginal nurses: Perspectives of Indigenous knowers. *The International Journal of Organizational Diversity*, 14(4), 11–27. <https://doi.org/10.18848/2328-6261/CGP/v14i04/40209>
- Fast, E., & Collin-Vézina, D. (2010). Historical trauma, race-based trauma, and resilience of Indigenous peoples: A literature review. *First Peoples Child & Family Review*, 5(1), 126–136. <https://doi.org/10.7202/1069069ar>
- Foster-Boucher, C., & Thirsk, L. (2022). Indigenous peoples: Research, knowledges, and ways of knowing. In M. D. Singh & L. M. Thirsk (Eds.), *Lobiondo-Wood and Haber's nursing research in Canada* (pp. 138–164). Elsevier.
- Gatewood, E., Broholm, C., Herman, J., & Yingling, C. (2019). Making the invisible visible: Implementing an implicit bias activity in nursing education. *Journal of Professional Nursing*, 35(6), 447–451. <https://doi.org/10.1016/j.profnurs.2019.03.004>
- Green, B. (2016). Decolonizing of the nursing academy. *Canadian Journal of Native Studies*, 36(1), 131–144.
- Huber, J., Caine, V., Huber, M., & Steeves, P. (2013). Narrative inquiry as pedagogy in education: The extraordinary potential of living, telling, retelling, and reliving stories of experience. *Review of Research in Education*, 37(1), 212–242. <https://doi.org/10.3102/0091732X1245888>
- Iheduru-Anderson, K. (2015). Cultural diversity and inclusivity: Where are we at? *Australian Nursing & Midwifery Journal*, 23(4), 18–23.
- James, R., McGlone-West, K., & Madrid, T. (2013). Launching native health leaders: Reducing mistrust of research through student peer mentorship. *American Journal of Public Health*, 103(12), 2215–2219. <https://doi.org/10.2105/AJPH.2013.301314>
- Johnson, K. F., Sparkman-Key, N. M., Meca, A., & Tarver, S. Z. (Eds.). (2022). *Developing anti-racist practices in the helping professions: Inclusive theory, pedagogy, and application*. Palgrave Macmillan. <https://doi.org/10.1007/978-3-030-95451-2>
- Khan, M. (2021). Imposter syndrome—a particular problem for medical students. *British Medical Journal*, 375, n3048. <https://doi.org/10.1136/bmj.n3048>
- Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2011). Rethinking resilience from Indigenous perspectives. *The Canadian Journal of Psychiatry*, 56(2), 84–91.
- Kovach, M. (2010). Conversational method in Indigenous research. *First Peoples Child and Family Review*, 5(1), 40–48.
- Kruger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE guide No. 13. *Medical Teacher*, 42(8), 846–854. <https://doi.org/10.1080/0142159X.2020.1755030>

- Labrague, L. J., McEnroe-Petitte, D. M., Papathanasiou, I. V., Edet, O. B., & Arulappan, J. (2015). Impact of instructors' caring on students' perceptions of their own caring behaviors. *Journal of Nursing Scholarship*, 47(4), 338–346. <https://doi.org/10.1111/jnu.12139>
- Louie-Poon, S., Hilario, C., Scott, S. D., & Olson, J. (2021). Toward a moral commitment: Exposing the covert mechanisms of racism in the nursing discipline. *Nursing Inquiry*, e12449. <https://doi.org/10.1111/nin.12449>
- Martin, D. E., & Kipling, A. (2006). Factors shaping Aboriginal nursing students' experiences. *Nurse Education Today*, 26(8), 688–696. <https://doi.org/10.1016/j.nedt.2006.07.013>
- Martin, D., & Seguire, M. (2013). Creating a path for Indigenous student success in baccalaureate nursing education. *Journal of Nursing Education*, 52(4), 205–209.
- McCallum, M J. L. (2007). *Twice as good: A history of Aboriginal nurses*. Aboriginal Nurses Association of Canada.
- Mueller, R. A. (2019). Episodic narrative interview: Capturing stories of experience with a methods fusion. *International Journal of Qualitative Methods*, 18. <https://doi.org/10.1177/1609406919866044>
- Murray, M., & Baker, C. (2023). *Promoting anti-racism in nursing education in Canada*. https://www.casn.ca/wp-content/uploads/2023/05/CASN-Promoting-Anti-Racism-in-Nursing-Education-in-Canada_FINAL.pdf
- Park, A. S. J., & Bahia, J. (2022). Exploring the experiences of Black, Indigenous and racialized graduate students: The classroom as a space of alterity, hostility and pedagogical labour. *Canadian Review of Sociology*, 59, 138–155. <https://doi.org/10.1111/cars.12373>
- Pidgeon, M., Archibald, J., & Hawkey, C. (2014). Relationships matter: Supporting Aboriginal graduate students in British Columbia, Canada. *Canadian Journal of Higher Education*, 44(1), 1–21. <https://doi.org/10.47678/cjhe.v44i1.2311>
- Pijl-Zieber, E. M., & Hagen, B. (2011). Towards culturally relevant nursing education for Aboriginal students. *Nurse Education Today*, 31(6), 595–600. <https://doi.org/10.1016/j.nedt.2010.10.014>
- Ramsoondar, N., Anawati, A., & Cameron, E. (2023). Racism as a determinant of health and health care. *Canadian Family Physician*, 69, 594–598. <https://doi.org/10.46747/cfp.6909594>
- Ro, K., & Villarreal, J. (2021). Microaggression in academia: Consequences and considerations. *Nursing Education Perspectives*, 42(2), 120–121. <https://doi.org/10.1097/01.NEP.0000000000000548>
- Rohatinsky, N., Exner-Pirot, H., Parent-Bergeron, M., Bosevski, K., & Pratt, C. (2018). Indigenous nursing students' readiness for practice perceptions. *Quality Advancement in Nursing Education - Avancées en formation infirmière*, 4(2), 1–18. <https://doi.org/10.17483/2368-6669.1133>

- Rousell, D. D., & Giles, A. R. (2012). Leadership, power and racism: lifeguards' influences on Aboriginal people's experiences at a Northern Canadian aquatic facility. *Leisure Studies*, 31, 409–428. <https://doi.org/10.1080/02614367.2011.578654>
- Sedgwick, M., Oosterbroek, T., & Ponomar, V. (2014). It all depends: How minority nursing students experience belonging during clinical experiences. *Nursing Education Perspectives*, 35(2), 89–93. <https://doi.org/10.5480/11-707>
- Seidman, I. (2013). *Interviewing as qualitative research: a guide for researchers in education and the social sciences* (4th ed.). Teachers College Press.
- Serçekuş, P., & Başkale, H. (2016). Nursing students' perceptions about clinical learning environment in Turkey. *Nurse Education in Practice*, 17, 134–138. <https://doi.org/10.1016/j.nepr.2015.12.008>
- Stansfield, D., & Browne, A. (2013). The relevance of Indigenous knowledge for nursing curriculum. *International Journal of Nursing Education Scholarship*, 10(1), 143–151. <https://doi-org.uml.idm.oclc.org/10.1515/ijnes-2012-0041>
- Starblanket, D., Lefebvre, S., Legare, M., Billon, J., Akan, N., Goodpipe, E., & Bourassa, C. (2019). Nanâtawihowin Âcimowina Kika-Môshkinikêhk Papiskîci-Itascikêwin Astâcikowina [medicine/healing stories picked, sorted, stored]: Adapting the collective consensual data analytic procedure (CCDAP) as an Indigenous research method. *International Journal of Qualitative Methods*, 18, 1–10. <https://doi.org/10.1177/1609406919896140>
- Statistics Canada. (2022, September 21). *Indigenous population continues to grow and is much younger than the non-Indigenous population, although the pace of growth has slowed*. The Daily. <https://www150.statcan.gc.ca/n1/daily-quotidien/220921/dq220921a-eng.htm>
- Thurston, J. M., & Mashford-Pringle, A. (2015). Nursing and Indigenous education integration. *Journal of Nursing Education and Practice*, 5(10), 1–7. <https://doi.org/10.5430/jnep.vXnXpXXU>
- Truth and Reconciliation Commission of Canada. (2015). *Truth and reconciliation commission of Canada: Calls to action*. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf
- Tulshyan, R., & Burey, J. A. (2021). Stop telling women they have imposter syndrome. *Harvard Business Review*. <https://hbr.org/2021/02/stop-telling-women-they-have-imposter-syndrome>
- Turpel-Lafond (Aki-Kwe), M. E. (2020). *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care, data report*. British Columbia. https://engage.gov.bc.ca/app/uploads/sites/613/2021/02/In-Plain-Sight-Data-Report_Dec2020.pdf1_.pdf
- Van Bower, V., Woodgate, R. L., Martin, D., & Deer, F. (2021). Illuminating Indigenous health care provider stories through forum theater. *AlterNative: An International Journal of Indigenous Peoples*, 17(1), 61–70. <https://doi.org/10.1177/1177180121995801>

- Vallee, K. E. (2018). Supporting Indigenous students: A critical analysis of the sociocultural context of nursing education. *Electronic Thesis and Dissertation Repository*. 5233. <https://ir.lib.uwo.ca/etd/5233>
- Vukic, A., Jesty, C., Mathews, S. V., & Etowa, J. (2012). Understanding race and racism in nursing: Insights from Aboriginal nurses. *International Scholarly Research Network Nursing*, 2012(1), 196437. <https://doi.org/10.5402/2012/196437>
- Weaver, H. (2022). *The Routledge international handbook of Indigenous resilience* (Weaver, Ed.). Routledge. <https://doi.org/10.4324/9781003048428>
- West, R., Foster, K., Stewart, L., & Usher, K. (2016). Creating walking tracks to success: A narrative analysis of Australian Aboriginal and Torres Strait Islander nursing students' stories of success. *Collegian (Royal College of Nursing, Australia)*, 23(4), 349–354. <https://doi.org/10.1016/j.colegn.2016.08.001>
- West, R., Usher, K., Buettner, P. G., Forster, K., & Stewart, L. (2013). Indigenous Australians' participation in pre-registration tertiary nursing courses: A mixed methods study. *Contemporary Nurse*, 46(1), 123–134. <https://doi.org/10.5172/conu.2013.46.1.123>
- West, R., Usher, K., & Foster, K. (2010). Increased numbers of Australian Indigenous nurses would make a significant contribution to “closing the gap” in Indigenous health: What is getting in the way? *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 36(1/2), 121–130. <https://doi.org/10.5172/conu.2010.36.1-2.121>
- Won, S. (2023). *Reducing clinical practice anxiety: Exploring the student-instructor dynamic. How to acknowledge and eliminate barriers to effective learning*. Canadian Nurse. <https://www.canadian-nurse.com/blogs/cn-content/2023/05/29/reducing-clinical-practice-anxiety>
- Wong, R., & Jones, T. (2018). Students' experiences of microaggressions in an urban MSW Program. *Journal of Social Work Education*, 54(4), 679–695. <https://doi.org/10.1080/10437797.2018.1486253>
- Young-Brice, A., Dreifuerst, K. T., & Buseh, A. (2018). Being invisible: Stereotype threat in n undergraduate nursing program. *The Journal of Nursing Education*, 57(3), 159–162. <https://doi.org/10.3928/01484834-20180221-06>
- Zappas, M., Walton-Moss, B., Sanchez, C., Hildebrand, J., & T. Kirkland, T. (2021). The decolonization of nursing education. *The Journal for Nurse Practitioners*, 17(2), 225–229. <https://doi.org/10.1016/j.nurpra.2020.11.006>