

Resilience Among Indigenous Graduate Nursing Students: A Scoping Review

Monique Sedgwick, University of Lethbridge

Chloe Crosschild, University of Lethbridge

Noelle Rohatinsky, University of Saskatchewan

David R. Scott, University of Lethbridge



Health disparities between Indigenous and non-Indigenous people in Canada are well documented (Health Canada, 2016; National Collaborating Centre for Aboriginal Health, 2012, 2013). To address these health disparities and improve health outcomes for Indigenous Peoples, all health care professionals must receive cultural competency training, and the number of Indigenous professionals, including Indigenous registered nurses, working in all settings in which where Indigenous Peoples receive health care must increase (Truth and Reconciliation Commission of Canada [TRC], 2015). Cultural competency in this instance is described as having *knowledge* about colonization and its effects; *awareness*, i.e., recognition, of one's biases and how they influence one's relationships; and *skills* in creating effective and respectful interactions needed to form culturally safe relationships. Cultural safety is an outcome rooted in social constructivism. Building relationships provides the context in which the client and practitioner discuss their values, beliefs, and practices. The goal is to accept differences and dismantle power imbalances inherent in the health care system (Aboriginal Nurses Association of Canada et al., 2009; Brascoupé & Waters, 2009).

One way to achieve proportional representation in nursing is to increase the number of Indigenous students in undergraduate and graduate nursing programs. However, the entrenchment of colonialism has resulted in significant personal and structural barriers for Indigenous students, such as a lack of academic preparation, financial hardship, institutional racism, and interactions with academics who lack awareness, reflexivity, and understanding of kinship responsibilities and have little concern for changing power dynamics. These factors contribute to the small number of Indigenous students in undergraduate nursing programs (Indigenous Nursing Education Working Group, 2012; Oliver et al., 2013; Peiris et al., 2008; TRC, 2015; Usher et al., 2005; West et al., 2016). Recognizing that these factors have a substantially negative impact on the recruitment and retention of Indigenous students into nursing programs, the Canadian Association of Schools of Nursing (CASN), as the national voice for nursing education in Canada, published a framework in partnership with the Canadian Indigenous Nurses Association for nursing programs grounded in the principles of respect, relationship, and responsibility that outlines strategies intended to support reconciliation, recruitment, and retention of Indigenous students, as well as curricular strategies (2020). While this initiative endorses a multi-faceted, layered approach for supporting Indigenous nursing students, this initiative is not enough to address the personal and structural barriers that Indigenous nursing students face while enrolled in nursing programs in Canada.

The aforementioned challenges are not limited to undergraduate nursing students. Although graduate preparation for health care professionals positively influences the health outcomes of recipients of care through participation in decision-making, advanced practice roles, education, policy development, and research (Fridkin et al., 2019), there continues to be limited access to graduate programming, particularly in Northern Canada. Currently, of the 96 post-secondary schools in Canada that have nursing programs, 39 schools offer master of nursing (MN), doctoral, and nurse practitioner (NP) programs; however, there are no graduate programs in the Northwest Territories, Nunavut, and the Yukon (CASN, 2024). Moreover, these programs report small numbers of Indigenous students. Nationwide, in 2021–22, there were 20 students enrolled in NP programs, with four graduates; 33 Indigenous students enrolled in an MN program, with seven graduates; and 14 students enrolled in a doctoral program, with three graduates (CASN, 2023). Although these numbers are encouraging, representation of Indigenous people in nursing programs continues to be low (< 0.7%) (Canadian Nurses Association, 2014; Vukic et al., 2012).

While limited access is challenging, Indigenous students enrolled in advanced NP programs report colonial frameworks as problematic (Dickerson et al., 2000). Colonial frameworks manifest in various institutional and program-related practices, such as hostile program expectations that promote the belief that there is only one right way to learn and a highly competitive environment reinforced by constant evaluation. Additionally, objectionable, exclusionary, and marginalizing expectations encourage students to adopt assertive professional roles (Dickerson et al., 2000) as well as to take on the responsibility of defending their Indigenous identity by being the authority on all things Indigenous (Masta, 2018) within the predominance of “white nursing programs” (Sandhu & Liao, 2024, p. 2). These practices and expectations can result in traumas for Indigenous graduate nursing students.

Some authors suggest traumas present opportunities for developing and implementing strategies for resilience (Crotty, 1998; Gergen, 2001; Hatala et al., 2016). Resilience, historically described as a fixed trait or personal attribute (Masten & Garmezy, 1985), is described in more recent research studies as a dynamic process (Earvolino-Ramirez, 2007) or as an outcome (Britt et al., 2016) frequently studied in relation to adversity (Prince-Embury, 2014). Resilience among Indigenous Peoples is “the ability to survive, cope, persevere, and perhaps—flourish” (Lara-Cooper et al., 2022, p. 223) and embraces ideas of transformation and adaptation that incorporates intersections among individuals, communities, language, land, history, and traditions fostering well-being, healing, and growth (Kirmayer et al., 2011).

In a small unpublished pilot study that we conducted with three Indigenous graduate students registered in nursing graduate programs, the participants spoke about being resilient. Their experience reflected the description offered by Lara-Cooper et al. (2022) and Kirmayer et al. (2011)—that included the incorporation of social dynamics and interpersonal processes by reconnecting with or strengthening their connection to their tribe, seeking out other Indigenous students, and incorporating practices such as sweat lodges and smudging to ground themselves and maintain health.

As noted above, the challenges and barriers that Indigenous graduate nursing students encounter are well documented in the literature. Equally well documented are strategies nursing programs implement that are intended to mitigate these challenges (Crosschild & Varcoe, 2021). Although our small pilot study provided a glimpse into the participants’ experience of resilience, the findings are limited; as a result, what is less well known to us is how Indigenous graduate students experience resilience set against the backdrop of these barriers and challenges. The purpose of this scoping review is to map out the extant literature pertaining to resilience and Indigenous graduate nursing students.

Positionality as Authors

It is important to be forthright about our position in relation to conducting a scoping review on nursing education experiences for Indigenous graduate students. One author (CC) is a Blackfoot cisgender woman from the Kainai Nation with lived experience and commitment to addressing the Truth and Reconciliation Commission Calls to Action that challenge nursing practice and education. Two authors (MS and NR) are Canadian settler nurse educators who have taught undergraduate and graduate Indigenous nursing students as well as provided thesis and other culminating project supervision. Both authors have also conducted research with Indigenous participants and partners. The professional librarian (DS) also comes from a Canadian settler background and likewise has some experience working with Indigenous students, primarily in

health sciences disciplines by teaching information literacy and engaging in reference interactions and research consultations. The composition of the authorship team included an Indigenous scholar from the Kainai Nation, ensuring that our approach to the review integrated an Indigenous perspective through the lens of a Kainai scholar. Moreover, as individuals and as a research team, we are concerned about and interested in furthering the discussion on the education experiences of Indigenous nursing students in Canada.

The framework for our discussion is one of social justice. Social justice has been defined as “full participation in society and the balancing of benefits and burdens by all citizens, resulting in equitable living and a just ordering of society” (Buettner-Schmidt & Lobo, 2012, p. 948). Social justice is a mandate of the Code of Ethics from the International Council of Nurses (2021) and is congruent with our personal and professional values.

Aim of the Study

Using Arksey and O’Malley’s (2005) six-stage framework for conducting scoping reviews, the primary aim of this scoping review was to search scientific literature as well as grey literature in order to summarize, examine, and report on the status of the literature pertaining to Indigenous graduate nursing students’ experience of resilience during their graduate program. The question that guided this review was the following: What is known in the existing literature of resilience among Indigenous nursing students completing post-secondary graduate programs?

Research Method

A scoping review is appropriate to examine the range and nature of research pertaining to a topic and when a concept is emerging (Arksey & O’Malley, 2005; Levac et al., 2010). A scoping review is also more accommodating than a systematic review since it is broader and allows the researcher to consider a wider variety of peer-reviewed and grey literature sources (Peters et al., 2020). Indigenous nurses who possess a graduate degree have a positive impact on Indigenous health, but there remains limited research on resilience and its effect on nursing students enrolled in graduate programs (NP, MN, or doctoral). Therefore, we conducted a scoping review to map how Indigenous graduate nursing students experience resilience.

Inclusion Criteria

The following criteria were applied: Articles a) were peer-reviewed, such as research reports, literature reviews, guidelines and standards, concept analyses, theoretical papers, policy documents, and experiential or case reports; b) included the population of interest—specifically, Indigenous Peoples; c) focused on nursing students in graduate programs including MN, NP, and doctoral programs and; d) included the term *resilience*. We limited our search to English-language papers.

Search Strategy

CINAHL, ProQuest Nursing and Allied Health Source, APA PsycInfo, MEDLINE, Web of Science, and ERIC were searched on August 28, 2023, by a health sciences librarian. Using the inclusion criteria listed above, our preliminary search yielded only 137 records. In consultation with the health sciences librarian, we expanded our search to include the following key terms: *hardiness*, *retention*, *success*, *connection*, *belonging*, and *resilience*. While these parameters allowed us to identify relevant works and minimized the risk that relevant studies were discarded (Higgins & Deeks, 2008; Levac et al., 2010), the term *hardiness* may limit our understanding of resilience since its focus is often limited to internal personal characteristics.

The search string was first developed for CINAHL (Figure 1) and then adapted for the other five databases. When possible, subject headings or terms from controlled vocabularies (e.g., MeSH) were used in the search. To increase sensitivity, concepts were also entered in the search string as keywords, with truncation (e.g., *resilien**) and proximity operators (e.g., *N5*) used when appropriate. Boolean operators connected subject headings and keywords as shown in Figure 1.

Figure 1

CINAHL Search Strategy for Scoping Review

1. MH "Students, Nursing+"
 2. *nurs* N5 student**
 3. S1 OR S2
 4. MH "Indigenous Peoples+"
 5. *aborigin* or indigenous or native**
 6. *inuit or metis or maori or indian or "first nations"*
 7. S4 OR S5 OR S6
 8. MH "Hardiness"
 9. MH "Student Retention"
 10. MH "Empowerment"
 11. MH "Coping+"
 12. MH "Social Inclusion"
 13. *resilien* or persist* or persever* or hardy or hardiness or surviv**
 14. *cope* or coping*
 15. *empower**
 16. *retain or retention or success**
 17. *connect* or belong**
 18. S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17
 19. S3 AND S7 AND S18
 20. limit S19 to english language
-

Note. MH = subject term; + = used with a subject term to include all narrower subject terms; N# = search for records with terms within # words of each other; quotation marks enclosing keywords indicated a phrase search; * after keyword indicates truncation (e.g., *persist** will retrieve "persist," "persisted," "persistence," etc.)

The PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-analyses Extension for Scoping Reviews) (Moher et al., 2009) (see Figure 2) and checklist (Tricco et al., 2018) were used to document relevant terminology, core concepts, and key reporting items to support transparency.

The bibliographic information (e.g., title, abstract, authors, publication information, subject headings) for each search result was imported into EndNote 20 for review. A total of 708 results were returned from the six database searches. After duplicates were removed using the Bramer et al. (2016) method, 410 unique records remained for potential inclusion in the study. Twelve records were removed because abstracts were not available. Using an iterative process to minimize bias, two researchers (MS and NR) independently reviewed the titles and abstracts. Although we planned for the third researcher from the team to review items when agreement

between the initial reviewers could not be reached, we did not need the third researcher to review any items because all conflicts were satisfactorily resolved through discussion.

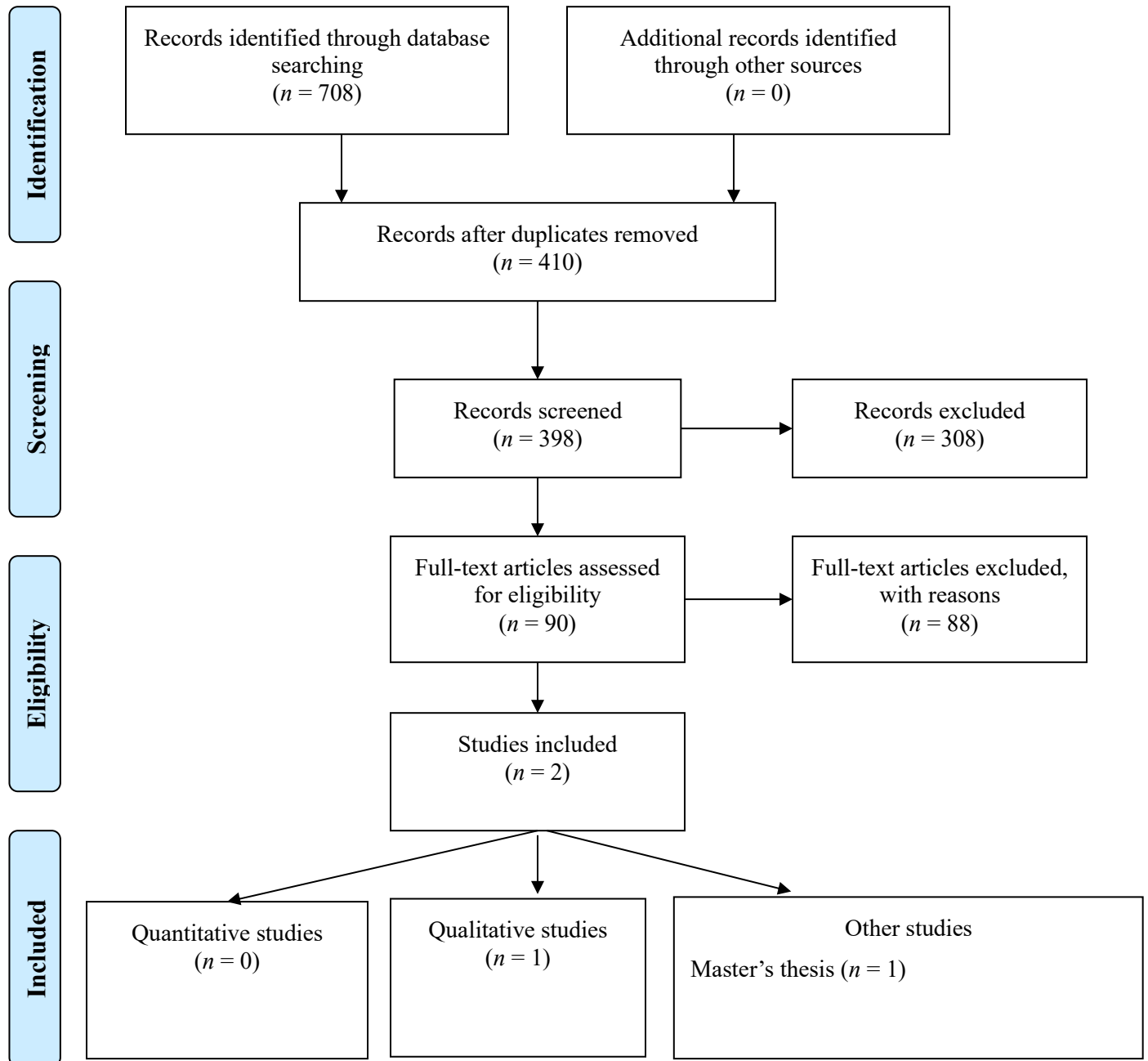
Through our independent initial review of the title and abstract information for the remaining 398 records, 308 items did not meet the inclusion criteria and were removed from consideration. Of the remaining 90 records, 88 full texts were gathered for review. Two items could not be retrieved through the library's collections or interlibrary loan.

Prior to completing a detailed full-text review, MS and NR met a second time to discuss and confirm existing inclusion and exclusion criteria and to identify additional clarifying inclusion and exclusion criteria. This discussion was propelled by observations made when reviewing the abstracts. For example, MS and NR noted that since some authors did not clearly report the percentages of international students; Black, Indigenous, or other racialized students; or other marginalized groups that made up their population of interest and did not identify which data pertained to each segment of the population, these articles would be excluded from the full-text review. Articles that did not clearly identify participants as First Nations/Indigenous would also be excluded. MS and NR also noticed that many researchers reported on strategies and programs intended to recruit and retain Indigenous nursing students but did not report on student experiences. These articles were excluded.

Articles in which researchers explored students' experience of resilience of both undergraduate and graduate nursing students and identified data belonging to each group were included in our full-text review. Consequently, our independent full-text review of 88 records resulted in removing a further 86 items from consideration and retaining two items for inclusion in the study. Internet searches for grey literature produced no additional items meeting the inclusion criteria.

Figure 2

PRISMA Flow Diagram for the Review Process



Source: Adapted from "Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement," by Moher et al., 2009, *PLoS Medicine*, 6(7), e1000097. <https://doi.org/10.1371/journal.pmed.1000097>.

Results Description of Studies

The two papers extracted for this review were published in 2011 (YellowBird, 2011) and 2000 (Dickerson et al., 2000). One study was a dissertation in which the researcher conducted a survey to examine the relationship between the cultural identities of American Indian/Alaska Native (AI/AN) students and their academic performances in a nursing program (YellowBird, 2011). In the other study, researchers used a phenomenological approach to uncover the meanings of Native American graduate students' learning experiences in an NP program (Dickerson et al., 2000). Both papers were conducted in the United States, one in North Dakota and the other in an Eastern U.S. state. Table 1 presents an overview of the study characteristics.

Table 1*Study Characteristics*

Author and publication	Research questions/ hypotheses	Key terms	Methodology	Theoretical/ conceptual framework	Participant demographics	Analysis	Results and conclusions	Future research
Dickerson, S. S., Neary, M. A., & Hyche-Johnson, M. (2000). Native American graduate nursing students' learning experiences. <i>Journal of Nursing Scholarship</i> , 32(2), 189–196.	The purpose of this study is to identify learning experiences and provide insight into Native American graduate nursing students in a university-based nurse practitioner program experiences which might facilitate their successful preparation.	Hermeneutics, Native American students, cultural diversity	Phenomenological approach of Heideggerian hermeneutics using individual or focus group interviews. Interviews lasted 45–60 minutes and were audio-recorded and transcribed. One focus group interview and eight individual interviews were conducted.	No theoretical or conceptual framework was identified.	Eleven Native American students enrolled in or having completed a graduate nursing program participated in the study. Five participants were in the program when the study was conducted, while five participants had completed the program, and one participant did not finish the program. The average age of the participants was 42.8 years with a range of 29 to 53 years. One man and 10 women participated.	Data were analyzed according to the seven-stage hermeneutic process described by Dickelmann et al. (1989).	Four relational themes and two constitutive patterns were identified. Relational themes included: the Native American student's worldview, academic environment, faculty–student relationship (which had five sub-themes), and strategies for survival. Constitutive patterns were value conflicts between the student's world view and academic view and feelings of being on the fringe. Although this NP program had an 85% completion rate,	The researchers recommend exploring the learning experiences of all graduate students so that similarities and differences in experiences are known.

							students struggled to succeed in the program and questioned the applicability of the program in their cultural setting. Having a personal commitment and being able to form informal support systems assisted students with successful completion of the program.	
YellowBird, E. A. (2011). <i>Examination of the relationship between American Indian cultural identity and academic performance of nursing graduates</i> [Dissertation, University of North Dakota].	The purpose of the study was to examine the relationship between cultural identities and academic performance in a nursing program. The research questions were the following: 1) Is there a relationship between cultural identification and demographics? 2) Is there a relationship between cultural identification and core competencies?	N/A	The Northern Plains Biculturalism Inventory-Revised (NPBI-R) survey instrument was used for this research. The American Indian Cultural Identification (AICI) and European American Cultural Identification (EACI) factors represent biculturalism. The instrument's 20	The Orthogonal Theory of Biculturalism was the theoretical framework used to explore the cultural identities of the participants. The conceptual framework, developed by the researcher, that was used was intended to examine the relationships between the constructs of demographics, core	Seventy-seven graduates of the RAIN program who graduated between 2000 and 2010 were invited to complete the survey. Fifty-seven people responded to the survey for a response rate of 73%. Of those who responded 93% were female. Participants were nearly evenly distributed among ages 23–30 (35%), 31–39 (33%), and over 40 (30%). A total	Statistical tests used in the analysis included ANOVA, <i>t</i> -test, and linear regression with the alpha set at 0.05. Descriptive analysis and forward stepwise regression were used for demographic data.	The findings suggest a relationship between cultural identity and academic performance. To be academically successful, an American Indian/Alaska Native (AI/AN) nursing student needs to develop the knowledge and skills to cross the constructs of their home culture to the culture of the	The researcher suggests that a more extensive study of the AI/AN student population is needed.

	3) Is there a relationship between cultural identification and academic performance? 4) Is there a relationship between cultural identification and academic performance while controlling for demographics and core competencies?		Likert-type questions categorize a student's cultural identities by asking questions about common Northern Plains American Indian traditions and behaviours. Once statistical analysis was completed, participant responses were plotted in one of the four quadrants. Other sources of data included participants' grade point average (GPA) collected by the Institutional Research Office at the university and demographic data by the coordinator of the Recruitment/Retention of American Indians into Nursing (RAIN) program.	competencies, cultural identity, and academic performance.	of 84% of the respondents were in the baccalaureate program, while 16% were in a master's program.		school environment. In response to question #1, participants with a master's degree and those who were older identified more with AI/AN culture. In response to question #2, those participants with a higher GPA or who took more science courses identified less with AI/AN culture. Participants who perceived themselves as less prepared for their program and encountered more barriers identified more with AI/AN culture. In response to question #3, as AI/AN cultural identity increased, GPA decreased. In response to question #4, being younger,	
--	--	--	---	---	---	--	--	--

							not having a bachelor's degree, not taking a chemistry class, and taking more classes were statistically significant. Participants who were older than 40 and had master's degrees were less assimilated; that is, they identified more with AI/AN culture. The researcher concluded that to be academically successful, an AI/AN nursing student needs to develop the knowledge and skills to cross between constructs of their home culture to the culture of the school environment. Recommendations included recruiting older people into the	
--	--	--	--	--	--	--	--	--

							nursing program, hiring a program coordinator who is available 24/7 to students, and implementing strategies that support biculturalism.	
--	--	--	--	--	--	--	--	--

The authors of the two articles addressed two broad concepts that may be significant to the experience of resilience. These concepts are identity and biculturalism.

Identity

In their study, YellowBird (2011) used the Northern Plains Bicultural Inventory-Revised (NPBI-R) survey that categorizes a student's cultural identities through the use of Native American traditions and behaviours. The two factors the instrument considers are the American Indian Cultural Identification (AICI) and the European American Cultural Identification (EACI). Participant scores on the two scales are placed on an orthogonal grid composed of four categories (bicultural, assimilated, traditional, and marginal), which allows the scores to be categorical and independent of one another. Thus, "placement permits one to examine both a person's American Indian cultural identity and [their] European American cultural identity" (p. 41).

Maintaining one's AI/AN identity while attending a university rooted in Western epistemology and ontology appears to be a challenge for some Indigenous students. Indeed, 45% of the participants scored high in the assimilation category. Assimilation in this study was defined as when "a member of one culture loses [their] original cultural identity as [they acquire] a new identity in a second culture" (LaFromboise et al., 1993, p. 396, as cited in YellowBird, 2011).

Scores for 13 participants indicated they were bicultural, with high AICI and high EACI scores; nine were traditional, with low EACI and high AICI scores; 25 students were assimilated, with low AICI and high EACI scores; and three students fell into the marginal category, with low AICI and EACI scores. Based on these data, YellowBird concluded that most of the participants scored in the assimilated or bicultural area, with participants who had master's degrees, were older, and had enrolled in more science courses having higher AICI scores.

Participants in Dickerson et al.'s (2000) study spoke of being "on the fringe" (p. 189), which was experienced as tension between maintaining their Indigenous values and beliefs and being assimilated into the predominant white culture. The participants also reported feeling that they had to change to conform to the assertive NP role in order to succeed in their program. Based on these findings, the authors conclude that the participants were forced by faculty and program standards and expectations to assume characteristics that were foreign to them. So, while the participants "recognized the need to change themselves to fit the advanced practice role, they perceived the need for this change to be oppressive" (p. 195).

Biculturalism

The researchers of the two articles included in this review also addressed the broad concept of biculturalism. Using Oetting and Beauvais's (1990) definition of biculturalism, according to YellowBird (2011), the "term refers to a person being part of one culture while 'acquainting' with another, therefore identifying highly with both cultures simultaneously" (p. 14). Dickerson et al.'s (2000) findings suggest that when Native American students start their master's degree in nursing, they need to learn the unwritten rules of how to negotiate the university's academic culture as well as the local culture of the community. So, while students might have successfully obtained a baccalaureate or associate degree, students may feel alienated until they become accustomed to the university environment, including policies, procedures, the language of academia, expectations regarding student behaviour and learning, and available resources and how to access them.

In summary, YellowBird's (2011) findings suggest that "students who had a more traditional background thought more about traditional ceremonies" (p. 67), and students who had a lower grade point average identified more with the AI/AN identity. Students who felt that they needed to adjust or modify their personal values to align better with values of academia also lost some of their "cultural identity and ability to practice effectively within their own culture" (Dickerson et al., 2000, p. 194). As such, to be successful in their program, it appears that students needed to become bicultural by networking with local Native American communities and learning the unwritten norms of academia.

Observations of the State of the Literature

During the scoping review, we identified several observations concerning the literature. There was a dearth of empirical and non-empirical literature that explicitly explored how Indigenous students experience resilience in graduate nursing programs. The literature had a strong emphasis on Indigenous nursing students' experiences in undergraduate programs, but these perspectives did not focus on resilience. Additionally, Indigenous undergraduate students' experiences were often merged into the literature pertaining to marginalized or Black and racialized student experiences. Lastly, the literature emphasized support program development and evaluation rather than student experiences and perspectives.

Discussion

The concept of resilience has its roots in physics and mathematics (Norris et al., 2008), as well as ecology, where resilience is conceptualized as the capacity of an ecosystem to absorb shocks and maintain its ability to function (Folke, 2006; Holling, 1973). The propensity in the social sciences is to describe resilience within the context of problematic social relations and structures. Consequently, researchers often describe resilience as either a person's ability to stop changes perceived as troublesome or as the ability to recover from the disruption and return to normal functioning (Daly, 2024; MacKinnon & Derickson, 2013). Protective factors include personal qualities such as autonomy, self-efficacy, and self-esteem (Masten, 2001). External to the individual, protective factors include socio-economic advantage (Luthar et al., 2000).

However, the ecological approach presents some concern especially regarding who should define risk and protective factors, and what standards should be used to determine degree of resilience (Masten, 2001). Moreover, resilience tends to be understood within the context of normative definitions of health and wellness (Black & Lobo, 2008). Such presumptions affect our understanding and use of the term *resilience* and are inherently problematic for those whose health is deemed sub-normative or culturally undervalued (Hutcheon & Lashewicz, 2014). The use of outcomes-oriented definitions of resilience (Brooks, 2001; Young et al., 2008) suggests that resilient people have an individualistic perspective and can navigate life events or tasks independently. This conceptualization is problematic for people who have a relational lens wherein community is central to their well-being and navigation of life events (Hutcheon & Wolbring, 2013). Lastly, the tendency for researchers to align resilience with risk (Young et al., 2008) is a concern. Who determines what risk is, the level of risk, and how much risk is needed for individuals and/or groups to be considered resilient negates other aspects of what individuals and communities might describe as resilience (Patterson, 2002).

From this brief critique, it is apparent that definitions of resilience can disadvantage people. This marginalization may be exacerbated by the intersections of resilience, power, access, and good intentions (Lara-Cooper et al., 2022) and the assumption that all nursing students abide

by the ontological and epistemological underpinnings that guide and govern nursing and nursing education. Acting as buffers, internal and external factors such as personal motivation and the drive to make a difference in one's community and professional, community, spiritual, peer, and family support help to facilitate resilience (Adynski et al., 2024). Resilience is often explained as a point of achievement. Specifically, resilience has frequently been associated with educational success (Boon, 2008; Milne et al., 2016; Rasmussen, 2023). An Indigenous nursing student is deemed to be resilient or have resilient characteristics when they are able to successfully complete a graduate nursing program. This is problematic when establishing an understanding of resilience, especially in the context of Indigenous graduate nursing students' experiences, because it endorses a Euro-Western value of linearity. A position of linearity means that resilience is understood and experienced through a lens of rationality and objectification grounded in cause and effect or a measurable outcome. We put forward that Indigenous Peoples are already resilient and overcome adversity in their daily lives. Thus, we perceive resilience as something that is lived, in flux, and enhanced when there is a shared responsibility.

Being seen as resilient, however, is difficult when Euro-Western objectivity and philosophical underpinnings create ideologies of superiority and civility that uphold and govern social institutions such as education and health care. Such narratives privilege Euro-Western ways of knowing and being while simultaneously silencing and discrediting other forms of knowing. Consequently, the lack of shared responsibility among students, educators, institutions, and communities (Willems, 2012) in addressing adversity, equity issues, and barriers may be at the crux of Indigenous graduate nursing students' struggle with being seen as resilient. Tensions between identity and biculturalism and the reconciliation of these experiences might also be at the heart of resilience among Indigenous graduate nursing students' experiences of post-secondary education. Reconciliation in this instance is not an acceptance of Euro-Western ways of being but rather a process that harmonizes identity and biculturalism with graduate nursing students' Indigeneity. The following sections present a discussion of identity and biculturalism.

Identity

Struggles and tensions with cultural identity have been reported in the undergraduate Indigenous nursing student literature. Although Indigenous scholars have spoken about this issue for a long time (Gaudry & Lorenz, 2018) undergraduate nursing students continue to hide their Indigeneity for fear of being judged by others and feeling that their cultural beliefs and experiences do not fit in with the university culture (Kelly & Henschke, 2019). Post-secondary institutions seem to continue to expect Indigenous students to "leave their ontological and epistemological assumptions and perceptions at the gates of the university [to] assume the trappings of a new form of reality" (Kuokkanen, 2007, p. 2).

Battiste (2005) describes hiding one's identity as "*cognitive imperialism*—a form of cognitive manipulation used to disclaim other knowledge bases and values" (p. 9). Cognitive imperialism is "directly linked to the settler architecture used to justify Indigenous dispossession and oppression" (Browne et al., 2023, p. 386). Key aspects of cognitive imperialism, such as framing Indigenous Peoples as "savage" or "deficient," are deeply intertwined with the dispossession of Indigenous Peoples and the advancement of Western rationalization (Browne et al., 2023). Although philosophical ideas remain largely hidden in nursing education and health care, the ontological and epistemological underpinnings that influence health care, the nursing discipline, and nursing education are important to identify because they help explain why certain forms of knowledge and approaches to health care and education are endorsed. Moreover,

identifying ontological and epistemological underpinnings provides insight into how conflicting worldviews and differing conceptions of “legitimate knowledge” can result in “fundamental epistemological, ontological, and axiological conflicts between Euro-Western and Indigenous ways of thinking” (Brayboy et al., 2015, p. 159), identity, and ultimately the embodiment of resilience while pursuing post-secondary education.

Biculturalism

At first glance, biculturalism is explained to support Indigenous students to succeed in Western academic institutions. However, as described in YellowBird (2011) and Dickerson et al. (2000), biculturalism is described from an individual standpoint and fails to recognize the responsibility of educators and institutions. Based on the individual emphasis of acclimatizing to the university system, we argue that biculturalism is a form of assimilation. YellowBird’s (2011) correlation of Indigenous students’ being traditional with having a lower grade point average opens a dangerous discussion that individual Indigenous students need to assimilate to reach educational success. This concept takes on an either/or proposition that creates oppression and discrimination (Little Bear, 2000).

We argue that the concept of biculturalism dichotomizes how Indigenous students view the world. According to Little Bear (2000), “Colonization created a fragmentary worldview among [Indigenous] peoples. By force, terror, and educational policy, it attempted to destroy [Indigenous] worldviews—but failed. Instead, colonization left a heritage of jagged worldviews among Indigenous peoples” (p. 84). Dichotomizing Indigenous worldviews and Euro-Western worldviews is yet another Western approach to understanding Indigenous students’ perspectives and is an oversimplification that creates an illusion of objectivity and homogenizes Indigenous student experiences.

Drawing on Indigenous philosophy, Little Bear (2000) explains *existence* as imbued with energy that is in constant flux or motion. This conceptualization fosters a holistic and cyclical worldview, where understanding the whole is essential to recognizing patterns. From this philosophical underpinning stems the Indigenous value of wholeness, where the group is privileged over the individual and the focus is on “the totality of the constant flux” rather than on individual patterns (Little Bear, 2000, p. 79). The emphasis on the whole rather than the individual as an integral piece of Indigeneity is well documented in the literature. For instance, Indigenous students are often community-centred and struggle with the individual-oriented, competitive atmosphere of many universities and colleges. For many Indigenous students, their reason for pursuing education is not directly linked to the notion of individual success but is instead linked to better serving their families and communities (Brayboy et al., 2015).

Although colonization has also contributed to a “jagged worldview,” where there is “no longer an [Indigenous] worldview,” Indigenous Peoples have also not adopted a Eurocentric worldview (Little Bear, 2000, p. 84). Consequently, their consciousness has become “a random puzzle that each person has to attempt to understand” (Little Bear, 2000, p. 84). The resilience of Indigenous graduate nursing students, therefore, is attributed not merely to the successful completion of their program, but also to their abilities to adapt on a daily basis to their environments.

Implications for Universities and Nursing Education Programs

To make Indigenous students feel more comfortable in the academic setting, many universities offer transition programs, mentoring circles, and cultural supports such as in-house Elders and Indigenous role models or Knowledge Keepers. Connecting undergraduate and graduate nursing students with Elders or Indigenous role models and mentors within educational programs helps to provide support and cultural wisdom by bridging the academic world and cultural traditions, thereby enhancing student success (Moss et al., 2005). Researchers have also suggested the use of mentoring circles to support and retain undergraduate nursing students (Mills et al., 2014). In a project undertaken by Mills et al. (2014), a group of Indigenous undergraduate nursing students met regularly with and were mentored by an Indigenous mentor. By creating a culturally safe and supportive group environment, students felt comfortable sharing their experiences, challenges, and successes. As a result, they were better able to navigate the university environment and create Indigenous support networks (Mills et al., 2014).

The practical strategies above have value and are important initial steps. However, while culturally rooted initiatives aimed at making the academy more hospitable can help Indigenous students succeed under existing structures (Gaudry & Lorenz, 2018), they must be critically examined. Such policies often remove the institution's responsibility to attend to changes in governance and instead place the expectations on Indigenous students to "bear the burden of change" (Gaudry & Lorenz, 2018, p. 220). Episkenew (2013) suggests that without careful reflection and examination, policy changes that may be rooted in and motivated by the desire to make Indigenous students feel more comfortable. This has the potential to perpetuate the perception that Indigenous students come with a deficit in their preparation for higher learning and so require additional programs to help them fit into the academic environment.

Lastly, when biculturalism is understood as a way to "include" Indigenous Peoples into the academy, the underlying assumption is that the academy is unbiased and endorses all knowledge; however, the academy often serves only to further entrench Euro-Western knowledge (Battiste et al., 2002). So, while inclusion policies have beneficial impacts on student completion and retention rates, these policies do little to transform the academy. Much more is needed to support Indigenous people in adjusting to the entrenched structures of modern university (Gaudry & Lorenz, 2018). We suggest an Indigenous board of governors comprising Elders, local Indigenous scholars and educators, and Indigenous students whose mandate is to develop, implement, and oversee policies and practices that directly affect Indigenous students and allow them to become part of universities' governance models.

Strengths and Limitations

To our knowledge, this is the first scoping review that specifically explored Indigenous graduate nursing students' experience of resilience. The review confirms that there are significant gaps in our knowledge about Indigenous graduate nursing students and resilience. A previously published and widely used framework was used to guide the review. The composition of the authorship team included an Indigenous scholar from the Kainai Nation, ensuring that our approach to the review integrated an Indigenous perspective through the lens of a Kainai scholar. The generalizability of the findings may be somewhat limited due to having only two articles in the review. Moreover, both articles focus on American students' experiences, which may not adequately capture the experience of students from other countries. Lastly, while the articles

included in the review did not directly explore resilience, we believe this work advances the discourse regarding Indigenous nursing students' graduate programming experiences.

Future Research

The concept of resilience and its associated terms such as *hardiness* need to be deconstructed and critically examined through an Indigenous lens to promote deeper political, cultural, and social understandings of these concepts and their broader impacts. Using a critical analysis approach might result in greater uptake of the concept.

Without an understanding of Indigenous graduate nursing students' experiences of resilience, universities and nursing programs will struggle to develop, implement, and evaluate strategies intended to support Indigenous students. We recommend that a strengths-based Indigenous research approach be used to explore the meaning and experience of resilience among Indigenous graduate nursing students. We believe such work would ultimately enhance Indigenous nursing students' experience and may result in higher rates of recruitment, retention, and program completion.

Conclusion

There is a lack of research that explores resilience among Indigenous graduate nursing students. This dearth is exacerbated by the prevalence of Western epistemology and ontology in academic institutions, where resilience is understood as an outcome, such as becoming bicultural, effectively silencing research that explores resilience from an Indigenous lens. This scoping review demonstrates that our collective understanding of resilience, particularly from an Indigenous perspective, is in its infancy.

References

- Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing, & Canadian Nurses Association. (2009). *Cultural competence and cultural safety in nursing education: A framework for First Nations, Inuit and Métis nursing*. <https://indigenousnurses.ca/resources/publications/cultural-competence-and-cultural-safety-nursing-education-framework-first>
- Adynski, H., Propper, C., Beeber, L., Gilmore, J. H., Zou, B., & Santos, H. P., Jr. (2024). The role of emotional regulation on early child school adjustment outcomes. *Archives of Psychiatric Nursing*, 51, P201–211. <https://doi.org/10.1016/j.apnu.2024.07.003>
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- Battiste, M. (2005). Indigenous knowledge: Foundations for First Nations. *WINHEC: International Journal of Indigenous Education Scholarship*, (1), 1–17.
- Battiste, M., Bell, L., & Findlay, L. M. (2002). Decolonizing education in Canadian universities: An interdisciplinary, international, Indigenous research project. *Canadian Journal of Native Education*, 26(2), 82–95. <https://doi.org/10.14288/cjne.v26i2.195923>
- Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing*, 14(1), 33–55. <https://doi.org/10.1177/1074840707312237>
- Boon, H. J. (2008). Risk or resilience? What makes a difference? *The Australian Educational Researcher*, 35, 81–102. <https://doi.org/10.1007/BF03216876>
- Bramer, W. M., Giustini, D., de Jonge, G. B., Holland, L., & Bekhuis, T. (2016). De-duplication of database search results for systematic reviews in endnote. *Journal of the Medical Library Association*, 104(3), 240–243. <https://doi.org/10.3163%2F1536-5050.104.3.014>
- Brascoupé, S., & Waters, C. (2009). Cultural safety exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. *Journal of Aboriginal Health*, 5(2), 6–41.
- Brayboy, B. M. J., Solyom, J. A., & Castagno, A. E. (2015). Indigenous Peoples in higher education. *Journal of American Indian Education*, 54(1), 154–186.
- Britt, T. W., Shen, W., Sinclair, R. R., Grossman, M. R., & Klieger, D. M. (2016). How much do we really know about employee resilience? *Industrial and Organizational Psychology*, 9(2), 378–404. <https://doi.org/10.1017/iop.2015.107>
- Brooks, R. B. (2001). Fostering motivation, hope, and resilience in children with learning disorders. *Annals of Dyslexia*, 51, 9–20.
- Browne, A. J., Varcoe, C., Wytenbroek, L., De Sousa, I., & Crosschild, C. (2023). Using philosophical inquiry to dismantle dominant thinking in nursing about race and racism. In M. Lipscomb (Ed.), *Routledge handbook of philosophy and nursing* (pp. 379–391). Routledge.
- Buettner-Schmidt, K., & Lobo, M. L. (2012). Social justice: A concept analysis. *Journal of Advanced Nursing*, 68(4), 948–958. <https://doi.org/10.1111/j.1365-2648.2011.05856.x>

- Canadian Association of Schools of Nursing. (2023). *Indigenous nursing student and faculty survey report 2021-2022: Registered nurse workforce, Canadian production – potential new supply*. <https://www.casn.ca/2023/11/indigenous-nursing-student-and-faculty-survey-report-2021-2022/>
- Canadian Association of Schools of Nursing. (2024). *Registered nurses education in Canada statistics 2022-2023: Registered nurse workforce, Canadian production – potential new supply*. https://www.casn.ca/wp-content/uploads/2024/12/2022-2023-RNECS-Report_EN.pdf
- Canadian Association of Schools of Nursing & Canadian Indigenous Nurses Association. (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 Nurses Association. (2014). *Aboriginal health nursing and Aboriginal health: Charting policy direction for nursing in Canada*. https://www.nccih.ca/634/Aboriginal_Health_Nursing_and_Aboriginal_Health_Charting_Policy_Direction_for_Nursing_in_Canada.nccih?id=997&col=3
- Castagno, A. E. (2005). Extending the bounds of race and racism: Indigenous women and the persistence of the black–white paradigm of race. *The Urban Review*, 37, 447–468. <https://doi.org/10.1007/s11256-005-0020-4>
- Crosschild, C., & Varcoe, C. (2021). Commentary – Piinaat'stikaanookiinan: A call to action for nursing leaders to decolonize nursing. *Nursing Leadership*, 34(4), 144–150. <https://doi.org/10.12927/cjnl.2021.26677>
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. SAGE Publications.
- Daly, M. (2024). How useful is the concept of resilience for studying individuals and families with low resources? *rEUsilience Thinking About Resilience Series*, Paper 2. <https://doi.org/10.31235/osf.io/dv5pb>
- Dickerson, S. S., Neary, M. A., & Hyche-Johnson, M. (2000). Native American graduate nursing students' learning experiences. *Journal of Nursing Scholarship*, 32(2), 189–196. <https://doi.org/10.1111/j.1547-5069.2000.00189.x>
- Diekelmann, N., Allen, D., & Tanner, C. (1989). *The NLN criteria for appraisal of baccalaureate programs: A critical hermeneutic analysis*. National League for Nursing.
- Earvolino-Ramirez, M. (2007). Resilience: A concept analysis. *Nursing Forum*, 42(2), 73–82. <https://doi.org/10.1111/j.1744-6198.2007.00070.x>
- Episkew, J. (2013). Indigenizing university administration of Tâwaw cî? (Take 2). In M. S. Smith (Ed.), *Transforming the academy: Indigenous education, knowledge, and relations* (pp. 64–68). University of Alberta.
- Folke, C. (2006). Resilience: The emergence of a perspective for social–ecological systems analysis. *Global Environmental Change*, 16(3), 253–267. <https://doi.org/10.1016/j.gloenvcha.2006.04.002>

- Fridkin, A. J., Browne, A. J., & Dion Stout, M. K. (2019). The RIPPLES of meaningful involvement: A framework for meaningfully involving Indigenous Peoples in health policy decision-making. *The International Indigenous Policy Journal*, 10(3). <https://doi.org/10.18584/iipj.2019.10.3.8309>
- Gaudry, A., & Lorenz, D. (2018). Indigenization as inclusion, reconciliation, and decolonization: Navigating the different visions for indigenizing the Canadian academy. *AlterNative: An International Journal of Indigenous Peoples*, 14(3), 218–227. <https://doi.org/10.1177/1177180118785382>
- Gergen, K. J. (2001). Psychological science in a postmodern context. *American Psychologist*, 56(10), 803–813. <https://doi.org/10.1037/0003-066X.56.10.803>
- Hatala, A. R., Desjardins, M., & Bombay, A. (2016). Reframing narratives of Aboriginal health inequity: Exploring Cree Elder resilience and well-being in contexts of historical trauma. *Qualitative Health Research*, 26(14), 1911–1927. <https://doi.org/10.1177/1049732315609569>
- Health Canada. (2016). *Health determinants for First Nations in Alberta 2016*. http://publications.gc.ca/collections/collection_2016/sc-hc/H34-217-2016-eng.pdf
- Higgins, J. P. T., & Deeks, J. J. (2008). Selecting studies and collecting data. In J. P. T. Higgins & S. Green (Eds.), *Cochrane handbook for systematic reviews of interventions* (pp. 151–186). Wiley-Blackwell.
- Holling, C. S. (1973). Resilience and stability of ecological systems. *Annual Review of Ecology and Systematics*, 4, 1–23.
- Hutcheon, E., & Lashewicz, B. (2014). Theorizing resilience: Critiquing and unbounding a marginalizing concept. *Disability & Society*, 29(9), 1383–1397. <https://doi.org/10.1080/09687599.2014.934954>
- Hutcheon, E. J., & Wolbring, G. (2013). Deconstructing the resilience concept using an ableism lens: Implications for people with diverse abilities. *Dilemata*, 11, 235–252.
- Indigenous Nursing Education Working Group. (2012). *'Getting em n keepin em': Report of the Indigenous Nursing Education Working Group*. Commonwealth of Australia.
- International Council of Nurses. (2021). *The ICN code of ethics for nurses: Revised 2021*. https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf
- Kelly, J., & Henschke, K. (2019). The experiences of Australian indigenous nursing students: A phenomenological study. *Nurse Education in Practice*, 41, 102642. <https://doi.org/10.1016/j.nepr.2019.102642>
- 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. <https://doi.org/10.1177/070674371105600203>
- Kuokkanen, R. J. (2007). *Reshaping the university: responsibility, Indigenous epistemes, and the logic of the gift*. UBC Press.

- Lara-Cooper, K., Colegrove III, E., Gensaw, T., Juan, C., & Ammon, G. (2022). "In the telling and in the listening, humanity meets": Youth testimonials of resilience from yesterday and today. In H. N. Weaver (Ed.), *The Routledge international handbook of Indigenous resilience* (pp. 222–237). Routledge. <https://doi.org/10.4324/9781003048428>
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562. <https://doi.org/10.1111/1467-8624.00164>
- Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implementation Science*, 5, Article 69. <https://doi.org/10.1186/1748-5908-5-69>
- Little Bear, L. (2000). Jagged worldviews colliding. In M. Battiste (Ed.), *Reclaiming Indigenous voice and vision* (pp. 77–85). UBC Press.
- MacKinnon, D., & Derickson, K. D. (2013). From resilience to resourcefulness: a critique of resilience policy and activism. *Progress in Human Geography*, 37(2), 253–270. <https://doi.org/10.1177/0309132512454775>
- Masta, S. (2018). "I am exhausted": Everyday occurrences of being Native American. *International Journal of Qualitative Studies in Education*, 31(9), 821–835. <https://doi.org/10.1080/09518398.2018.1499984>
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. <https://doi.org/10.1037/0003-066X.56.3.227>
- Masten, A., & Garmezy, N. (1985). Risk, vulnerability, and protective factors in developmental psychopathology. In B. B. Lahey & A. Kazdin (Eds), *Advances in Clinical Child Psychology* (Vol. 8, pp. 1–52). Plenum Press.
- Mills, J., Felton-Busch, C., Park, T., Maza, K., Mills, F., Ghee, M., Hitchins, M., Chamberlain-Salaun, J., & Neuendorf, N. (2014). Supporting Australian Torres Strait Islander and Aboriginal nursing students using mentoring circles: An action research study. *Higher Education Research & Development*, 33(6), 1136–1149. <https://doi.org/10.1080/07294360.2014.911262>
- Milne, T., Creedy, D. K., & West, R. (2016). Integrated systematic review on educational strategies that promote academic success and resilience in undergraduate indigenous students. *Nurse Education Today*, 36, 387–394. <https://doi.org/10.1016/j.nedt.2015.10.008>
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & The PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Medicine*, 6(7), e1000097. <https://doi.org/10.1371/journal.pmed.1000097>
- Moss, M., Tibbetts, L., Henly, S. J., Dahlen, B. J., Patchell, B., & Struthers, R. (2005). Strengthening American Indian nurse scientist training through tradition: Partnering with Elders. *Journal of Cultural Diversity*, 12(2), 50–55.
- National Collaborating Centre for Aboriginal Health. (2012). *The state of knowledge of Aboriginal health: A review of Aboriginal public health in Canada*. http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/52/SOK_report_EN_web.pdf

- National Collaborating Centre for Aboriginal Health. (2013). *An overview of Aboriginal health in Canada*. <https://www.ccnsa-nccah.ca/docs/context/FS-OverviewAbororiginalHealth-EN.pdf>
- Norris, F. H., Stevens, S. P., Pfefferbaum, B., Wyche, K. F., & Pfefferbaum, R. L. (2008). Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. *American Journal of Community Psychology*, 41, 127–150.
- Oetting, E., & Beauvais, F. (1990). Orthogonal culture identification theory: The cultural identification of minority adolescents. *International Journal of the Addictions*, 25, 655–685. <https://doi.org/10.3109/10826089109077265>
- Oliver, R., Rochecouste, J., Bennell, D., Anderson, R., Cooper, I., Forrest, S., & Exell, M. (2013). Understanding Australian Aboriginal tertiary student needs. *International Journal of Higher Education*, 2(4), 52–64. <https://doi.org/10.5430/ijhe.v2n4p52>
- Patterson, J. M. (2002). Understanding family resilience. *Journal of Clinical Psychology*, 58(3), 233–246. <https://doi.org/10.1002/jclp.10019>
- Peiris, D., Brown, A., & Cass, A. (2008). Addressing inequities in access to quality health care for Indigenous people. *Canadian Medical Association Journal*, 179(10), 985–986. <https://doi.org/10.1503/cmaj.081445>
- Peters, M. D. J., Godfrey, C., McInerney, P., Munn, Z., Tricco, A. C., & Khalil, H. (2020). Scoping reviews. In E. Aromataris & Z. Munn (Eds.), *JBI reviewer's manual* (2020 ed., Chapter 11). JBI. <https://doi.org/10.46658/JBIRM-20-01>
- Prince-Embury, S. (2014). Review of resilience conceptual and assessment issues. In S. Prince-Embury & D. H. Saklofske (Eds.), *Resilience interventions for youth in diverse populations* (pp. 13–23). Springer.
- Rasmussen, G. (2023). *The role of resilience in Indigenous students: A qualitative study on understanding barriers in higher educational outcomes framed within the tribal critical race theory* [Dissertation, Northwest University].
- Sandhu, R., D. & Liao, C. (2024). “In the end we had to leave”: Truth-telling to unsettle whiteness in nursing academia. *Nursing Outlook*, 72(5), 102228. <https://doi.org/10.1016/j.outlook.2024.102228>
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., ... Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473. <https://doi.org/10.7326/M18-0850>
- Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*.

- Usher, K., Miller, M., Turale, S., & Goold, S. (2005). Meeting the challenges of recruitment and retention of Indigenous people into nursing: Outcomes of the Indigenous Nurse Education Working Group. *Collegian*, 12(3), 27–31. [https://doi.org/10.1016/S1322-7696\(08\)60498-9](https://doi.org/10.1016/S1322-7696(08)60498-9)
- Vukic, A., Jesty, C., Mathews, V., & Etowa, J. (2012). Understanding race and racism in nursing: Insights from Aboriginal nurses. *International Scholarly Research Network (ISRN) Nursing*. Article ID 196437. <https://doi.org/10.5402/2012/196437>
- 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*, 23(4), P349–354. <http://dx.doi.org/10.1016/j.colegn.2016.08.001>
- Willems, J. A. (2012). Resilience as a quadripartite responsibility: Indigenous students and distance education. *Journal of Open, Flexible and Distance Learning*, 16(1), 14–27. <https://doi.org/10.61468/jofdl.v16i1.104>
- YellowBird, E. A. (2011). *Examination of the relationship between American Indian cultural identity and academic performance of nursing graduates* [Dissertation, University of North Dakota].
- Young, A., Green, L., & Rogers, K. (2008). Resilience and deaf children: A literature review. *Deafness & Education International*, 10(1), 40–55. <https://doi.org/10.1179/146431508790559850>