

**University of Alberta**

Walking in Multiple Worlds: Stories of Aboriginal Nurses

by

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## **Dedication**

This work is dedicated to:

1) The Past, my parents, Louis and Irene. Thank you for not only talking about the road less travelled, but for providing love, boundaries and continuity so that your children could learn to comfortably walk the road less travelled, each in their own way.

2) The Past and Present, my siblings, Ronnie, Gilbert, Brian, Connie, Robert, Clayton and Albert. Thanks to each of you for always being there for a hug, a phone call or for a tough talk and for the memories; we have learned so much together and from each other.

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I will love each of you forever.

## **Abstract**

Some Aboriginal nurses have had unique experiences in terms of both formal and informal education. The purpose of this study was to explore the stories of Aboriginal nurses to gain a greater understanding of their personal and professional experiences that have impacted their views of self, of the world around them and of nursing. Hall, Stevens and Meleis (1994) explain that the future of nursing depends on the ability of the discipline to work with diverse people and community.

Narrative inquiry (Clandinin & Connelly, 2000) was used to guide this study. I engaged in conversations with three Aboriginal nurses. The stories which emerged from these conversations and the field notes became the field texts for the study. The field texts were analysed within the three dimensional narrative inquiry space of temporality, sociality and place. Reflecting on my experiences and those of some Aboriginal nurses, the resonant threads illuminated some of the human experience of the nurses. The intent was to understand where and how each of us is embedded within, and shaped by, our social, personal, cultural, and institutional stories.

This research is represented in a traditional academic format and includes ten chapters. The first chapter introduces topics such as the “other” and uses an autobiographical story to help situate the research and the readers within narrative inquiry. The second chapter, the literature review, highlights elements such as Aboriginal and nursing education, the history of nursing and explores the concept of cultural competence. The third chapter describes the methods used in the

narrative inquiry with nurse participants to inquire into and retell their lived and told stories of experience. Chapters four, six, and eight are the findings chapters where the stories are retold by the researcher. In chapters five, seven and nine the stories are analyzed. Chapter ten discusses and explores the common threads of our stories and some of the overarching impacts of the processes and stories of this research.

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**CHAPTER 1: EXPLORING THE ROAD LESS TRAVELED**

Two roads diverged in a yellow wood,  
And sorry I could not travel both  
And be one traveller, long I stood  
And looked down one as far as I could  
To where it bent in the undergrowth;

Then took the other, as just as fair,  
And having perhaps the better claim,  
Because it was grassy and wanted wear;  
Though as for that the passing there  
Had worn them really about the same,

And both that morning equally lay  
In leaves no step had trodden black.  
Oh, I kept the first for another day!  
Yet knowing how way leads on to way,  
I doubted if I should ever come back.

I shall be telling this with a sigh  
Somewhere ages and ages hence:  
Two roads diverged in a wood, and I—  
I took the one less traveled by,  
And that has made all the difference.

—Robert Frost

A number of years ago, I was approached by a university to write about some of the things that had influenced my worldview. The university was creating a collection of very short autobiographies about some Aboriginal people in Saskatchewan, and they asked if I would write a few pages outlining some of the things, people, and events that had had the greatest influence on me and how I saw the world. For reasons that are no longer entirely clear, I did not pass up the opportunity. When I look back on the occasion, I view it as another of my steps along Robert Frost's road less traveled.

Frost's poem speaks to me because we are not often asked to stop and take inventory of our lives, to remember where we have been, to look at where we are and reflect on where we want to go, or, as expressed by Clandinin and Connelly (2000), to story elements of our own lives. I thought writing my reflections would be a good opportunity to explore and examine my life to date, understanding that the few pages would only allow me to highlight a few of my memories and thoughts. Second, I thought it would be another opportunity to think out loud with my children and possibly to share more aspects of my stories and experiences with them. Third, and perhaps most difficult to articulate, was that this writing and thinking would provide another opportunity for me to push past my boundaries of personal comfort. Those who know me understand and accept that I am a very private person, and sharing even minor elements of me with others is often difficult; in other words, it was a wonderful opportunity to take Frost's road less traveled.

Here I look to Macmurray (1961) to help clarify and explain what I mean by sharing myself with others. He states that "the Self exists only in dynamic relation with the Other" (p. 17), which for me means that we essentially exist as human beings only in relationship with others, by others' awareness that we exist. From this perspective, everyone not "I" or "me" is the "other". I am especially drawn to this interpretation of the "other", because it does not automatically carry a negative connotation; in this sense the "other" can be and is anyone.

There was a time in my life when, following my two-year diploma in nursing, working bedside was the path I had chosen, and I believed I would

follow that path until retirement. However, life happened, and I found myself at the beginning of two diverging paths, and because

I could not travel both  
And be one traveler, long I stood  
And looked down one as far as I could  
To where it bent in the undergrowth;  
Then took the other, as just as fair,  
And having perhaps the better claim,  
Because it was grassy and wanted wear....

The path I chose as an adult was to return to school. At first I thought that an undergraduate degree in nursing would take me where I wanted to go. However, life long learning or as a former colleague explained, it was actually life-wide learning soon became part of my everyday reality. The experience of writing those few pages about my life helped me think about the work I could be focusing on for a doctorate. I remember thinking about the process, not only about the writing but about resituating my life, and the possibility of sharing these experiences outside my family. I am grateful that I took the occasion to think and write about the people and events that have influenced and continue to influence me along my chosen road. From my current perspective, the role of motherhood has had the greatest influence on my life, my stories, and my journey. The nursing profession and family and friends are other significant influences.

As I write this research, I recognize some of the defining moments and roles that have had an influence on who I am and who I am becoming. I am more than a

nurse, more than an Aboriginal person, more than an Aboriginal nurse. I am a person first, and for some reason I feel the need to help others understand why that is significant. Words and labels such as “nurse” and “Aboriginal” are but starting points, and I believe that if they are allowed to hold sway they may continue to separate rather than reconcile our stories, our lived experiences as human beings. Some other roles that contribute to my identity-in-the-making and to my stories include mother, wife, daughter, sister, grandmother, friend, Métis, First Nation, administrator, educator, and student. All have contributed to who I am, but no one role solely defines me.

### *Exploring Worldviews*

Ermine (1995), an Aboriginal writer, delves into the contrast between Western and Aboriginal worldviews or constructs in which culture plays the lead role. Ermine’s statement that “[a]cquired knowledge and information were disseminated as if Western voyages and discoveries were the only valid sources of knowing” (p. 101), focuses on and questions why the Western worldview holds itself up as the “way” of knowing the world. There is a sense of Western versus Aboriginal ways of knowing in his presentation, and for me his writing begs the question around any way of knowing versus another. Another query that formulated after reading his research, is why there is any need at all to validate how I know our world, as both Western and Aboriginal ways of knowing at times become restricting and at the same time, competing worldviews.

It is not that I do not support the reality of some of the cultural differences communicated in Ermine’s writing, such as the sacred circle, language, and

ideology, but my experience has led me to accentuate the common human experience, of which the cultural experience is but a part. At the same time, I accept that the cultural lived experience may, for many people, be the whole basis of personal identity.

Because I want to hear and understand the stories of others, I am also drawn to writers such as Denzin and Lincoln (2003) “to explain the essence of experience and meaning in participant’s lives” (p.65). As I thought about where to focus my doctoral research, I wondered if other Aboriginal nurses also felt confined or restricted by the numerous labels which are used to help identify—labels such “Aboriginal”, “nurse”, or “student”—or if it was just me. Labels freeze-frame us; we cannot move and become, when we are labelled. And yet there is also a level of comfort in “knowing” self and others through such constructs; perhaps it is just the comfort of thinking we know others through these words, labels and ways of being in the world. These words also provide common starting points and frames of reference to begin and perhaps position dialogue.

Smith (1999), an Indigenous writer from New Zealand, explores other labels and concepts such as “colonized” and “decolonizing”. She states, “Decolonization is about centering our concerns and world views and then coming to know and understand theory and research from our own perspectives and for our own purposes” (p. 39). She explores a framework which helps deconstruct the “colonized” Western academic research methodologies and replaces those methodologies with an Indigenous way of knowing the world and doing research. In May 2007, the Ethics Office of the Canadian Institutes of Health Research

(CIHR), in conjunction with its Institute of Aboriginal Peoples' Health, created a set of guidelines to assist researchers and institutions in carrying out ethical and culturally competent research involving Aboriginal people. The guidelines are separated into three distinct sections, one each for First Nations, Inuit, and Métis peoples of Canada.

As well, nurse scholars such as Carper (1978) suggest ways that nurses know or understand nursing. However, Western ideologies such as those of nursing and decolonized methodologies, very clearly spell out requirements, protocols, and agendas related to ways of being and knowing, and, as a result, often emphasize differing worldviews, the “differences”. In the preceding examples of “Indigenous”, “Western”, and “nursing”, it becomes difficult to understand and articulate the differences between and among the various research methodologies. Yet each is very determined to separate, and be separate from, the other. It is easy to comprehend that the protocols are different; what is less clear for me is the end result. The intent of all research is to provide a deeper understanding for “self” of the “other”, is it not? Are the Western, nursing, and Indigenous ways of doing research truly different, or are there numerous common elements which provide a parallel structure for doing and writing research or for gaining a deeper and truer understanding of self and the other?

Both Western and Indigenous research methodologies outline specific requirements and expectations. Based on the processes of researching, defining, writing, and articulating these expectations and protocols, have Aboriginal and Western academic requirements already written and bound the telling of our

stories? Are there already expectations associated with the labels “Aboriginal”, “nurse”, and “Aboriginal nurse”? Although it is not the intent of this research paper to explore and answer the preceding questions, the questions are worth asking. This dissertation will bring together memories, stories, and experiences, both past and present, to help us comprehend how Aboriginal nurses not only view themselves and the world around them, but also to help explain if and how each nurse experiences self, health, and culture as individuals and as part of the community within the broader context, both within and outside the “Aboriginal” or “nurse” labels. These stories may in part answer questions about labels and the issues or expectations associated with such labels.

### *Purpose*

Aboriginal nurses have had unique experiences in terms of both formal and informal education. The primary purpose of this research is to hear and inquire into the stories of Aboriginal nurses regarding their experiences in nursing, in formal and informal education, in practice, and in life. Hall, Stevens, and Meleis (1994) explain that the future of nursing depends on the ability of the discipline to work with diverse people and communities. One result of this research may be to support capacity-building with nursing students, nursing programs, and faculty by facilitating better understanding of the history and experience of some Aboriginal nurses. It is hoped that nursing will better understand facilitating factors and barriers and the impact of curricula, policy, and worldviews on Aboriginal nurses, their practice, on "other" nursing students and, most importantly, on the recipients of nursing care.



However, I am reluctant to ask anyone to engage in the telling and retelling of stories (Clandinin & Connelly, 2000) in this narrative inquiry unless I can achieve a sense of the process in which I will ask each nurse to engage. Bergum (2004) talks of the “space” where bonds are forged, while Ermine (1999, p. 106) articulates “our common humanity and connectedness” depicted in the medicine wheel formed by stone circles. Whether I call this a space or a circle, the very telling of our storied experiences is where the true dialogue will begin; this space is where the human stories will be told, internalized, and perhaps retold, possibly through a new lens—a personal lens, perhaps with some cultural underpinnings—but a lens that in some ways may be unique to each story, to each person; a lens which may construct common elements of people. This work will focus on the telling of our stories, stories that have been lived and are being lived, and that are embedded within cultural, social, familial, and institutional narratives. Each one of us lives our own unique stories, but I anticipate there are resonances across the stories. Thus, it is with an understanding of emotional residues, frictions, transitions, and a deep-seated desire to continue to meld, if possible, the diverse cultural roots from which I and others spring, that I begin to write fragments of my own stories.

### *My Place*

Anzaladúa (1999) explains that a “[b]orderland is a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition” (p. 25). The borderland, a place where two or more cultures edge each other, is a place familiar to me. It is here that I have learned to listen,

understand, and appreciate components of the various cultures which are a part of me: the Métis heritage from my father; small elements of the First Nations worldview from my mother and my *kokum* (grandmother); the non-Aboriginal roots of ancestors; and voices such as motherhood, nursing, and academia. It is also here in the borderland that I have come to feel both the harmony and the friction between and within. I become aware of the cultural, social, and institutional narratives which influenced and continue to influence my sense of self. But it is also here in the borderlands, embedded within and shaped by numerous narratives (Clandinin & Connelly, 2000), where I have chosen to be and, by that very choosing, struggle to achieve and maintain a coherent sense of self or identity—a self which at times encompasses and celebrates, at times examines and puts aside, various elements of roles, cultures, and voices—a self of becoming. By internalizing, examining, and understanding my own stories nested as they are within these larger narratives, have I gone far enough? How do I share the process that has occurred and continues and that has helped me move beyond my own understanding of who I am and am becoming, to a greater awareness and understanding of otherness?

#### *Initial Exploration of the Concept of the “Other”*

Bergum (2004) refers to the place where we begin to talk, listen, and understand each other as the “relational space”. This is where we can engage in the processes of dialogue and of appreciating the meaning of others’ lives and our own life from other perspectives. During an online dialogue (December 7, 2004), Dr. Bergum shared an experience: “As another researcher spoke from an

Aboriginal perspective on ethics ... I felt there was little opening for true dialogue ... I, as a white, was already suspect.” What a powerful introduction to the need to create relational spaces and to consider the concept of the “other”. Perhaps the attempt to know each other begins not only with an understanding but with an acceptance that every action and reaction influences both self and other. Does this mean that I can only ever make sense of “self” in relationship to “other”? How can one engage in true dialogue when the other or the self is not yet ready or is unwilling to engage?

The idea of the “other” has been explored by numerous researchers. Lugones (1987) uses the term “outsider” to refer to one outside of the dominant Western culture. Lugones’ “outsider” position is quite different from the one that Dr. Bergum mentions above. An outsider to the Aboriginal world, Bergum was perceived to be a member, and therefore representative, of the dominant culture. She will always represent the Western worldview and thus, in her words, “will always be suspect.” Where and how does one build the relational space to break down the walls represented by labels such as “outsider” and “other”?

Lugones “stresses a particular feature of the outsider’s existence; the outsider has necessarily acquired flexibility” (1987, p. 3) in being able to move between worlds. The outsider is outside the dominant Western way of viewing, approaching, and articulating the world. For Lugones the ability to “world travel” allows movement between and within “the mainstream construction of life where she is constructed as an outsider to other constructions of life where she is more or less ‘at home’” (1987, p. 3). She has somehow acquired the skill to move back

and forth between the dominant society and her chosen or imposed place in the world.

As stated earlier, Macmurray (1961) explores the concepts of “self” and “other”. He determines that “[t]he thesis we have to expound and to sustain is that the self is constituted by its relation to the Other; that it has its being in its relationship; and that this relationship is necessarily personal” (p. 17). Who is the “other”? Is the other someone who is not myself (Macmurray, 1961), or is the other the cultural other (Ermine, 1995), the dominant outsider (Bergum, 2004), or the marginal outsider (Lugones, 1987)? According to Lugones, it is always the marginal outsider who is making concessions; this “other” adapts and continuously adjusts to the mainstream construct. However, as discussed by Macmurray, at times *I* am the other, and, as such, *I* am always making concessions, adapting and continuously adjusting.

Meleis (1996) recognizes that in order to better understand who we each are and how we each relate to each other, the diversity among and between various groups in society must be identified not just in terms of culture, but also in terms of the social, political, and structural contexts where lives are lived. The idea of approaching an idea with the least amount of prejudice, and to see where the idea will take us, is appealing.

### *My Story*

Today, thoughts of my mother shadow my writing. Although her death, just before Christmas 2008, was one that could certainly be termed a “good death”, she is missed. It is a loss that is ever present, with too many mixed emotions to

sort through. There are laughter, tears, sadness, and memories, but most of all there is love. I am drawn to Greene (1995), who understands how the shapes of childhood influence who we are and who we are becoming, but who writes that “we cannot return to the landscapes of those reflective days. We can only become present to them by reflecting on them” (p. 73). These words help me understand why I frequently find myself recalling stories my mother told me about growing up on the reserve, her nursing education, and her experiences as a wife and mother. Her story framed and shaped who I was and was becoming. Her influence is everywhere as I think of my own childhood, nursing education, and experiences as a wife and mother. The First Nations community from which she came hung their flag at half-mast upon hearing of her death. She left a legacy of love and humour. Most of all, she left a lasting legacy that will continue to influence nursing, especially nursing with Aboriginal people.

Hoffman’s (1994) idea of resonant remembering, or the looking inward to see what is happening within, pushes me to story my mother’s lived experiences. The experiences will now be storied as I remember, not necessarily as she lived them. Others will also recall fragments of her storied life, and, in this way, my mother lives on in the memories of friends, both Aboriginal and non-Aboriginal, and nursing and non-nursing. Many people are engaged in resonant remembering with stories of their experiences with my mother. As a result I also wonder about the influence she has had on other nurses and how other Aboriginal nurses construct narratives related to their relationship or experience with my mom. I am

especially interested in how she inspired other nurses and how, as a result, they each live and tell their stories of nursing.

### *Remembering*

Elements of this story were particularly difficult to write and share, yet at the same time the memories were alive and vivid as if waiting to be put to paper. It is difficult to articulate the process, but for the sake of explanation, in Chapter One I have written the recalled story in *italics* and then later incorporated other thoughts, actions, comments, and feelings. The reverse occurs in subsequent chapters; the thoughts, actions, comments, and feelings have been written in *italics*, not the recalled stories.

One Saturday evening in January 2007, the phone rang around half past seven. I saw the number and was pleased to see that it was my friend Leslie calling. “Hi, kiddo. Great to hear from you. Yes, I had a great Christmas, what about you?” And on we talked about numerous things: our travels, books we had read recently, our views of nursing, and our favourite topic—our children. One truly wonderful thing about some friends is that we can pick up the threads over and over again. Each has become a welcome piece of my life; they are forever woven into the fabric that is my life.

About half an hour into our conversation, Leslie’s voice changed: “Um, I was also phoning you about Shelley—have you read the paper this weekend?” “No,” I said. “Well, her mom died, it says suddenly; the funeral is on Tuesday in Hanley, and I just wanted to make sure you knew. I can’t make it; work won’t give me the

time off.” So through my connection with lifelong nursing friends I was transported back to another time and place....

*The call came around supper time, a Saturday in April 1990. My sister phoned me at work to let me know that Dad had been admitted to the hospital. “Yes, apparently Mom first admitted him to the hospital at home because he wasn’t feeling well; they kept him for a while and then transferred him in by ambulance. No, Mom followed by car. The specialist has been up and diagnosed Dad with pneumonia. So don’t worry; I just wanted to let you know what was happening.” “Ok, thanks, I’ll run over once my shift is over.”* Given my sister’s news and the tone of her voice, I could not account for the feeling of dread that washed over me.

*My shift ended at 19:47 hours.* That is such a silly time when you think of it, and yet I cannot help but smile when I think of time as such a unique expression of nursing and nursing detail. Today, I frequently discuss the topic of socialization with other nurses, but in the early years of my nurse’s “training” I was not consciously aware of the socialization process. In the Catholic hospital where I trained, we were readied to accept comments from priests, orders from doctors, and direction from anyone with more authority or seniority; we were not encouraged to question. Although the nuns were no longer actively involved in our teaching and training, their influence and expectations were clearly felt.

*I phoned my children to let them know what was happening with Grandpa. I was playing for time, feeling anxious to leave work and drive across the city. But I was also dreading something. “Yes, I was going to go see Grandpa and would be home soon.”* I felt torn between the desire to be home with my children and the need

to be with my dad. This need to stay connected with all family members was something that had driven a wedge between me and my former husband. I could not understand his desire to isolate us from the rest of the world, and he could not understand my need to stay connected with immediate and extended family, both past and present. This clash of worldviews became more and more apparent as I recalled that time in my life.

My friends and family have always been very important to me. The respect and love I feel for my parents and siblings in no way blinds me to their (our) human frailties; but family is family, and we were taught to stand by each other no matter what. Even though the intensity of these feelings seems to have dissipated somewhat over time, the initial strength stemmed in part from the Métis reality of living on the margins, on the borderlands, forever placed between our Aboriginal and non-Aboriginal ancestors and traditional and Christian belief systems, yet never fully accepted or understood by either. It was in this no man's land that we lived, thrived, and recognized the undisputed tie of family.

*I made my way across the city to the other hospital; it was mid-April and dark. By chance Mom was in the parking lot. She reiterated that the doctor said Dad "just had pneumonia", so she was going home for a good rest. They lived approximately one hour out of the city. However, I convinced Mom to accompany me to see Dad "just one more time" before she left.*

*Mom remained in the ICU waiting room while I was "buzzed in". In terms of time and place, the ICU has remained virtually the same: the doors remain locked, and access is denied without permission from those in power, those in control. If not*



for the experience with my father, I would not have questioned those rules and regulations, because they were part of the dominant institutional narrative. But now I find myself asking why the health care system continues to lock away our most sick at a time when they are most vulnerable, at a time when family and friends are most needed? *I walked through the ICU, which was bright with lights, and the drone of voices and machines everywhere. Dad was sitting up on a stretcher pounding on his left knee because he said it helped with the constant “ache” of his arthritis. His movement was restricted by an IV in his right hand; band-aids and bruises were in evidence and showed that he had been poked several times for blood work and to find a good vein; a catheter showed just a few drops of concentrated urine. He was in obvious discomfort, but explained that they could not give him anything, “something to do with his blood pressure”.* The quick assessment was automatic. Although his care was in the hands of other professionals, I still recall the tension this created for me. As well as reassurance that he was receiving good care, my dad needed something else from me. He needed me to be someone else in the story we were co-composing.

#### *Saying goodbye*

*We smiled at each other, made small talk, hugging each other. The hugs were almost painful in their intensity with the need to “hold on” to each other. Squeezing his hand I pulled back and asked, “Dad, are you ready for this?” A strange choice of words; he winked and answered, “Yes, my girl. Are you?” I had often heard that phrase throughout my childhood and adult years: “my girl.” It was an expression of love, of acceptance, and understanding; it was such a Métis term. I nodded, took a*

*few seconds to steady my voice and wish the tears away (something I still do today as I recall, write, and restory this life), and asked, “Do you want me to call a priest,” almost whispering, my voice breaking, trying to be brave, “for last rites?” “Yes.”*

*I approached the desk and waited for someone to look up, to acknowledge me. I knew what it was like to work with the sick, to be distracted when you were trying to finish a million things at once, to be all things to all people. But everyone remained busy. Even with my years of nursing practice, the experience was surreal. I felt invisible; my heart was breaking. One of the nurses finally looked up. I asked, “Could someone please update me on my dad’s condition? Our immediate family is scattered around the country and I need to let everyone know the seriousness of his condition. He also wants me to contact a priest.” She quickly answered, “The specialist was just in to see him and he is stable. We told your mom he had pneumonia. Why do you want a priest called? We have been telling everyone he just has pneumonia.” “Yes, I know that—is there someone else I can talk to?” Today I wonder why I needed verification or permission to contact others in my family; I knew both in my heart and in my gut the reality of my dad’s condition.*

*A young doctor who had been hovering in the background came forward and asked me to join him a few feet away from the desk. “Yes, your father’s condition is critical, his kidneys are shutting down, his liver function is poor.” There was more medical jargon that I do not recall. However, I am now aware of how easily I followed his explanations. It dawns on me that this medical/nursing language is one which had become mine; I can no longer separate from nursing because it has formed part of my identity. At the same time, I wanted and needed to shrug off this*

understanding of scientific, Western health practices and help “them” understand that my dad could be anyone’s father and thus deserved to be treated with respect and dignity, with something more. *“You know with his history of alcoholism, hmm, there is really not much we can do.”* I was immediately aware of the young doctor’s discomfort when he raised the reality of my dad’s medical history, and wondered if the labels “elderly male Métis, alcoholic” written in the specialist’s history had had an impact on any of my dad’s care (Coles, 1989). Did they really not understand that this man had survived six years overseas during World War II, that his storied life was one of complexity and contradictions, that he would take his young sons hunting and then carry them home piggy-back when they tired out, or that he would always end his conversations with “I’ll love you forever”? *“Yes, no, I know—can he have anything for pain? No, I understand—but still he must be kept comfortable—please make sure a priest is called—and thank you, I will let my mom and siblings know.”* I remember being so polite, treating all the staff as I would want to be treated. If only I could go back in time knowing what I know today ... but would my actions be any different?

### *Borderlands*

*A nun quickly appeared on the unit. Dad joked with her, and received communion while holding onto my hand. This was my role, to be present, to give permission, and to make sure he focused on the fact that he was loved. That he could actively participate in his last rites was important; he seemed to settle, continued to joke, and appeared less anxious. Even as a “lapsed” Catholic, having someone from the Church was really comforting for him. My dad seldom*

talked about the church or his experiences in the war. But, for some reason, this experience of receiving communion resulted in flashbacks to my childhood when my dad would open up and talk. The memories remain alive and are as vivid as the first telling. As well as the stories I feel the emotions. I am once again living the days leading up to Remembrance Day celebrations at the Legion Hall, his resulting drinks with old army buddies, and his swings between melancholy and anger indicating that his experiences were once again weighing heavily on his mind. I will not go into detail about the horror stories, but will instead share a story that has stayed with me and has, I am sure, profoundly influenced my worldview and expectations. The story was about Sunday services. I cannot say my dad was a strong Métis Catholic in the sense of rituals and the tenets of his church, but he was at times a deeply spiritual man. During the war he found himself in the trenches with men from diverse faiths. Although Dad said he always held a special place for the Catholic faith in his heart, he had also come to appreciate that the men and women with whom he prayed were beyond a “church.” The Catholics stood beside men of the Jewish faith, who stood beside Protestants, and so on. He said that even those who proclaimed themselves atheists participated, because it was the human contact that was needed, and the differences based on church affiliations became insignificant for that time and place.

This story has stayed with me and has deeply influenced my way of looking at the world. It no longer matters whether or not that was Dad’s intention or if I clearly remember the actual details of the story. This story, the feelings and

internalized lessons of the story, have become mine in ways I cannot explain, and it is this emotion that I now share. As I compose these thoughts, I think about and agree with Anne Sexton, an American writer, who said “It doesn’t matter who my father was; it matters who I remember he was.”

*I stayed with Dad for a while and then left to update Mom in the waiting-room; she was not ready to accept the seriousness of his condition and kept stating, “No, they said it was just pneumonia.” “Mom, I need to call everyone. Gilbert and Robert need to be told—they are so far away. No, Mom, I’m not worrying them unnecessarily, Dad’s condition is very serious. Yes, I know what the specialist said.”*

#### *Examining Mom’s borderland*

She had learned to please and not to question authority. As she aged, I recall times when I had accompanied her to specialists, when she would sit passively not questioning anything the doctor said. I think about the social and cultural narratives in which she was embedded and which shaped her. As I juxtapose Mom’s need to prove that she would not just be another “lazy” Indian and the resulting interpretation of being a “good” nurse, with Dad’s known desire to die at home, I find myself letting go of my own feelings of frustration with my mom. Her love for my dad was never in question. It has taken time for me to understand and accept this. Over the years, as I came to understand and “see” my mom, I remain proud of the resilience she had shown in spite of living on a reserve, being a residential school survivor and “training” as a nurse during the 1940s.

*“Sorry to be the bearer of such news, but Dad’s in ICU.... No, I don’t think you would be able to make it in time—I am so sorry. Yes, I’ll give him your love and a hug—I know, no warning (really there had been several warnings, but what good would it do to speak of that now?)—but Dad really seems to know what is happening.... Yes, he’s had communion, you know him, joking with Sister the entire time. Yes, Mom’s here. I’ll stay with her until Connie comes up—I need to get home to my kids, let them know what is happening without scaring them. Yes, I’ll give them a kiss and a hug.... Love you too.” The rest of my siblings lived close by and all were notified.*

### *Questioning*

*My dad died at 3:00 the next morning, less than 12 hours after he had been admitted to intensive care. Even now, when I think about my dad’s last hours, I have difficulty expressing my feelings. For years I struggled with my own guilt because I was unable to step more fully into my role as “the professional” instead of, or in addition to, that of the daughter. I struggled with the reality that my dad did not have the peaceful end at home that I knew he wanted; he was in pain and my mom was not able to let him die peacefully at home. Yet I am more at peace with this —that I could not or did not force the issue and have him either transferred to another unit or sent home with me. I think of him hooked up to machines, IVs restricting his movement, in pain. I think of his final hours as his kidneys shut down, as he lost consciousness.*

Did this experience forever colour or change my view of nursing? No one did anything wrong, the technical care was excellent. In order to comprehend my

reaction, I am drawn again and again to Coles (1989), who discusses the reality that patients do not fit neatly into our professional jargon and theories, but in fact are living vital human participants involved in their own stories. I also turn to Bochner (1997) who helps me to understand that “death had [finally] been personalized for me” (p. 420). Another thing I know is that since my experience with Dad’s death I have been profoundly aware of “my” real or potential impact on the lives around me, the day-to-day interactions of which we as nurses are so privileged to be a part, and the extreme times of vulnerability, whether in the hospital or in the community. Beyond nursing, I am more aware of how important our daily human interactions are with those we love and with those who cross our paths.

I know that as human beings we all experience feelings of inadequacy, stress, and overload. These feelings are not culture specific. Yet there are cultural, social, institutional, and familial narratives within which we are all embedded. However, at times it is difficult to distinguish how the various narratives have shaped each of our human experiences. There are certain expectations that I have of myself, and I sometimes wonder from where these expectations stem and how they became part of my stories to live by (Connelly & Clandinin, 1999), who I am and who I am becoming. What choices have I made and what has influenced these choices? Although relationships such as motherhood, nursing, and professing were chosen by me, I ponder the ways in which I have lived up to the expectations of social and cultural narratives (Carr, 1986) around these institutions, as well as the ways in which I have not. What stories and counter-stories exist in these

multiple plotlines (Lugones, 1987) that contribute to my stories to live by? I wonder if my stories resonate across borderlands, or if my perceptions of disharmonies within institutions such as nursing and academia allow this to occur? What is the relationship of each of the preceding questions and the childhood, nursing education, and experiences of other nurses? Of other Aboriginal nurses?



## CHAPTER 2: EXPLORING THE LITERATURE

In my experience, it is often the small stuff that influences my ways of looking at the world. For example, I recall comments on a paper I had written for one of my undergraduate classes. In part to help internalize acceptable forms of paper writing from an academic perspective, I consciously wrote in the third person, used strong declarative sentences, and used past tense whenever possible. Based on what I interpreted from a grammar seminar, by following these rules for presentation, these sentences were supposed to convey the idea that what I had to say was fact. In keeping with my understanding of acceptable writing, in this one Indian Studies paper, I wrote “Aboriginal people”. The only comment on this paper from my First Nations professor was “*some* Aboriginal people”. I have always known it was “some”, but this innocuous comment on an academic paper gave me the permission I must have needed to live this reality in thoughts, dialogue, and actions. McMillen (1995) refers to the complexity associated with “some” versus “all” people, or groups of people, as “a complicated world” and details some of the cultural narratives that shape each of us.

To this day the adjective “some” applies to most aspects of my life. I accept that although I have composed a life within both Aboriginal and non-Aboriginal cultural narratives, elements of Aboriginal and non-Aboriginal worldviews, writings, and research speak to me; none speaks for me or for all Aboriginal people. The discipline and profession of nursing are also institutional and professional narratives within which I have lived, and those narratives have also shaped me. Therefore, the same can be said for nursing and formal education in

general. Although nursing is my chosen field, it is my understanding of what constitutes nursing that I live and share through stories. The numerous theories and writings which strive to explain nursing to the broader community are just that: theories and writings. Although I have chosen to walk for a time in the academic world, I choose the path that I can walk with integrity and comfort. I walk in this world first as a person, then as a person who happens to be a mother, daughter, sister, friend, Aboriginal person, educator, administrator, and nurse. The stories that I live and tell—although of course embedded in cultural, social, institutional, and familial narratives—are my own.

In terms of nursing, it is not just my formal education that influences who I am or how I practice nursing, but it is the mix of education, lived experience, and the social, institutional, cultural, and familial narratives in which I have lived and am living. But how do nurses, or anyone, for that matter, know what they know? Is it through memorization, lived experience, or intuition? Do we need to, or can we, name this phenomenon? Is there a true break or separation between how “Western” and “Aboriginal” people view the world, or would this separation be better explained by stating “some”? Ermine (1995) explains that, from a Cree perspective, this concept of internalized knowing is “an experience in context, a subjective experience that for the knower, becomes knowledge in itself. The experience is knowledge” (p. 104).

Carper (1978) explains that nurses come to “know” nursing by four “fundamental patterns of knowing”. These consist of “(1) empirics, the science of nursing; (2) esthetics, the art of nursing; (3) the component of personal knowledge

in nursing; and (4) ethics, the component of moral knowledge in nursing” (p. 13). I believe that it is the personal knowledge in nursing that is not only the least understood but the most difficult to explain or grasp. By taking a narrative turn and understanding experience and knowledge as narrative constructs, I believe we can come to new understandings about nursing practices and policies. Hopefully by sharing my experiences and those of some Aboriginal nurses, the themes found in some literature may be humanized and our personal experience as nurses (Carper, 1978) may be exposed in order to influence further understanding of nursing. It is not just the literature that informs or influences my understanding of nursing; most importantly it is my understanding of who I am as a person that influences who I am as a nurse. It is hoped that I do not just blindly accept the academic or even public view of nursing, but that I explore, question, and debate those things about nursing that I either chose to accept or that I can, or hope to, change.

However, even as I acknowledge “me” in academic mode, I find myself wondering about the fragmentation that results from the research whose very intent is insight and understanding. We are expected to focus our research on a narrow enough question that one can attempt to answer, but the result of this narrow focus is often fragmentation of self and others. This fragmentation has long been understood by researchers such as Bohm (1980). Who brings these fragments together to understand the whole? Let us begin to answer this question by examining some of the research which attempts to explore and define reality; this reality, as mentioned at the beginning of this chapter, is often based on the

“stuff” that influences our ways of looking at, knowing, and understanding the world. This literature review will explore the concept of cultural competence through a review of some of the ways some Aboriginal people know or experience the world, and the impact nursing has had on how some nurses, both Aboriginal and not, know or experience the world. There is no clean separation of the two explorations; the explorations actually weave in and out examining some obvious borders and finding common human experiences.

### *The Aboriginal Experience*

Specific to nursing and Aboriginal nursing students, scholars discuss numerous concepts and findings, namely: the elusive qualities of cultural competence and transcultural nursing (Labun, 2002; Leininger, 1997; Manifold & Rambur, 2001; and Yurkovich, 2001); the potential of coercion related to nursing research findings, and our need as nurses to be aware of the importance of diversity (Björnsdottir, 2001; Cook & Cullen, 2000); the culture of nursing, including rigid standards (Dickerson, Neary, & Hyche-Johnson, 2000); and recruitment and retention strategies (Usher, Lindsay, & Mackay, 2005). As I was reading this literature, at times it was difficult to relate to definitions or explanations of terms such as cultural competency, cultural safety, and transcultural nursing; at times I could catch glimpses or maybe it was memories of feelings from stories I had heard or events I had witnessed, which helped me relate or examine the findings in the literature. At times I could not relate the literature to my personal reality at all. My stories of who I was or was becoming did not seem to resonate with the literature I was reading.

I entered nursing at a time when student success, particularly among Aboriginals, was not considered to the degree it is today, if it was considered at all. I was also from a small prairie town and it was a time in Canadian history when negative or low expectations were still associated with Aboriginal people generally. Stereotyping in particular was the norm. It was a time when society and government alike continued to prescribe life and how to live that life to Aboriginal people. But has that really changed? Remember, it was just a decade or so before that First Nations people were finally given the right to vote (1960). Interestingly I recall a childhood story when First Nations people were not allowed into the local pubs, were not allowed to buy alcohol from the local liquor stores, and were not allowed to drink on the reserve. How many other contradictions did (we) they live? When I explore the literature, it is apparent that there is interest to gain a better understanding of the experience of Aboriginal people. Issues such as personal and institutional factors (Belgarde & Lore, 2003/2004), differences related to teaching and learning (Bowman, 2003), worldviews (Hewitt, 2000; White & Fogarty, 2001), role of models and mentors (Smith-Mohamed, 1998), and student success initiatives (Malatest, 2004) have been studied. However, it is difficult to ascertain whether this interest has translated into any substantive impact on Aboriginal peoples' lives or success in both Aboriginal and mainstream society, particularly Western education. This reality poses a dilemma for me; on the one hand I understand why Aboriginal people either want to or need to fit into some of the Western ways such as university education, but, on the other hand, how is "success" defined outside of

the dominant worldview or research? What does success mean in this context? For academia, does success mean that the number of Aboriginal students entering degree programs is equal to the number of Aboriginal students graduating? For nursing, does success mean completion of a degree in four years or, even better, in three years if we can “fast-track” some of the students? For government, does success equate with funding dollars? For our Aboriginal communities, does success mean better health outcomes and/or visible Aboriginal professionals or the trappings and living of a traditional life?

I remember my dad making comments like, “You’ll always have to try harder [as an Aboriginal/Métis person] to be considered as good”; a truth that makes more sense now as I ponder the realities of that time and place. My family lived off reserve and we were always known to be part of the larger Métis community; my parents both worked, my father had served in the Second World War and was active in the local Legion. My mother was a nurse, a professional, and that carried a certain status, which may have had an effect on how we were perceived by others or ourselves. My brothers were involved in high-school sports and my sister dated the high-school quarterback. While living at times in the familial narratives of my parents and siblings, I never considered labelling myself Aboriginal or non-Aboriginal; however, I am aware, when I look back, that I fit easily into both constructs. I could find myself within the multiple stories and in that way came to understand my multiple plotlines. In that context, I became aware that barriers do exist at all levels of society, including personal,

professional, and institutional narratives; barriers were as real then as they are today.

### *Barriers*

Although it is not the intent of this research to discuss exclusionary practices from a broader perspective, it must be understood that societal exclusion, perhaps based on as little as looks, gender, education, religion, and knowledge, is common practice in the world. Yet each group attempts to justify and rationalize their worldview and judgement of others, but at the same time each group or individual has no tolerance for others who engage in that same practice. How do people “see” and relate to each other? Is it by the colour of one’s skin, by one’s gender, by the accomplishments over a lifetime, by personal or family status (wealth/power), or by religious practices and beliefs or their absence? What barriers do we as people establish to keep some *in* and others *out*? Is it just part of the human condition? Are we aware or willing to explore the possibility that all groups of people engage in these exclusionary practices? Are universities another of these exclusive groups, with unwritten rules, norms, and behaviours?

The Canadian Association of Schools of Nursing (2003), Canadian Centre for Justice Statistics (2001), Gregory & Wasekeesikaw (2002), Malatest (2004), Minister’s National Working Group on Education (2002), and Romanow (2002), speak to the numerous barriers experienced by many Aboriginal students entering or currently in post-secondary education. Some writers (Battiste, 2000; Steenbeck, 2004; Stonechild, 2006) believe that Aboriginal people in Canada are undergoing

the final stages of assimilation (absorption or integration). This is clearly stated by Waldram, Herring and Young (1995) who argue that the Canadian Government has not sought to integrate or educate Aboriginal people into society, but are still in fact assimilating Aboriginal people under a philosophy that assumes they (in their Western worldview) have superior knowledge.

Would a gradual loss of intensity related to traditional knowledge including language, practices, and ceremonies have occurred “naturally”, naturally meaning if there had been no interference due to treaties, reservations, and residential schools? Would the current emphasis on “traditional” Aboriginal “ways of knowing” be the same today if time had not stood still due to the placement on reservations and in Indian residential schools where children were forced to give up their ways of knowing the world? Would acculturation, whereby behaviours and thinking of one person or group changes through contact with another, have been the result? Would a more natural acculturation process have resulted, with positive benefits to both Aboriginal and non-Aboriginal people, had cultural, social, and human interference not occurred? Are we not ready to admit that reciprocal exchange is occurring or has occurred as Aboriginal and non-Aboriginal people interact in spite of the forced circumstances of this exchange? Are we not yet aware or ready to acknowledge the positive influence and contributions of Aboriginal people on Western life and worldviews?

Battiste (2000), a well-known Aboriginal researcher, identifies more barriers for Aboriginal people entering higher education. These barriers include lack of adequate preparation in the primary and secondary school systems both off



and on reserve, especially in maths and sciences, poverty, lack of role-models, and the perceived superiority of the “Western academic” education. Current systemic issues must also be addressed. These issues include negative comments and experiences in school, the absence of Aboriginal people in promotional material and the absence of contributions in curriculum, perception and reality of poverty, the Third-World conditions found in many communities, and language and cultural barriers. Other barriers include stereotypes such as the “drunken Indian”, the poor parent, and the “lazy Indian” (Canadian Council on Social Development, 2003; de Broucker, 2005; Royal Commission on Aboriginal Peoples, 1996).

Even as Aboriginal people and society benefit from the writing of Aboriginal scholars, does this very writing set up some Aboriginal people who do not “fit” with the premise of the writing and research? Does my exposure to mainly positive experiences with, and acceptance of, Western education place me out of sync with some Aboriginal people, especially related to their lived experience? Am I supposed to feel guilty or accept a level of banishment (not truly accepted as a real First Nations person) because my parents both felt that education was the key to their children’s futures? Surely there are enough external or “other barriers” without increasing those numbers from within?

There is another side to the barriers faced by some Aboriginal people; these barriers exist within the Aboriginal world but are seldom identified or brought into the open for discussion. Why is that? Some internal barriers include labels such as “apple” (someone who is “red” on the outside/visibly First Nations and

“white” on the inside due to the influence of Western society/education). This propensity to deny or bury internal issues is part of the social and cultural narratives in which individuals are embedded. I recall a meeting in the 1970s that both my mother (a seasoned nurse) and I (a relatively new nurse) attended. Based on my mom’s recent experience with First Nation health issues, she posed the tough question related to “fetal alcohol syndrome” (FAS) as it was termed in those days. People were beginning to gain more understanding about FAS and my mom’s intent was to initiate an open discussion. The response from one or two Aboriginal nurses in the room was, “Don’t ask questions that are going to make our people look bad; we should just focus on the good things”—which was really no answer at all. If one of our own asks the tough question, will s/he get support? If someone from the “outside” asks the tough question, will s/he be identified or labelled as racist?

On the other hand, much of what is heard through the news media focuses on the negative in relation to the Aboriginal peoples in Canada. We are inundated with news about youth suicide, poverty, problems in education, high teen birthrates, and Indian residential schools. If I did not know any better, I would believe all of the negative publicity. It is not that there is not truth in the news; the issue is that one seldom if ever encounters or is told about any of the positive realities for many Aboriginal people. I want the same good things for my children and family that all Canadians want.

I wonder if people find it easier to identify the negative instead of focusing on what works. I wonder about the tendency to emphasize differences, rather than

explore common human traits and experiences. The Canadian Council on Social Development (2003), de Broucker (2005), Malatest (2004), and the Royal Commission on Aboriginal Peoples (1996) identify the struggles many Aboriginal people experience while attempting to balance family and educational requirements, academic rules and regulations, inadequate funding and uneven access to programs. It is clear in this research how the demands of balancing family, community, and education impact many Aboriginal peoples, but is this balancing act not part of the experience for all students?

### *A Nursing Legacy*

McPherson (1996) and van der Merwe (1999) speak directly to the early racist and discriminatory practices in nursing. By contrast Hart (1996) explains that nurse leaders such as Florence Nightingale and Mrs. Bedford Fenwick fought to make nursing a respectable occupation by raising standards and ensuring that nursing was considered an acceptable occupation for the well-educated middle and upper classes. Another reason that middle and upper class women were pursued and supported to enter nursing was because these women could pay for the experience (Griffon, 1998). This ability to pay was important, because there was no publicly funded health care system. According to Coburn (1974), this move to recruit middle and upper class white women occurred in England and France.

This movement was occurring at a time when nursing was struggling to birth its own professional identity. Nurse leaders worked to reposition nursing beside the dominant medical profession. Perhaps these early changes were

directed at creating a proper image of nursing and were not just about professionalization or enhanced health care. This resulted in the exclusion of those who did not fit this paradigm. The stricter entrance requirements ensured people with limited access to education or social influence were excluded. However, there was no effort to aid those who did not meet the entrance requirements. The fact that these people did not have a voice to speak against this practice was historically based in the relationship between education, social position, and power. The characteristic of good social standing has been attached to nursing for centuries and continues to be a key requirement for recruitment into today's nursing programs.

The church and the religious orders also influenced nursing. One lasting effect of the church and religious orders was to reinforce the "tradition of subservience and sacrifice" (Coburn, 1974, p. 129). These characteristics were certainly evident in the programs of the 1970s when I was in "training," and they can still be found in nursing today. Much of what is perceived to be professional behaviour is tied to the historic nursing knowledge and practices. Dion (2002) discusses the effect of discriminatory practices in terms of arbitrary characteristics such as ethnicity, race, religion, gender, and sexual orientation. Discrimination may be covert or blatant and may be taken for granted as the 'doing things right' axiom versus 'doing the right thing.'

### *The Canadian Experience*

The first nursing training programs started in Canada in 1874, and with the opening of these programs the nursing characteristics of respectability and

gentility, which originated in Europe, made their way to Canada (McPherson, 1996). McPherson (1996) makes it clear that “[n]ewly arrived immigrants and non-white citizens were excluded through virtue of language skills, educational qualifications or racism” (p. 40). During the period of 1942-1960, nursing had made some progress by allowing “15 ‘Indian and Eskimo’ and 87 ‘Asiatic’ women” into the profession (p. 211). This fits with the reality that First Nations people in Canada did not get the vote until 1960.

Another barrier, which occurred under the guise of protecting the public, was that only properly educated white women from the right class could look after white middle and upper class patients. If by chance minority women succeeded in nursing, they were encouraged to pursue nursing only to serve their communities (McPherson, 1996). From today’s perspective, the nursing profession and the health care administrators of the day intentionally used nursing standards or cultural differences to keep minorities out, or at least attempted to keep their options severely limited. The predominance of white nurses was “reinforced by racial discrimination practiced by hospital nursing schools” (McPherson, p. 108). Apparently these colour barriers were understood, and they only received formal acknowledgement if challenged. A letter to the editor of the *Nursing Standard* (name withheld) suggests that black nursing students were told not to expect the same treatment as Caucasian students. Hagey, Choudhry, Guruge, Turrutin, Collins, and Lee (2001) document numerous racist practices experienced by “immigrant women of color” (p. 389) in Ontario. Nurses who did attempt to deal with the inequity and ongoing racist practices experienced reprisals. The Mavis

Hill story discussed in McPherson (1996) describes how Black people in the 1940s were blocked from entering nursing programs in Canada. Even the government officials of the day were reluctant to be seen as either interfering with nursing school policy around admissions or intervening on behalf of the Black population in Toronto. The formal exclusion of non-white women apparently ended during and after World War II (McPherson, 1996).

van der Merwe (1999) states that “[n]ursing has been described as having a rich but sad history in terms of discrimination on the basis of race, class and gender” (p. 2). In spite of nursing’s embracing feminist and critical social theory, nursing continues to be guilty of discriminatory practices as explained by van der Merwe (1999) and Barbee (1993). Nursing language, curricula, and education policies continue to reflect and support disparity. Hall, Stevens, and Meleis (1994) explain that nursing’s future depends on the ability of the discipline to work with diverse people and communities. What of my experiences can I recommend as considerations to influence nursing?

### *Creating the “Other”*

I recall stories of my mother’s experiences in nursing training during the early 1940s and that she was one of the first Aboriginal nurses who worked in Saskatchewan. I remember one story in particular. My mom was in the second year of her three-year nursing program, working nights, and she put her head down for a few seconds, “You know, just to rest my eyes, it was just for a few seconds.” She was severely reprimanded (my word) and told “Isn’t that a trait of your people: laziness!” Stories such as this provide insight into nursing socialization during the

1940s by exposing the use or what is now understood to be almost the abuse of “student” nurses by the system to cover as cheap hospital labour. As I recall these stories, I become more aware of Mom’s strength and determination at a time when racist comments and actions were common practice. Was my mother labelled “other” in the eyes of this night supervisor, and, if so, what did that mean?

Numerous researchers have explored the idea of the “other.” For Ogilvie (1995), the “other” is the cultural other. Canales and Bowers (2001) explain that “the ‘other’ represents someone who is perceived as different from self” (p. 3). Hall and colleagues (1994) focus the concept of “other” on those people at the margins and discuss how “[v]oice, as a property of marginalization, is defined as the languages and forms of expression characterizing marginalized subcultures” (p. 31). It is often through the exploration of and appreciation for these language and cultural nuances that the other can be understood and included.

#### *Nursing Socialization and the “other”*

Puzan, an American nurse, identifies numerous “behaviors, values, beliefs, and practices of the dominant white culture” (2003, p. 195) which more often than not remain unchallenged as the correct way of being in nursing. Some of these practices include communication patterns, attitudes toward authority, location of and access to care, routine invasion of privacy, disregard for personal and ethnic rituals, unquestioned deference toward medical and scientific procedures, and reliance on pharmacology, technology, and intrusive therapies (p. 195). I believe that nurses and nursing, both in the workplace and in the education system, perpetuate many of these traditions often without question or awareness.

One day I was touring visitors from one of our partner institutions through our halls, classrooms, library, and labs of our campus. We walked in on a group of first-year nursing students preparing to start chest exams, a very routine and commonplace practice—yes, but routine and commonplace from whose perspective? Most of the students appeared to be quite uncomfortable, giggling and avoiding eye contact with the instructor. I could feel the embarrassment, not just because of the potential physical exposure, but for another reason, one that is not readily apparent. Perhaps I am projecting, but I recall similar situations when I was a student. I was not comfortable practicing in front of someone who was already proficient. To reduce this discomfort, my solution was to carefully watch the instructor, listen to explanations of the process, then take this information home and practice away from prying eyes. I learned many things in this manner, by watching, listening, and copying. In the early days, performing in front of an instructor or other students was very difficult. We are all aware of different learning styles, but I think we often forget, do not have the time to make allowances, or think that one eventually has to get over it, so it may as well be now.

### *Language*

Like professions such as medicine and psychology, nursing has created its own language. Rawnsley (1998) explains, “Like any discipline still staking its substantive boundaries nursing is not immune to rhetorical extravagance” (p. 2). Wuest (1994) and Björnsdottir (2001) explore the possibility that nurses are determined to create their own language, because they associate the establishment of their own “nursing language” with power. Gadamer (1960/89) and Björnsdottir



(2001) warn us to be aware of the power of language and to question the ways language can be used to maintain distance. According to Mason (2000), four ways in which nurses use language as an expression of power are the power in our everyday language, the power around law and policy, the power in creating a standardized language, and power expressed in the use of artistic examples.

Smith (1994) explains that, because the meaning of language is contextually embedded, it is easy to lose ideas and concepts. This means that to understand language we must be able to explore and thus understand the historical, social, and cultural narratives. Smith further contends that to truly understand power relationships, thorough examination is required “of both personal and public languages for the dominating metaphors, vocabularies, syntaxes, etc., which legitimate and sustain the status quo” (p. 143).

For minority groups such as some Aboriginal people, English is not their first language, and it takes time and persistence to become proficient in a second language. This may be especially problematic for nursing where the need to become proficient in virtually three or more languages (i.e., English, nursing, and medical language) must be overwhelming. To add to this issue, nursing students must enter nursing with a high level of literacy in English, the principal transmitter of nursing culture in Canada.

### *Rituals and ways of knowing*

As well as the language issue, Suominen, Kovasin, and Ketola (1997) explain that “[r]ituals also transmit traditional knowledge and practices” (p. 4). These authors discuss some of the common characteristics, which are taken for

granted as a part of nursing generally, and nursing schools or nursing education particularly. These characteristics include but are not limited to “common rules and rituals, a common dress” (p. 2). Keogh (1997) identifies other cultural issues. For example, one practice understood by nursing professionals that may be problematic for minority groups is the idea of autonomy. According to Ross (1992), some Aboriginal people in Canada do not practice independence or total self-sufficiency. Many Aboriginal people are community-focused and work to achieve what is best for the collective. The need for autonomy may not be immediately apparent or acceptable.

A last example of a dilemma for some Aboriginal students is the reality that many “ways of knowing” are not valued. Ermine (1995) explains that the rituals and ceremonies help constitute the wholeness of Aboriginal culture. Thus “common humanity and our connectedness” comes from the inner exploration of self and how we as people are connected not only to each other but to the world of all things, “the natural world” (p. 107). While most nursing curricula attempt to integrate other cultural ideas, this integration is at best superficial and is most often dealt with by adding the option of a Native Studies or Indigenous Health Studies class to the program. To be fair, some Aboriginal ways of knowing are not readily shared with Western society. Although more nursing research is focused on alternate ways of knowing, what is actually shared is often predetermined by the community.

Hampton’s writing (1995) helps to “enhance Aboriginal consciousness of what it means to be an Indian” (p. xv), and he uses the metaphor of the six

directions to explain his developing theory or model for Aboriginal education. Ermine speaks to the paradox that exists within the Aboriginal community by explaining, “Aboriginal epistemology is grounded in the self” (1995, p. 108) and speaks to the honoured place of the individual within Aboriginal culture, yet it is to the community we look for “tribal knowledge in the form of custom and culture” (p. 105). However, Anderson (2000) cautions us to be aware that “our need to reclaim our original ways can lead us down the dangerous path of romanticising, generalizing, or essentializing our heritage and traditions” (p. 34). Bobiwash (1999) addresses the reality that each Aboriginal student arrives with a diverse set of cultural expectations; each student experiences the world in a unique way. Brant (1990) and Ross (1992, 1996) outline numerous ways in which the Aboriginal worldviews differ from the dominant or Western worldviews in Canada.

### *Being Aboriginal*

Some of the reported differences between dominant and Western worldviews include the use of language (Ross, 1996), non-interference, emotional restraint, non-competitiveness (Ross, 1992), sharing, concepts of time, ways of learning (Brant, 1990), and altered communication styles (Kelly & Brown, 2002). Ross expounds on his learned respect for the differences between English and the many Aboriginal languages when he states:

First, I never realized how “harsh” the English language is, or how judgemental and argumentative we become as we speak it. Second, I had no idea that people could—and do—live otherwise, without having to respond

to everything around them in such combative and judgemental ways. (1996, p. 102)

Ermine (1995) further explains that not only does the knowledge differ between Aboriginal peoples and Western peoples, but the processes of attaining knowledge also differ.

An Aboriginal co-worker once said something to the effect that “formal education precludes understanding of traditional ways of knowing.” What does that mean for me? I am both Aboriginal and educated; there is no way I could ever separate one from the other; nor would I want to. Yet I am not just one or the other. As an adult, I have attended traditional ceremony in order to learn, understand, and add to my knowledge of the world around me. I have learned to become comfortable taking elements from all of my worlds and using those elements to create my own unique sense of the world. I am not traditional, but I have respect for those who are, in the same way that I respect those of any faith.

I do not speak an Aboriginal language; my first language is English. Yet, after reading Battiste (2000), Ermine (2000), and Young (2006), I am left wondering about language and its relationship to cultural identity. The fact that I do not speak an Aboriginal language somehow leaves me feeling like I have done something wrong and that I will never truly belong or be accepted by “other” Aboriginal people in Canada. The only time my parents spoke their first languages—Michif was my father’s, Cree my mother’s—was when they did not want us to know what they were talking about. I experienced no loss of language. Interestingly, this dilemma associated with language and loss of language is not

just an “Aboriginal” phenomenon. Torgovnick examines the same loss of language in her writing as she explains that the only time she uses the Italian language is through phrases such as “Buona sera ... Buona notte ... [and] Grazie”, because her parents speak Italian “at home, to each other, but never to me or my brother” (1994, p. 5).

But this is not just about language, it is about “being”; the separation or perception of separation of self as standing outside the cultural narrative comes at a cost. How do people reconcile being labelled “other”, especially by their own people and community? Does the seed of being “different”, of being storied as an “apple”, ultimately lead to a self-fulfilling prophecy? Is there a level of “crazy making” because you can never truly get it right?

### *Cultural Competence*

Some of the nursing literature regarding cultural competence focuses on the broader notion of learning to work with all persons who are perceived to be culturally different (Canales & Bowers, 2001; Cook & Cullen, 2000; Marcinkiw, 2003). There are several terms in the literature utilized to discuss the concept. These terms include cultural safety and cultural competence. De Souza explained that cultural safety describes “one indigenous New Zealand nursing approach derived in response to inequalities for Maori, whereas cultural competence is an imported paradigm derived from a multicultural context” (2008, p.125). I chose to use the term cultural competence which includes the broader concept of culturally appropriate care. Cultural competence is not necessarily about teaching and learning all of the differences between and within cultural groups, but is focused “on teaching

students [people] how to directly connect with anyone perceived as different from oneself” (Canales & Bowers, 2001, p. 102). In contrast, Bindler (2004) and Dapice (2006) focus on the advantages of immersing both undergraduate and working health care practitioners in settings designed to enhance cultural understanding of a particular group, the Native American perspectives and health needs.

### *Searching for balance*

As discussed previously, Aboriginal peoples’ success rates in higher education have been dismal. According to Manifold and Rambur (2001), Yurkovich (2001), and Weaver (2001), there are numerous strategies which will lead to the overall interest and improvement of educational environments for Aboriginal students. These strategies include but are not limited to culturally specific and responsive curriculum in math and sciences, traditional teaching methods combined with Western-based perspectives, and incorporation of Aboriginal languages.

The identity of what or who constitutes being an Aboriginal person in Canada appears to be linked to what we learn in school, what we read in academic papers, whom we see in the movies and other imaginative representations, and what we find in legal definitions such as those enshrined in the Indian Act and Constitution Act. Yet there have been numerous changes to the Indian Act since 1876; what and who constitutes being an Aboriginal person is a moving target. It is in understanding the day-to-day reality and everyday lived experience of the Aboriginal peoples of Canada that we fall short. The reality of everyday lived

experiences of the Aboriginal peoples in Canada is filtered through our own experiences, our own stories of who we are and are becoming in the world.

As I read the literature of Aboriginal scholars and authors, nursing scholars and writers, and Aboriginal nursing scholars, too often the tendency is to generalize, to assume that all Aboriginal people experience the world as it is written in these papers. For example, when I read about traditional Aboriginal practices, too often all of these practices are attributed to all Aboriginal people. Too often this leads to beliefs that all Aboriginal people follow traditional spirituality, attend pipe ceremonies, are comfortable working with Elders, and respect nature. Too often it is assumed that everyone within the Aboriginal group represents the group in the same way. I believe this occurs because our society desires a solution, a magic wand, a short cut. Within the social narrative there is a seeking for a solution that allows for success and measurement of that success.

### *Ethical space*

Gortner (1993) reinforces this view and suggests that “[n]o single worldview should have primacy in our syntax; rather the consequences of particular worldviews for substantive theory development in nursing science need to be considered” (p. 486). Based on my understanding and experience, cultural competence is about actively being open to diversity and about the willingness to ask questions. Cultural competence is not about fear; it is about being safe to make mistakes and about learning from those mistakes. Cultural competence is about respect; it is not about making assumptions based on something I have read or have learned in a classroom. That does not mean I dismiss what I learn from

reading or classes. The stories I share are stories that come out of my living and telling of stories and my inquiry into those lived and told stories through reflection, and are not to be generalized to all Aboriginal nursing students. I do hope that they will resonate across stories and will help shed some light in some situations.

Puzan (2003) states, “Whiteness, which includes ‘acting white’, is required for full assimilation into the nursing establishment on the part of students, faculty, and clinical nurses (regardless of color)” (p. 195). Often, Aboriginal students who enter nursing degree programs experience added stress trying to adjust to university policy and curricula while meeting the cultural realities (traditional, nursing, and academic institutions) of everyday life, both at home and in the community. While positive changes are being introduced, I believe more understanding about what and how to negotiate are required to support and maintain transitions in nursing. There is more work required to open the boundaries of nursing; we must continue to question the traditional Western view of nursing and the subsequent impact on nursing curricula and policy. It is my hope that lived stories will be helpful in this regard.



### CHAPTER 3: COMPOSING NARRATIVE BEGINNINGS

As I wrote Chapter 1, I found it interesting how some writing flowed not only as memories but onto paper, as I shared the story of my father's last hours with others. Along with the words, vivid images and flashes of colour, emotions fresh with the telling, feelings as real as the moment of the lived experience, remain. What was it about this memory that has stayed with me, sometimes haunting in its desire to be told? How can I guarantee that what I wrote was true? Are the stories we tell of our memories true? Are the memories true? Other stories and memories require work and prodding to bring forth, in fact sometimes it seems the clarity of some memories and stories have been lost through time. And yet, even as I wrote I wondered how "real" was the memory, or if I was in fact changing the story and thus the memory of my father's death (Clandinin & Connelly, 2000). What elements of the story were factual and how would I ever really know? Had other experiences forever influenced my memories of that event, or could I rely on the memories to be true?

The ways that we tell stories of our lives are always situated in multiple contexts and told from contexts of time and place. To add to the questions of what is true about narratives are Dillard's (1998) wonderings about how we shape the stories we tell, and how we consider what to put in and what to leave out of the story. After all, as King (2003) believes, "The truth about stories is that that's all we are" (p. 2). King helps me see that all stories are partial, incomplete, and situated. Stories are always in a state of becoming and therefore can always be otherwise.

But what is truth? Kaplan (1997) explains that the author interprets or constructs the story for the reader or, in the case of oral stories, for the listener. Does this process of composition then in some way limit the numbers who can relate to the work? When I compose or interpret the meaning of my stories and the participants' stories, am I already shaping others' understanding or meaning-making of the stories? Or, by focusing on my interpretations, am I leaving the stories open for others to interpret based on their lived experiences? As others read this work, will someone come forward and question the memories, the stories about my past, present, and future, or the stories of other Aboriginal nurses? As Kaplan recognizes, the people in the stories are real; thus, the writer must constantly balance between sharing enough of the story for it to resonate with others and keeping the person in the story "safe". What will happen if someone else who was present recalls the events of a story in a different way?

There are other safety issues associated with "storying a life". Neumann (1997) reminds us of the numerous spaces that either exist or are created when narrating stories of a life. There are silent spaces, spaces between and within stories, relationships, and so on. Neumann highlights all kinds of questions regarding safety, respect, and the space between "private space" and "public space" and other human spaces. As I have indicated in earlier writing, I do struggle with the ownership of stories and my "right" to expose stories/experiences, especially about people who cannot grant permission—like my father. Davis (2004) poses similar questions about Indigenous knowledge, worldview, and experience. Will other Aboriginal nurses share in this dilemma?

As well, will there be expectations related to various research requirements? Will the perceived lack of “real” research, with markers such as “validity”, “reliability”, or “parameters around research participants”, raise eyebrows and questions? In the words of Clandinin and Connelly (2000, p. 35), what “tensions are created when narrative thinking and inquiry ... encounter reductionistic and formalistic theoretical boundaries”?

I recall my first introduction to narrative inquiry; it was like I had finally found a means to express not only my thinking, my stories, and my emotions, but perhaps I had also found a way to help story others’ lives, others’ experiences, other realities and perceptions. But will narrative inquiry help me attend to the storied lives of other Aboriginal nurses? Will narrative inquiry help other nurses attend and inquire into their lives? To help address this question, I am drawn to Barton (2004) who supports the reality that storytelling is congruent with the Aboriginal way of knowing and experiencing the world. Lanigan (1998) summarizes the value of storytelling for nurses by explaining,

Stories incorporate several possible explanations for phenomena, allowing the listeners to creatively expand their thinking processes so that for each problem they encounter in life it can be viewed from a variety of angles before a solution is reached. (p. 113)

### ***Recognizing Narrative Threads***

I chose narrative inquiry with the intent of better understanding the connection, or perhaps the relationships, between stories and lives and between the human (Aboriginal/nurse) experience and stories. Both Aboriginal people and

nursing benefit from storytelling, because stories foster communication, connect us as people, and create bonds. Stories flow from our own memories or the memories of other people and are told and retold. It is the story that is the human connection to the past, present, and future. Narrative inquiry creates the possibility of inquiring into those lived and told stories and, in doing so, creates the possibility for changing our own lives and the social and institutional narratives in which each of us is embedded.

*Narrative Inquiry: Finding My Voice*

“I wanted to be among people who understood me so well (and whom I understood so well) that we could speak in a common language to one another” (Greene, 1995, p. 82). This quote speaks to me, and for me, in ways that are difficult to articulate. While I recognize some of the experiential moments and roles that have influenced me, I do not want to be bound within those moments and roles, which include mother, daughter, sister, grandmother/daughter, friend, First Nation/ Métis, nurse, administrator, educator, and student. I see that it is not necessarily the “cultures” associated with heritage or workplace that are at issue, but my sense (real or not) that I must know myself as within multiple cultural narratives that have already identified me as “other”, identified within specific requirements, with specific languages. I do not want to be bound by cultural expectations; I want them to broaden my human experience. I understand that I have been and will continue to be shaped by the cultural and social narratives of my time and place. I am also shaped by the past—my past and the past of those around me, and by individual and collective stories. All experiences and stories

have contributed to who I am, but no one solely defines me. Self is multiple, temporal, shifting, and contextual.

And so the process of telling my stories, or even understanding the reasons for telling my stories, are ones over which I agonized, spent hours, days, and weeks trying to get right—as if there were a correct way to story a life. The issue of selectivity—which stories to include and how to tell them (Clandinin & Connelly, 2000)—always weighs heavily on my mind. And in the telling of my stories, I have begun the inquiry into my stories, the process of retelling the stories.

### *Passengers*

I feel the presence of numerous “passengers” (Zinsser, 1987, p. 17) who lie in wait and carefully watch, trying to make sure I present (or maybe it is represent) them and myself in a favourable light. Bateson (1994) refers to these numerous voices (passengers) and the need to live “several lives simultaneously” as “multiplicity”. She explains that women are especially prone to maintaining balance, or perhaps I should say trying to maintain balance, in and between the numerous layers where they live, work, play, and love. Thus, I find comfort in her explanations. Although numerous passengers exist, they exist for the reason that “attention ... focused too narrowly [will not] solve complex problems” (Bateson, 1994, p. 104). There must be a way to validate and, hopefully, unite some of the elements of the multiple worlds (cultures) in which we all live, as well as the voices from these worlds.

*Voices: temporal*

I can hear my mother's voice asking, "What will others think [of me], if you don't do well?" Davis (2004), who identifies herself as a non-Indigenous researcher, led me to think about why my mom was always concerned with how others "saw" her and, by extension, how her children could impact that image. Was my mom's intention to influence "public memory" (Davis, 2004, p. 13) and broaden the playing field for her children? Lugones (1987) discusses "world" travelling (p. 3) in the context of both cross-cultural and cross-racial loving; in fact, world travelling can be viewed outside the lesbian world and into the world in general. I can feel some of Lugones' (unresolved?) hostility to her time, place, and perception of reality. Maybe I can relate to some of it, but I think this sense of hostility would resonate more fully with those who had direct experience with residential schools—I think. The reality is that part of me is a white/Anglo woman by birth and socialization and I have no desire at this time to beat myself up over this. It is my reality. It is very difficult to reconcile even the travelling required between the multiplicity of what are seen to be two identities of Aboriginal and non-Aboriginal.

But there is more world travelling as I travel between the worlds of mothering, nursing, and work. I am no longer aware if I become a different person depending on the circumstances or the "world" in which I find myself. However, I do recall the conscious movement and readjusting from home to school, from high school to nursing, from single to married, to mother, and then to university student. As I travelled to another world, I carried with me the storied experiences

from the worlds I left. I embodied who I was and was becoming in each of the places and moments in my life. Some of this is the human reality; stereotyping, discrimination, and racism certainly mar this human movement. Lugones' words speak to me in ways that they would not have in the past:

Loving my mother also required that I see with her eyes, that I go into my mother's world, that I see both of us as we are constructed in her world, that I witness her own sense of herself from within her world. (1987, p. 8)

And there are other voices. I hear voices from nursing telling me "to ground my writing in nursing theory". I hear the Aboriginal community wanting to make sure I include concepts such as "colonization and Euro-centric". These are the political and institutional voices that I do not recognize as my own; they lack familiarity. Toeing the party line; that is the phrase that comes to mind whenever I am called upon to either represent "the" Aboriginal perspective or the academic and nursing worlds. Today, I find these political and institutional voices the most difficult to reconcile.

*Voices: institutional*

One voice that at times results in some level of discomfort is the voice of academia. One of the difficulties is trying to find or fit nursing scholars and their work in referencing Aboriginal nursing stories. I understand the need for this process, because as Bochner explains, "We learn to 'receive knowledge' by focusing outward, relying on the wisdom of our processors to preview our own experiences and expectations" (1997, p. 424). But how is it really possible to do so? This need to justify thoughts and experience by trying to find others who have

similar thoughts and experiences is a Western academic requirement. At the same time, the work must be unique and still add to the body of academia. MacIntyre states, “[W]e all live out narratives in our lives ... and we understand our own lives in terms of the narratives we live out” (1981, p. 197). I understand, accept and appreciate the reality that I can only write and share my stories and experiences, which have influenced my perception of nursing, of being a nurse, perhaps of being an Aboriginal nurse in a sea of non-Aboriginal faces. My stories come from memories, the emotions resurface and I cannot control that. I share my stories in the hope that those who work in nursing will listen to the words and the spaces between.

*Voices: Aboriginal*

On one hand, one of the main objections of some Aboriginal people and scholars is the use of the Western worldview to explain Aboriginal people in today’s world. This Western gaze (Ermine, 2000) and resulting imposition of Western concepts is not something new. On the other hand, some of my experiences as a mother, nurse, and researcher fit with some of the Aboriginal culture and writings, but many of my experiences do not fit. Neither view should negate the validity of the other. Yet, at times, I feel an imposition from some Aboriginal writers and scholars on the expression of my experiences. While there are many interesting intersections of these cultures, there are also numerous written and unspoken rules and expectations which, at times, result in a fragmented sense of self, a feeling of never getting it right. I wonder, is there another way to define “Aboriginal” than in the context of “non-Aboriginal”?



### *Locating Participants*

Because the purpose of this research was to listen and to narratively inquire into the storied experiences of Aboriginal nurses that include their experiences as people and as nurses, I purposefully selected the three Aboriginal nurses who participated. The only criterion was that each nurse was willing to share his/her stories regarding how each sees, feels and experiences self not only in nursing, but in the day-to-day reality where each life is lived. Personal consent of the nurse was all that was needed for this research. The Canadian Institute of Health Research Guidelines, which support the need to garner “permission” from an Aboriginal community, cannot be applied in this instance. Other than the Aboriginal Nurses Association of Canada (ANAC), there is no other community or organization relevant to the study. The issue is one of “conflict of interest”; the researcher works for one of the funders for the ANAC. The researcher would be in a conflict of interest asking for a letter of support and ANAC would be in a conflict by providing such support.

It occurred to me while I was writing of my mom’s death, that she started her nursing career working with the Canadian federal government, and if all goes well, that is where I will work as I end my career in nursing. Another coincidence is that some of the nurses whom I will ask to participate also work with the federal government. Although as Clandinin and Connelly (2000) share, no specific research hypothesis was tested, I used comments and questions similar to the following to guide the process of beginning:

Please tell me about yourself. Why do you think that story/experience has stayed with you? Can you tell me more about the incident? How were you feeling or how are you feeling now?

*Possible Guiding Conversation Questions*

1. Tell me a story about something/someone/an incident which has influenced who you are/how you see yourself as a person/nurse/Aboriginal person/Aboriginal nurse. Why do you think that story has stayed with you?
2. Why did you choose to enter nursing? What were your expectations?
3. If you were able to change anything regarding your experience(s), what would it be and why?

*Voices: Aboriginal nurses*

Zinsser defines memoir “as some portion of a life.... The writer of a memoir takes us back to a corner of his or her life that was unusually vivid or intense” (1987, p. 21). He further explains that “[b]y narrowing the lens, the writer achieves a focus ... [thus] memoir is window into a life” (1987, p.21). Zinsser discusses the process of storying his life through memoir, along with four other male writers. In spite of the diversity of the five men, with “[f]ive boyhoods, as unlike as American boyhoods could be” (p. 12), and the lifespan of the stories covering five decades from the turn of the twentieth century, Zinsser is “struck” by “how many themes they had in common” (p. 12). Will that be the case as the stories of other Aboriginal nurses are written?

### *Negotiating Space*

I approached individual Aboriginal nurses that I know. Initial contact was usually made by telephone. I explained the research and asked if the person was willing to participate. If the initial response was positive I sent a copy of the information letter (see Appendix A) and then arranged a face-to-face meeting targeting a mutually agreeable time and place, or shared the information letter at our initial meeting. If the latter occurred, we reviewed the letter and then signed the consent form (see Appendix B) at the initial interview. If the nurse expressed interest, a copy of the first chapter of my initial proposal was shared. A thorough explanation regarding the voluntary nature of the study and the ability to withdraw at any time was given. Information regarding ethics approval was also shared. It was made very clear to each participant that the research text would be negotiated before being made public. In this way the narrative inquiry process remained a relational process from negotiation of participation to composing research texts.

#### *Face-to-face*

According to Macmurray (1961) friendship is, or forms a basis for, human relationships. Macmurray further postulates that relationships do not just happen; they are intentional and active. This intention of being in a relationship with another person provides the opportunity for friendship if such a relationship does not already exist. Clandinin and Connelly explain: “[T]he negotiation of a research relationship is ongoing throughout the inquiry” (2000, p. 72). One difference for this research is the reality that I was not able to “settle in, live and

work alongside participants” (p. 67), so a series of one to two-hour conversations were negotiated. I asked permission to audio tape the conversations.

### *Note-taking*

If the individual was not comfortable with taping the conversations, permission was sought to take extensive notes. Field notes (see Appendix F) were completed immediately following each conversation, though when writing the dissertation I wished I had written more of my thoughts and feelings. Once the conversations were transcribed, participants were offered the opportunity to review their own conversation material gathered by note-taking and/or audio-taping to ensure accuracy. Changes were made as negotiated. As appropriate, permission was sought to use direct quotes once the transcripts had been approved. The sharing of photos and other memorabilia of interest informed parts of our conversations and, if appropriate, permission to publish some of the photos was sought.

### *Oral tradition*

Barton (2004) explains that storytelling is congruent with the Aboriginal way of knowing and experiencing the world. Benner (1997) explains that storytelling is also a valuable method for nurses to share their nursing experiences. I view storytelling as a valuable means to bring the two worlds together, and for that reason I requested one modification. Because storytelling is understood to be an oral tradition, I asked permission to share parts of the taped stories. These tapes may be submitted either in addition to the transcribed stories

or in place of portions of the stories. In this way both the narrative inquiry and storytelling will be upheld.

### *Writing*

I negotiated with each individual the possibility of keeping a journal. The intent of the journal was to further explore the stories and the emotions/memories evoked by initial conversations. If the nurse participant agreed to use a journal, I asked him/her to enter further thoughts and feelings associated with his/her experience. Hopefully this process also provided the participants with an opportunity to engage in further reflection. At times I directed future conversations from thoughts and comments written in the journals. The journals were returned to each individual if requested. The same process was negotiated regarding the use of letters and email.

### *Chat room*

I contacted nurses who live and work in Saskatchewan, as well as nurses who live and work in Ottawa. Due to the distance between Ontario and Saskatchewan, the possibility of working in a chat room was explored but not utilized. If a chat room had been possible, the process outlined through a face-to-face meeting would have been adapted.

### *Composing Stories*

Following the review of each transcript, if subsequent questions arose from the data, in subsequent conversations or emails the participants were asked questions such as “What did you mean when you stated?” Data analysis

determined the need for follow-up meetings or telephone contact. I used the multitude of tools (journals, letters, photos, tape, field notes) as well as their stories and my own stories to compose the final text. I used the guiding questions, outlined earlier, only as needed. Although I could not anticipate the actual process, I was also very aware of the process in which I engaged as I shared my very personal stories. Although it was a difficult process, I am grateful that I persevered. However, it was difficult to determine what to keep and share and I was very mindful of this reality as I negotiated relationships with other nurses. I remained very sensitive to each story and each relationship. I attempted to share not only what we learned from each other but also the numerous plotlines which emerged as we negotiated our relationships and our telling and retelling of stories.

As mentioned, initial drafts of the transcribed conversations were sent to each participant for verification. Further questions and queries were highlighted in the email drafts, requesting that, if possible, the participant either expand or provide more detail to a comment made during the initial and ongoing conversations. The stories and comments shared through email were incorporated into the original stories where appropriate, but were not necessarily identified as “email”.

McCall examines how “collaboratively produced ‘told-to’ life narratives radically mutate when they are re-told and re-framed” (2002, p. 72). She goes on to explain how “[i]n retelling their life story, narrators re-negotiate the relations of authority that govern the life narrative” (p. 73). You will see and feel how other Aboriginal nurses shared their stories and which stories or portions of stories they

shared. You, the reader, will read how I retold their stories and which stories or portions of stories I retold.

As Dion and Dion explain, “Our responsibilities as storytellers do not begin nor end with our audience” (2004, p. 86). Although Dion and Dion go on to discuss the responsibility to Aboriginal ancestors, for me the responsibility to those who have come before is important but there is more. Through the initial writing, rewriting, telling, and retelling of the stories, we also have a responsibility to the participants, our families, and our human communities, which include our professions and academic affiliations. It is through what I write and share that the audience will come to know the participants and the power of their words. This is in many ways an overwhelming responsibility. Yet the participants’ stories must be told. The stories have touched me, but I have not and cannot interpret or share all the ways in which this has occurred. I put the words to paper and offered some level of insight, but really it is readers, the “others,” who will be ultimately responsible for sifting through the words and gleaning the obvious insights and the nuances that resonate for them. Each reader will intuitively understand the “so what” messages embedded within and between the words and spaces. In keeping with oral tradition, the messages, the stories are offered for each reader to garner what s/he may. At many levels, the feelings, the power of the words and the stories, must speak to each reader.

### *Presenting Stories*

Each tape was transcribed and data collected from any other sources such as email or chat rooms was written into each participant’s story or stories. The actual

dialogue and written commentaries, presented in chapters 4, 6, and 8, were transcribed verbatim and presented back to each participant for verification. At each stage of the writing the participant reviewed and provided comment; changes were made to each story as negotiated. As appropriate, the individual participant's chapter appears like a story and is marked with numerous reflections throughout. The final stories for each participant are presented as separate chapters (5, 7, and 9). A pseudonym is used for each participant. In these chapters I offer an analysis of the participant's stories. The tenth and final chapter presents a few of the common threads presented collectively by the participants.

As I wrote, it became more and more obvious that the factual information, such as the dates of contact with the participants and the number, location, and means of communication for the visits, was irrelevant. The stories, rather than adhering to the required academic process, became the focus. Therefore, I did not always include information such as "on the first visit" we discussed such and such and "in a follow-up email" I asked the participant such and such. Where this detail helped with the flow of the stories, I included the appropriate level of detail, but not always.

### *Sharing the Stories*

Henry David Thoreau's poem "Friendship", for some reason I cannot credit, expresses the feelings and the sharing that I feel occurred between myself and the participants of this research; it was an ongoing process of becoming both individually and together. You will read the results of the process of initiating contact, reactivating relationships, listening, transcribing, negotiating, writing,



rewriting, telling, and retelling their stories and mine. I will be forever grateful that they shared their stories with me, and now I am sharing them with you. As Thoreau implies, the human race, although not necessarily in their actions, has always understood that we stand stronger together. This is conveyed in the followed poem:

... Two sturdy oaks I mean, which side by side,  
Withstand the winter's storm,  
And spite of wind and tide,  
Grow up the meadow's pride,  
For both are strong.

Above they barely touch, but undermined  
Down to their deepest source,  
Admiring you shall find  
Their roots are intertwined  
Inseparably.

As mentioned, chapters 4, 6, and 8 relate, in as much as possible, the exact words and stories that the participants shared with me as part of our journeying together. These chapters form the heart of this research and, for this reason and to reflect oral tradition, incomplete thoughts and phrases, pauses or transitions such as “hmm” and repetitions were deliberately left in the transcribed notes to ensure that the rhythm and feel of the shared words and stories were maintained. I feel strongly that “correcting” any of these very minor human characteristics would

take away from the feel and reality of how we actually thought and spoke with each other. I have also attempted to keep my thoughts, feelings, and comments out of these chapters, but where that was not possible my thoughts, feelings or comments were typed in *italics*. I chose to present the stories as a sequence of events over a lifetime even though that was not necessarily the order in which the vignettes were disclosed. As I did this, I, of course, offered my own interpretation of how the stories were best ordered and shaped the text as I did that. As mentioned earlier, as I typed out the initial tapes or telephone conversations or reviewed notes and email responses, I frequently tagged the typed words with markers indicating the need to inquire further into this life. Sometimes, due to the already extreme personal nature of the stories, I chose to let the words and silences speak for themselves. The intent is that the stories speak either directly or indirectly to each reader. It is my hope that each reader recognizes something meaningful in the words and nuances embedded within and between the stories. The stories provide both you the reader and me the writer with insight into the life and experiences of another person; I remain grateful for this unique privilege.

Macmurray (1961) uses the term “heterocentric” to describe the relationship between people. The term combines the Greek *heteros* “the other (of two), another, different,” with *centric*, which means “pertaining to a center,” from Greek *kentrikos* or *kentron* meaning “sharp point, goad, sting of a wasp.” It is interesting to note that the sting of a wasp can be so painful! Macmurray goes on to explain that each person acts and feels and thinks with a real love and concern for the other. The other is emphasized, expressing the belief that the focus is

external to the self. Thus each person realizes oneself in and through the other.

The two are related as equals, and this equality is intentional.

Perhaps this is one of the reasons I relate so strongly to the “other” (Aboriginal, nurses, Aboriginal nurses, and people). Although at times I still find myself in multiple worlds and can appreciate that we each live in multiple narratives, I see and understand us as equals, as existing and expressed through this external relationship. And yet I continue to wonder. Will our stories cross paths? Will we share common experiences? Will we understand where and how each of us is embedded within and shaped by our social, personal, cultural, and institutional stories?

## CHAPTER 4: MA SUEUR'S STORY

*Ma Sœur* is the Lebret Saskatchewan Michif (Métis) term for “my sister.” I chose the nickname “Ma Sœur” for this first participant in my research simply because of our shared Métis heritage and the word is from the Métis community where my father’s family grew up. My relationship with Ma Sœur began approximately seven years ago. We have moved in and out of each other’s lives seemingly with relative ease since that first introduction. Aside from a common interest in nursing, during our introductory conversations we also discovered that we shared common interests in Aboriginal health and education, both the strengths and the problems. Thus, determining her level of interest as a potential participant in this “research” effectively began a number of years ago, and it was because of this common interest that I formally approached her to participate.

### *Beginning: Ma Sœur*

Well, I was thinking about who am I and how did I come to be who I am today. The basic thing that comes to mind is about family. I found myself thinking about growing up in a family of, growing up in a family of, um, of parents that really didn’t have good parenting skills; not that they weren’t good people—they totally loved us—we were never hungry or cold and all that stuff but.... *Ma Sœur’s voice softened as she spoke.* My dad was first generation Canadian after the Second World War; he was born actually in Canada. But my grandma and grandpa fled from Hitler and they had just seen so much death and dying and despair. I am not sure they actually even wanted kids because they had seen so

much death, and then they fled. So they weren't really loving people, they loved you but they weren't loving people. *I was immediately drawn into her stories and felt very privileged that Ma Sueur was already speaking from the heart.*

I think of my mom's side, and my grandma was older and my grandpa was quite a bit older than my grandma when my mom was born, she was in her forties. I know that is not so old now, but in 1947 that was pretty ancient [laughs]. I think she kind of, well I don't think that she actually fit in. I don't think my mom fits into her age group. She acts much older than she is, still has very few friends. I think my mom kept a cloak around her to keep others away, first as a child to keep others out of her dysfunctional home. Then, as a young parent, the physical isolation kept others away. Perhaps keeping to herself was easier than explaining her life and feelings to others. It is hard for others to hurt you when they are not close. People who are close are the only people that can really hurt you. I am thinking this was my mom's philosophy, but I feel comfortable drawing that conclusion based on my own worldview, which was of course influenced by my upbringing.

They thought she (my grandma) had finished having kids because they were done with the boys. My mom kind of came along and so she didn't quite fit in and then she, well, her family had a lot of abuse issues. My mom left the house at age 15 and was married at 16. I know that they wanted to be good parents. They tried, but just based on that lack of capacity, they really struggled with some things and I think one of them was the lack of love in their childhood years.

*Family Narratives: Father*

And for us I don't think I remember my dad saying "I love you" until I was in, I think I was in third year university. That was his first sort of mental breakdown. He had a breakdown after my uncle, his brother, passed away. My uncle was barely maybe 45 when he died. My mom was in a car accident around that same time. She was in the hospital for six months and my dad was left with us four kids and really not any supports around. That was probably the first time I saw my dad was struggling to just get out of bed, to be alive—and he drank. He would be, hmm, it was his coping mechanism, and when he drank, things got kind of, well not kind of, he was violent and we weren't always sure what was going to happen. I remember the first time he, uh, beat me up. You weren't entirely sure if you should be the funny kid, the quiet kid, or who you should be. You wondered what kind of kid you should be so dad was okay. You know that if you didn't get it right that day, if you got him mad then mom was going to get it. We were always a little bit on the edge. Like when people would come over and drink and that kind of stuff.

I think the first time where I really saw the—I'll call it instability—that was in about grade five or six—no maybe not, I would have been in grade four, and that was the first time my dad actually went and got a gun and was going to shoot us. That was kind of a scary feeling at the time. I remember thinking "Gee, really, is this really happening?" But we left the house. We just had socks on and we all got out of the house and went to our friends'. It was always such a safe place.

We weren't really close other than when we were kind of in this crisis mode and we enjoyed, really enjoyed her company. It was years later that we actually talked about it; we never really talked about it growing up. It was just always the good things and we really tried to not talk about the bad things. But anyway, there were a lot of good too. I think I had never really understood mental illness that way. I just thought, "Do we figure something out or do we do something else? How do we, how do we be happier?" I think that is when I really went into the books and just started studying. My sisters had both married so they were out of the house and then it was just me and my little brother. I really went into academics and sports, anything I could do to get away. I didn't really realize that until probably, oh, in the last couple of years and why I was driven for excellence in everything.

I think it goes back to if you are a good kid then maybe you might not get a smack [laughs]. You want to be that good kid, that kind that just paves the way, or you don't want to stick out too much and you always wanted to be the one that Dad liked so friends could come over. You didn't want to be the kid that was in trouble. So I caught on to that and that was a revelation for me.

I still push myself in everything. This has lead to physical and mental exhaustion at times. The part that I seem to 'settle' on is my physical health. I find that I will push myself to be physically active, but because I strive too hard, I end up injuring myself then need to take time off to recover, which then sets me back. I strive for excellence in my academic work and employment. Sometimes this causes workplace conflict when I want people to do better and they do not or will

not. It is very difficult for me to accept mediocrity. I also think it is good that I strive for excellence. I think the people I work with expect more from themselves and each other and want to achieve greatness. They see me as an inspiration. I don't mind that, most of the time. I just hope I don't trip up or make mistakes.

*Family Narratives: Mother*

My mom, you know, my mom she was really much more influential; she has a grade-eight education. She tried for her GED when I was in high school. I was so proud of her going back to school. She didn't pass the written, the essay part of it. I tried to help her, saying "You did your best, you tried." But she didn't really want to do it again, she was quite embarrassed. I was proud of her for working; she gave it an honest try. To me, she did her best. The one thing my mom always taught us was to do our best to change our attitude. She would say, "You are going to shovel that grain with a smile on your face, or with a grumpy face, or a frown on your face, but you are going to shovel that grain." So you figure it out. If you are happy, your sisters will probably come and help you [laughs]. So we were always encouraged to have a positive attitude by my mom. And she always worked with us, if we had to go pick raspberries, she would say, "Okay, let's go," and she would get a bucket and I would get a bucket. We would all go out there. She would pick with us for a while and then would have to go run, but she would always come back or she would start weeding the garden beside us.

I think that ultimately shaped who I am, as a mom, as a manager, as a nurse, that if I want somebody to do something I will say, "Let's go do it together, let's



walk this together, let's figure this out together." I think of my mom going to that raspberry patch. You know, she did pretty well. She, I don't know where she got it from but, she had figured it out. She passed that along to us. Sometimes they are so proud you went to school. I want to say, "You know, you taught me a lot; don't sell yourself short on your life."

I was very angry with her for years about her not leaving my dad. I was very angry. I thought, "You know, you should have done something better, you should have figured it out...." And then I think, she has been a farm wife with a grade eight. But it took me a long time to get over that. Even now when I see that they are not happy, I wonder, you know.... Would she have been happy with someone else? They are miserably happy together [laughs] and I hate to say it like that. I think my dad had been left with his mental illness too long and if he had gotten help in his early years.... Now he is trying and is even more caring. I think it was just left too long; he was a product of his upbringing. He had a very strict upbringing, from people who had to survive such atrocities. They didn't know about such a thing as family counselling. And even if they did they sure couldn't afford to attend.

It has taken me a long time to see that Mom did the best she could, with her. I find it interesting that I am more upset with my mom than with my dad. I think my dad was a jerk for a lot of years, and yet I still have issues with my mom for not leaving. It is kind of weird how it all comes together.

*Family Narratives: Roles*

Then there is my little brother. I never really realized the impact of all of this, the family discord and dysfunction had on my brother. He was always just the angel, right, the good boy. “Oh, don’t upset Joey,” and Joey is always this and that. I always thought/felt that he got more than everybody else; he was the only boy and he was the youngest. I always felt like I should have been a boy. I never really felt like I was really wanted and, um, my mom would say things like, “You know, I told Dad it was another girl and he would say ‘Oh, that’s okay we’ll take her home anyway.’” Maybe they were disappointed or maybe she was just trying to be funny. I know she doesn’t mean to be mean, but I would think to myself, can’t you say that you wanted me, just once (*sigh*)! But I know that they do, it is just kind of funny how they express it and it was never “Oh, we were so excited with our third girl and we were just delighted to have you....” That has never been said [laughs]. But I am sure that they mean it somewhere, but they are so proud of me now and I think they always were. It’s just that they didn’t know how to say it, how to express it. Then, like I said earlier, there was my brother; I didn’t realize the impact and he was always angry and volatile; he wanted everything now. He never had that patience, and now he is a dad. Oh I’ll just back up a bit.

Probably about four years ago an incident happened with my sister. She is really close to my parents, was always a little more in need of attention, and she had a few troubled years, I would say, living away from home. She would call me to tell Mom and Dad, to let them know she was okay and that I should pass on the message. I was okay with it but couldn’t tell Mom and Dad where she was, and I

kind of got into trouble for lying a bit. I knew where she was but just couldn't say. I told her to call and then pretended it was a friend calling and not her. Anyway, I got in trouble for it. She was going to move from the farm area, from where we were from, and move to B.C., and that really was difficult. My parents were devastated.

My role within the family has evolved over the years. I used to be the peacemaker. And now I have removed myself significantly from that situation. When my parents were devastated by my sister's potential move, I thought, well, they were always closer to her, so I can understand why they were so devastated. I think my parents feel that she needed them more than I did. I say this because I have always been independent and on my own. I didn't spend much time with my parents, even in high school and after university I married and carried on my life without much contact with them. My sister was closer physically to my parents, and my mom babysat for her and their lives became quite enmeshed. I felt quite helpless to help or fix the situation. I understood why my sister wanted to move, but I also wanted her to stay. I supported her decision and encouraged my sister to do what she felt was right for her family. I also supported my parents' decision, albeit short lived, to move to my community to be closer to me and my family. I thought that was very nice and would have welcomed them being closer. However, when my sister did not move, the discussion to move closer to me ceased. That hurt my feelings. I thought I was good enough when my sister wasn't available, but I soon realized that my relationship with my parents was different than the relationship my sister had with them. I "got over" the juvenile thinking;

funny though how I went right back to being a kid jockeying for my parents' attention. Glad that passed.

My dad actually had another breakdown. I went home to the farm and he was, um, behaving strangely. We were actually on our way home, we were already in the car and I guess pulling out of the driveway. I called back to my mom and said, "Mom, I think Dad's going to shoot you and then he is going to shoot himself; he is going to do a murder suicide. In fact I am quite confident. You check the house...." She found out that he had given the gun to my brother, which was odd. I remember thinking, "Gee, anybody else in the world..." [*painful laughter*]. But when she called me back she said, "Yeah, Dad had some bullets in his pocket but he didn't have any guns. He was wandering around looking for something but he couldn't figure out what he was looking for." That is when we got him into care, into a psychiatrist, and he is doing much, much better today.

My dad was always such a quick-witted man; it is nice to see him get his spark back. He was the guy you would phone from a friend's house late in the evening when you needed to figure something out; quirky things like who was the athlete that won such and such, or who was the second astronaut on the moon; he was a walking encyclopaedia. I vaguely remember the day my parents bought the encyclopaedia. I remember more the feeling. They were so proud to buy something so important. We used those books for reports for many years and I remember my dad reading through the books from A to Z. Many times he would sit up late and be reading the books. I liked that.

Such a weird feeling when you know it is your dad and you know that look, but how do you ever really know? Once you have seen it I don't think you question. I don't think you question that look in someone's eye, when you know what they are thinking—you just act.

I think I am more aware of the importance of trusting my gut and understanding the importance of mental well-being. I married a man that doesn't hunt or have guns. I do not like guns. I am very close to my children and tell them I love them several times a day. I am also aware of the fragility of my mental health. I have pushed myself for many years, and when I felt that I had nothing left to give, I took a couple of months off work and enjoyed time with my kids. I am more open about seeking counselling and talk with others about the importance of taking care of their mental health. I am more sensitive to the look in people's eyes. I notice emptiness or disengagement. I notice sparks in people's eyes. I just seem to be more aware of peoples' eyes and the importance of mental well-being.

So I think that, well, you would think we were close as a family but we are not; we don't talk about feelings or anything like that. There is never anyone saying "good job" or any sitting around looking at our grad pictures. We haven't had a fun Christmas in years. My mom asks "Are you coming home for Christmas this year?" "Mom, we haven't had a happy Christmas in 34 years, why the hell would I come home for Christmas?" So I stayed away and people had a good Christmas, then I went down and visited, like, with half of the family. We are too much alike and at the same time too different. We don't get along.

### *Institutional Narratives*

Anyway, I think I went into nursing to get away from my family or maybe the family situation. But I never enjoyed the psych ward. I thought of too many things that reminded me of growing up, and I couldn't do it. I almost cracked as a student and thought that by the end of the practicum I was going to be on that ward. I didn't like my instructor. I didn't think she understood mental illness or the need for mental health. And she was our psych instructor! I really questioned a lot about psych nursing and psychiatric health and mental illness.

I found the psych ward very difficult because I saw how people there represented my family. I saw a battered husband, a woman struggling with anorexia, I saw lonely people all around me. This was 20 years ago, and I remember the people very clearly. We had to do art therapy with the patients, and my 'art' was assessed by the 'counsellor' in front of my classmates and patients. I did not like that at all. I was struggling with my own issues. I had broken up with my fiancé that semester and it was a very difficult time. The other part I think about nursing in general is that many do not seek counselling for their life experiences. Many people enter nursing to help others or be the kind person to someone in need. But too often nurses do not seek support for themselves. This is certainly true for nursing students.

I think I did my best to put on my good-girl face and hit the books. I never had any interest in working there, in psychiatric assessment. Maybe it is because I have never dealt with the issues in my own life, but I think I am comfortable in my own skin. I just don't like people talking and talking about their difficulties. I

think that happens in nursing when we are around people, we don't deal with our hurt, and then we try to help. That is where we run into trouble, because we have never quite worked enough on ourselves. Anyway, I think that kind of gives a sense of who I am, and I never really thought about all of that until you asked.

I think it is more important for me to accept my background, and say what my future is, and create that. Dream it, and *do* it. I grow tired of hearing people complain about their life and how they have had it so rough, and take the role of victim in the world around them. I take a proactive approach and think, sure, yup, didn't have that, but I had this, and I am going to go in this direction. So, my parents were not stellar. They struggled, but they must have done something right: I am successful, have children of my own and they are good kids. This is where I try not to be judgemental of others. I encourage them to accept their past and build their future. It matters more where you are going. Take the good! Accept the rest! Grow yourself, take care of yourself and love yourself. That is what I am thinking.

*Ma Sœur had shared a great deal about her childhood, so I wanted to make sure she was okay and asked, "Are you okay to continue?"* Oh yeah, I'm good, and it is neat how you kind of put it all together after a while. And I think that the sense of pride my parents have is quite nice, and I know they weren't ever mean to me as parents, they just didn't have it. You know, you give somebody some lumber and tell them to build a house without hammer and nails and then wonder why it looks a little funky. That is why I don't have a lot of sympathy or empathy (if empathy is the right word) for people who complain about where they are from

and like they had all these atrocities. I think that you know where you are going, what you are doing.

One thing my paternal grandma told me—the one that came over after the war, she said, “You know they can take everything but your education.” And I have put a lot of resources into education. I think I never really connected all of my education with those words from my grandmother. Now I am working on my own and I really connect with her words about education. Probably what I have been doing is easing myself into formal education because, no matter how far I go, they can’t take back my education. Maybe a bit of it is so I can get that attention from my parents. But I don’t think that is what I am doing. What I do think is that you only have your mind. The rest of your belongings and people around you can be stripped. But your mind is yours. You can grow it, learn, become educated. You can be stripped of all your possessions as my grandparents were.

We didn’t have the Native Access Program to Nursing (NAPN) program at the University of Saskatchewan when I started my nursing program; that started after I left. I never had any of that support. I remember the one time I went to see a counsellor about going into medicine, and she said “Oh, you are not really smart enough.” Until that point, you know, I wanted to be a physician, a doctor. “No....” “Okay.” Yes, that was at the University of Saskatchewan, first year. I decided, following that counselling session, okay, I guess I’ll stay where I am; I’ll be thankful for that. I should add then I went into teaching, and then I completed my



Masters, and then I started working on a PhD. I'll be that doctor yet one day, just maybe in a different way [laughs].

To be honest, I didn't find nursing to be very supportive; I didn't find a lot of understanding. I think that if my instructors were to be evaluated, I don't think there was very much of that "we'll help you out." It was "you had better pass, you are on your own or else...." I looked around and wondered how many potential nurses were lost due to either disinterest or "old girls club" thinking by the instructors. You try not to judge, but that was the impression. I am glad to see that nursing has come a long way, that it is much more supportive, from my perspective. You know I have been on the inside lane now, having been a teacher. I am hoping, and I think back to that program, merciful heaven. There is a lot of appreciation for people being recognized as people, not just numbers or statistics. I am a person too! I don't think that was as important, it was all about putting in the effort, the marks. I don't think I was really encouraged, or maybe I just didn't feel it.

I remember one time in particular, I was talking with my friends, my girlfriend was crying in the bathroom. I don't really recall exactly how it was but she was told "You are not going to pass. You know you are not going to be a good nurse so you may as well quit." We were embarrassed, she was crying! I remember saying something like, "We'll get through it, come on. You'll be okay and we'll help." And now she is a nurse that works in cardiac and she works with people whose chests are cracked open. She is an amazing person, an amazing

nurse. But there were some pretty harsh things that were said and I don't know why.

I went into nursing to help other people; I also thought it was a good paying job that could pay my bills without needing to ask my husband for money. We had a neighbour that was a nurse and she was well thought of in the community. My choice to go into nursing was influenced by many factors. I also saw nursing as a way to travel the world and get out of poverty and learn other cultures. I have enjoyed my 17 years of nursing. I thought the nursing faculty were needlessly mean. I never felt supported by nursing faculty. I can't say that I enjoyed my nursing degree. I enjoyed my elective classes. But the nursing ones were difficult for no apparent reason. It was as if the faculty needed to make things more difficult than they needed to be. It was as if there was something to prove. I expected the faculty to be more supportive and caring, and those are not feelings I would use to describe how I felt. I felt alone and isolated. It felt like it was torture. I remember telling you about talking with an academic advisor and I said I was thinking of applying for medicine—she told me that I wasn't smart enough and to forget it. I didn't expect that. I struggled through nursing. The lack of consistency in marking, the grading system never made sense to me. There were favourite students and those that were not. I was so glad to be done. I wish I had a better story to share, but I don't. I think I succeeded in spite of the faculty rather than because of the faculty.

I think that brought me back to being a kid where, you know, you really could've said "really good job" and things will be better next time. That is

probably why I have more of an appreciation for being positive, of looking for the good things in people, or looking for the good in a situation and being really positive, of having a good outlook, being able to work together. And I think it really affects people if you don't.

### *Cultural Narratives*

So I think the other part that is kind of in there, in me: my mom's side is always a little different. We didn't visit very often, maybe once a year. They weren't very close. It wasn't until, I think second year of university, when I was looking for a grant, and I went on to do a student loan, and looking for some funding and my mom said "Well, you are Métis." "What?!" And I said, "We have never talked about that, Mom, what are you talking about?" And yes, it was on my grandpa's side, Grandma was a Métis woman from the Red River. My mom said we weren't allowed to talk about it because once you checked off "Métis" you weren't part of the white school system anymore and yet you weren't considered First Nations, or treaty, or any of those. I don't want to say this, but who you are with the different status, personally, we never checked it off because you never wanted to be with the "road allowance" people. You just kept it quiet and no one ever really talked about it; I don't know for how many years, but my grandpa by then would have been about 90. So now what am I? I thought I understood. Talk about crazy: you just check the box off on the form and that is it. Really [laughs]! Okay, so now that was sort of another layer. But how do we fit in? I didn't look into a whole lot of history, but my older sister, when she went back to school as a mature student with four kids, she did our family history. She

checked out, I want to say Winnipeg, for the archives, and got a good family history for us. That was nice, because you felt a little more grounded. So I am not sure about all of the details, but that is kind of who I am.

Being Métis means that I have rich history, and I am proud of the future I am working to build with my education and family. I am proud to be from a mixed blood. To me it symbolizes the unity of two worlds. It means I come from a long line of people who were innovative, creative, and survivors. I am proud to be Métis. I encourage my children to be proud of their heritage. I believe my background is proof of the power of acceptance of others and living in harmony with each other and nature. I respect the land and the creatures.

### *Educational Narratives*

I think another story that sticks out for me was ... I was thinking about the teaching experience, the difference between Dumont Technical and SIAST [*Saskatchewan Institute of Applied Science and Technology*], and my husband, that would have been about 1998, '99, 2000, when my husband went into the LPN program out of La Ronge.

I taught in the SIAST program and in that program they are pretty much all (or appeared to be) Caucasian, and there some people from different backgrounds but they clearly didn't look like visible minorities. I did clinical with that group and then I also did clinical with Dumont Technical Institute which was very much First Nations, either treaty or Métis, I would say from the Beauval area. They looked a little more Métis than some of the, well, me maybe [laughs]. What I found different was the way they were treated, how the two different groups were

treated on the ward at the hospital. And it was so obvious, right in the hospital itself and I think it was a lack of awareness by the nurses. You know, the struggle that people actually went through to get to class was unknown; none of the hospital nurses could relate. One of the gals had hitchhiked from—it must have been three miles out, so she was late every day for clinical. One was going through spousal abuse and she was trying to escape from that, and it isn't like you are on the job where you can ask for a leave of absence when you are a student—you are in or out. You may have issues with your family, but you don't have a lot of room to move, because you are in the program. There were a lot of things going on at SIAST. Lots of them had kids. I think we had maybe one that was right out of high school. The rest were mature people who were going back to school; many of them had children, family responsibilities.

I recall a particular incident while doing clinical with a group of students from a Métis post-secondary institute. The month before, I had completed clinical with a mainstream post-secondary institute on the very same hospital ward. We had no issues with the ward staff with the mainstream class. When I arrived with my Métis group the ward atmosphere changed. We were not allowed to use the kitchenette with the students. We weren't even afforded the respect to be told we couldn't use the kitchenette. We arrived at clinical one day to a sign above the sink stating "for staff only". We didn't take their food, we used their toaster. I was infuriated and insulted and embarrassed by the actions of the nursing staff on this ward. If I hadn't seen it with my own eyes, I wouldn't have believed this would happen. I spoke with the nursing unit manager and asked what the problem

was: Had we taken something that wasn't ours? Was the place left messy? What was the issue? She had no good reason. When I said, "I was here last month with another group of students and there were no issues that time. What is the difference now?" she didn't have any answers. I do not recall the exact words, but I do recall the feelings. I recall feeling disgusted with nursing. I remember the snide comments about "Oh, that student is always late." I went up to the nurses and said, "Do you realize she hitchhikes 40 miles into town to get to clinical, she has five kids at home she leaves every day to be here; do you think you could cut her a little slack?" They looked down at their shoes. I remember saying, "I am thankful she arrives safe, it is that basic." They left my presence. I don't think some nurses think about the obstacles some of the students faced. I was embarrassed for the way the nurses treated the students. I wondered how the nurses could call themselves educated, nurses, and caring people. I thought they put up more barriers rather than helping remove barriers. We stuck together, and I did my best to protect the students.

I think the part that kind of kicked me in the guts was I knew my sister had been married to quite an abusive man and she had gone back to school with four kids. She had made it through one semester, and things really escalated, and she ended up taking a semester off. But she was determined to finish up her degree even though she missed that semester with her same classmates. I have a lot of pride for people who come through that diversity and have a little more understanding or appreciation for how much courage it takes.

I found it odd how people could act so different to a different group of students that were taking exactly the same program, and I was the same instructor. You know, “Oh, it’s watered down, is it easier in that program, was it worth the same, is it the same certificate, do they have the same tasks?” You are constantly reinforcing that it is the same program with just a different name on it. Even the workbook says SIAST right on the workbook; it is not different. I was really saddened by the way nursing treated the students. And then I thought that maybe I am just overly sensitive. Maybe I am not as objective as I should be. I don’t really believe that, but you have to question your own bias.

And then you fast forward a number of years to 2006 when my husband with his blond hair and blue eyes was in a course. He took the SIAST program out of La Ronge, the LPN program. He was raised in a pretty Christian home, where everyone ministers. His family is quite different from my family [laughs]. He would come home and talk about how poorly his friends were treated in the health care system. How they would be picking on this one kid and he would say “We’re in the same program.” He was never really exposed to the kind of environment of racism or of disrespect for people. He was totally floored. He would come home and say, “I was so ticked off, I can’t believe they were talking like that.” Or, “She was working really hard; her kids are staying with her mom.” He saw how difficult life was, for some people it was a lot more work to get what you wanted to do or to get where you wanted to go.

I thought it was just the best thing for him in the end to be exposed to that because I don’t think he really struggled with things. I know he couldn’t get into

the police force and he couldn't get into the program he wanted because he wasn't a visible minority. He couldn't get into the exact program he wanted; he was the majority. In the early 90s there was more of a movement of visible minority hiring practices or supports. He didn't appreciate that. And then to go now as a mature adult into an education program and he was the only guy. He was the only one that didn't look or was obviously not Aboriginal.

I think it was a really good for our marriage for him to see that, because I often felt I was defending or supporting comments like, "Well, whatever, just go to school.... Why are they not on time? You are coddling them too much, you are supporting them too much, you care too much and you know what? it isn't going to work. It is your job to come home." Sometimes I would come home and say I am really feeling bad about this kid, she is having a tough time. "Well, she has to make a choice." And for him to be exposed to it, it was really good. He came to appreciate the difficulties that people go through, and now he works here in town and has a better understanding of some of the difficulties people go through. That was good.

We were out shopping one day and I bought these expensive red leather boots—they were so nice, oh my gosh—and he said "We can't afford these boots." And I said, "You know, it is really easy for a 6'2" guy to go into a room and you just have this attitude. You know you are the guy. And I walk in and I am 5'1" and I am this girl with brown hair and green eyes. They think I am your secretary [laughs]!" No, I have to have these boots, maybe it is just something in my head, but it is very symbolic for me to have those boots, they are important. I



bought them and I love them [laughs], and of course I get a lot of nice compliments. We still work on the differences between us and the way we look. When we go to conferences together people ask me if I am his receptionist [laughs]. He looks like one of the people who are in charge or who have the authority.

### *Ma Sœur's Final Comments*

I remember reading through the first draft of transcribed notes that you sent and thinking, “Wow! You actually said all that!” Overall it was quite nice, very therapeutic. It makes you realize, well, made me realize that it wasn't so important what happened and where you came from. I look at where I am going and I wonder when people look and go, “Oh, you know, she must have had it easy,” and you think, “If you only knew!” Life hasn't been handed over, it has been one struggle after another, and you just try to make the best of it. I think that by overachieving, you are always striving, looking for perfection or striving to be better, and I think that comes through in the stories. You know, if you were better, smarter, whatever, then it would be easier. Those were the kind of things that came out for me.

I recall reading that you commented that I could change, delete, or add further comments to the draft; it would be totally up to me, whatever I wanted or was comfortable with taking forward. You explained that you would not hold me to anything that was said or unsaid. In essence the writing, telling, and retelling were entirely up to me. So, in my feedback I wanted you to know what it was like to read through this draft and have your thoughts expressed. It was “Oh my God,

did I really say that, and did it come out like that? Did I really say that and yet it is really that emotion, that you can hear and feel behind a lot of the words and trying to capture what is going to be the most important part.” Thank you for asking, but yes, I am comfortable with my own skin. I think I am good with the draft as written. I think that you have laid it out very nicely from the very beginning; having a face-to-face adds much more value. I think that if you had just sent an email, I would have sent something short and quick back. I think having that initial face-to-face, that reconnection really added to that full kind of relationship. I felt much safer in saying what I did, and that relationship and that chance to read some of your story really helped. I haven’t felt pushed, or rushed, or pushed to say something that I didn’t feel comfortable saying. Or that it should be one way or another. I just started talking.

During another discussion we briefly touched on the impact my stories may have on nursing, maybe health care delivery in general, or maybe even on myself. Until I started talking with you ... and I am not sure if others will feel this way, but I have often felt alone. I didn’t know that other people shared such similar stories, either about their experience growing up or their experience as a new nurse, or in nursing, or with faculty, or as a wife who is married to someone who doesn’t get the lifestyle or the relationship to growing up. Reading your story, it was like “Oh my God.” It was so obvious that my husband didn’t get it, but if I was to read a dissertation like this I would say, “Ah, I get it.” My experience feels more normal, and yet everyone is unique. You always wonder if you are the only one out there who is not sure about things. I think these stories will provide some

reassurance that what they are and who they are is okay. Other people have been there, done that, and are better because of it, have survived and thrived and have become better. I think it is a human link. I think it is that humanistic piece that we are all connected. I think that part of that human link would be the cultural piece. The most important for me is that whatever else happens, you are connected and there is that link to another person. Their story rings true for you, and you get that sense of belonging, and that culture of where you belong. But I am not sure that that is only limited to one culture; there are various cultures that fit in, that one can make that connection and find the value in.

It is interesting; when we moved from Prince Albert to La Ronge we have become much more connected culturally. We talk more about Aboriginal lifestyle, the Métis lifestyle, and I still see that my husband doesn't always get that. But sometimes he does, like when he went through the LPN program here in La Ronge, certainly helped him get that cultural context. I think moving here has certainly helped us, helped with that piece of our history. I don't think we would have connected with that, or the opportunities would have been there to embrace.

I think or hope that, for nursing in general, we continue to develop that sense of "stop just doing things, stop just being busy, but actually stop and think about the person, the context that they are coming forward with the whole human being." I think that right now we are into doing, getting the vitals done, do do do, and we are not actually stopping to hear and really listen. I think that is part of telling our stories that is important for nursing and the health care system. We need to remember that there is a person behind the practitioner and a person

behind the patient. How they are interpreting this interaction might not be the way you are meaning it; I think that is the part that is important. Telling the story makes you and the public more real.

Some people will do anything for any kind of attention. I think of my sister, where she went so far the other way to be good. She really wanted to be perfect, and nobody can be perfect. By trying to please others all the time, they don't stay themselves. I used to do that. After our first discussion I found myself thinking about all of the ways I try to please people; I would sit out here in the morning having coffee, pontificating and watching the grass grow. But you know you don't really talk too much about those things in life. You get up, go to work, come home, you don't really reflect on a lot, who you are, why you are.

## CHAPTER 5: CONNECTING WITH MA SUEUR

Why is it that some of the people we meet remain in our lives, sometimes as a constant and sometimes as ebb and flow, while others may make an impact but no effort is made to pursue or maintain a relationship of any kind? As I was reviewing my field notes following my initial conversation with Ma Sueur, it dawned on me that making the actual appointment to meet face-to-face was quite a process. Usually when I fly home my first priority and need is to reconnect with my children, immediate family, and friends. It was the same during this trip: first a quick stop in Regina to touch base with one of my daughters. I then drove from Regina to Prince Albert and, as crazy as this is to some, I had actually missed that four-hour drive. There is something about driving on the prairies that calms my spirit. Perhaps it is feeling and seeing the sky all around me, moving through the valleys and up into the tree line. I think it is because I have time to just be; at most there is the radio I can flick off or on at my discretion. There are no other pressures other than those I allow to intrude on my thoughts. I then spent a couple of days with friends, knowing I needed that grounding that only comes from spending time with close friends. As usual, we talked about everything often circling from one thought to another, one subject to another, feeling the level of comfort or not as we continued our visit.

Of course, besides reconnecting with friends, I also made time to be with my son and his family. It is always about family. Then, after a couple of evenings and a day in the Prince Albert area, I started my drive further north. I need the open spaces of the prairie landscape, yet I drove up through the tree-lined

highway, always looking ahead, my head doing a routine sideways sweep, trying to see some openness through the trees. I thought of the long drives my family had made to Thompson, Manitoba when I was a teenager. I never enjoyed the journey north, the hours and hours of driving, but I never missed an opportunity to visit with siblings and family who had moved there to make their living in the mines.

I arrived and we began. We sat at Ma Sueur's kitchen table, her husband and children 'banished' to the family room in the basement. At first our conversation was about catching up, and as we caught up the conversation moved into discussing my research. I asked her if she had any questions and at that point she did not. Every once in a while the family dog joined in our conversation; she can actually be heard barking in the background. During our second conversation, we moved more quickly into talking about the actual research and the storying of some elements of her life. Ma Sueur mentioned that she had read my first chapter and was quite moved by the stories; actually her comment was, "Yes, I read the material that you had left, and I had so many tears. The stories really touch a person's heart." We talked for a while about the stories, and her first comments were interesting as she asked or thought out loud, "What story do I have, really? Do I have a story? Maybe I am not even story worthy." And then she laughed. I wondered about the impact of the formal research requirements and the resulting impact on our usual easy flow of conversation. Because I could sense both her hesitancy and desire to start I said, "Perhaps just start with a story. Wherever you

want to start—whether it is about you, about your experiences in life, in nursing, wherever you are comfortable—that is where we will start. Okay?”

### *Exploring Intergenerational Influences*

As Ma Sueur told me the story about her parents, I wondered if she was aware of any link or paradox between parents who expressed their love freely and parents who made sure “we were never hungry or cold.” And yet perhaps that is how some people express their love: by action, not by words. Her story crossed several generations of “parenting skills” or lack thereof and included her grandparents, parents, and her and her siblings. It was as if the storying of this part of her life gave her the opportunity to think about and re-experience her childhood through adult eyes. I could almost hear the voice from her childhood asking, “They love/d us, didn’t they?” and her adult voice soothing, offering love by saying, “Of course they loved us! They (grandparents and parents) just had difficulty expressing that love because of their childhood experiences.”

Ma Sueur also commented on the reality that her grandparents escaped from Hitler during the Second World War. She talked about it so casually, as if this was just a well-known family story. This narrative made me think about the stories my kokum told me about her years growing up on the reserve and going to residential school. I had wondered about the impact of WWII on others; the only stories I had heard as a child were stories my dad would tell, or the romanticized Hollywood versions depicted on screen. I wondered about the similarity and differences between the trauma of experiencing and escaping from war-torn Europe and residential school experiences. How many generations did it or will it take to

regain parenting and other skills lost from both experiences? I thought about all the stories my dad had told about WWII; as it had when I first heard his stories, it struck me that “people” on both sides were hugely affected. When did I start questioning the propaganda acted out through Remembrance Day services, Hollywood movies, and high school history classes? I thought about one of my uncles, who as a young man had moved to Canada from Germany—one of the so-called “displaced persons” or, more derogatorily, “DPs,” a term I recalled from my childhood. Ma Sueur had commented, “So they were not really loving people, they loved you but they weren’t loving people.” Was this true for European people in general from this period in time? Does the stereotype of the “stoic” European male have some basis in reality? What about the women?

### *Kokum*

Even as I write, I wonder if it is presumptuous of me to include memories of my own childhood. But Ma Sueur’s comments about grandparents drew me back to memories from my early childhood. I cannot help but think about some of the contrast between her childhood memories and my own. As a young girl, I spent hours with my maternal grandmother, my kokum. She was this cute, short, husky lady with long salt-and-pepper hair that was braided and curled up under a hairnet. I recall being very upset when she cut off this long braid, as I had found it soothing to watch the routine brushing, braiding, and use of hot irons from the old wood stove. “Oh, my girl, sometimes it was hard, so hard.” I would look over at my kokum with her apple doll face and short salt-and-pepper hair; she would be bunching up her handkerchief, wiping tears from her cheeks. I would pretend not



to notice, because I knew that it was not considered polite to stare or ask questions. “But, you know, there were some good times too. I remember...” and she would continue with her stories about raising her children as a single parent on an Indian reservation in Saskatchewan during the 1920s and 1930s.

Her face echoed the hard life she had lived, but there was gentleness there as well. In the Cree language *kokum* means “your grandmother,” and I could never understand why we did not call her *nokum*, which means “my” or “our grandmother.” I recall asking *kokum* this question (very important, from my young mind’s perspective), but she was either not able to explain or thought I was wasting her time, so she just ignored the question pretending she had not heard. Depending on the mood she was in, she used different tactics to keep me in line—ignoring me or pretending she had not heard me were two of her favourites.

My *kokum* and I would often just sit and visit. She would tell me stories about my mom and my aunts and uncles. Once in a while she would talk about her own childhood, her life on the reserve and in residential school. But these were her stories, not to be questioned and picked apart, and I understood and accepted that without question. Sometimes we would just sit quietly reading; sometimes we played cards and the talking would just ebb and flow. Those were the times I enjoyed the most. There was no pressure, no unrealistic expectations. Yet it was at those times that I know we were connected. Once in a while we would go walking or picking berries—all events that I took for granted.

*Kokum* sometimes cheated at cards, but she did not like to be teased when caught, and she would always “turn the table” on whoever caught her by saying,

“I was just making sure you were paying attention,” so we all just ignored this little idiosyncrasy. Sometimes, when I was really lucky, she would let me haul in wood or start a fire in the old wood stove. As I look back, this may have been her way of helping or letting me grow up: she knew that my dad thought his boys should do that kind of work; his girls were to be protected. If I was really lucky, I could visit long enough on Saturday afternoons to help her and “Old Ed” eat the small brick of ice cream that he would bring home as a special treat. But sometimes if he had tipped back a few too many before returning home, he could be “mean” and she would hustle me out the door and send me home.

On the days that I was allowed to stay later, she would light the coal-oil lamp and long shadows would instantly appear around us. I would pretend that I was not afraid of the unknown lurking in the corners. As it got darker and darker outside I remember being afraid to leave. Finally, I would need to go home, but kokum did not have a phone to let my mom and dad know that I was on my way and to watch for me. She would walk me to the gate and tell me, “Okay, run home now; I’ll watch you from here.” Home was about a block away, down a little hill; at intervals she would call out to reassure me. Sometimes I would turn to wave, but she would have already returned to her house. I thought these routines would last forever. Yet here I sit at my dining room table, it is dark and my backyard is blanketed in snow. I take the lights and the warmth for granted. I am the one with the salt-and-pepper hair and lines on my face to add “character.” I never questioned that kokum loved us. I cannot help but compare my fond memories of kokum and the memories of Ma Sueur.

*Family Stories*

Ma Sueur moved on to talking about and describing her father's first mental breakdown. I remember reviewing this section, listening over and over to the words, wondering if she would want to edit pieces of her stories from the telling and retelling. When I asked her she said, "No, I'm okay with sharing that." I am honoured by her honesty and trust in the sharing of her stories. The story about her dad had me thinking about all the realities our parents had experienced; my mom, residential school, and growing up on a reserve; her mom's leaving home and marrying so young; her dad's being raised by parents who had escaped war-torn Europe; and my dad, raised by an alcoholic father and experiencing WWII as one of the allies. As I bring forward these memories of our parents, I think about the impact our stories and experiences now have on our children. I wonder what stories, if any, they already share.

I felt overwhelmed when Ma Sueur quietly shared how she remembered "the first time he (ah) beat me up..." as if whispering a secret. I put the tape on pause to check in and assure not only my storyteller but myself that everything was okay. She never spoke any more about the beatings and I couldn't bring myself to ask or delve deeper. I believe some things are just too personal to explore, but I did wonder about the intergenerational beatings; the difficulty expressing love. It was as if she was still trying to work through the contradiction of being loved and being beaten. Why was I uncomfortable? Because she moved into the abuse issues so smoothly? No, that is not the word. Perhaps it is better to say, because she raised the abuse issues so candidly. For some reason her honesty

and openness were very difficult for me. For a moment I was drawn back to my early childhood, where I had learned that yelling and hitting were the norm, or were the norm and to be overlooked especially if alcohol was involved. I had learned and internalized that one shouldn't be held responsible for actions while inebriated, at least in our immediate and extended family.

I have always know that abuse was common across all cultures, incomes, and age groups, but part of me always thought of the loud yelling, screaming, drinking, and fighting as a Métis reality, my reality. Even though the house parties, the fiddling, dancing, and drinking always ended with at least one fight, I always looked forward to the gatherings. But why had I skipped over this in the telling of my early landscapes? I was never physically beaten! Yet, even as an adult, how does one reconcile the beatings? Is it any wonder that she commented, "We were always a little bit on edge." What an understatement!

### *Safe Places*

Ma Sœur talked about going to a friend's house, as if the need to escape the man with a gun (her father) was commonplace. It dawns on me that her openness and honesty made be uncomfortable because I didn't want to think about the bad experiences of my childhood, both lived and told stories. I always took my dad's love for granted; he hunted and cooked for us, braided my sister's and my hair when we were little, changed diapers, and teased us. He showed us his love in so many little ways. I told myself I did not need to hear the words, but I have to admit that when he could finally express his love verbally, "I'll love you forever"

was always comforting to hear. It was especially important because he struggled each time he said it.

Instead I preferred to dwell on other memories. I remember as a child spending hours sitting under a tree, climbing hills, reading, picking berries, or making mud pies. Although I was one of eight Métis children, sometimes I could find time to just be. At times, I preferred to meander and explore close to home, wondering and wandering, spending time with my thoughts, contemplating life, enjoying the feel of the breeze or the colours, especially in the fall. A favourite place to explore was the creek bed, from which I could climb up and down the steep bank, explore the small pools that collected once spring run-off was completed, watch the swallows flying in and out of the tiny holes on the banks, and then just wonder both physically and mentally. The best part was that when I surfaced, home was still in view. The view was seldom the same, but I knew it was home and that it was close, no matter how many times I returned to the depths of the creek. I always found that comforting, the sameness and the small differences, the different shadows and light depending on the time of day, the peaceful quiet or the harried busyness of everyday life. It was my reality, my grounding of self, and I loved it. I was aware of it as home, as background to self.

Yet, in spite of actively trying to block the bad memories, Ma Sueur's stories drew me back to the strong parallels between her lived experience and mine. Not the guns, but the drinking, the fighting, the stories of my mom taking her small children to hide in the tall grass, the yelling, the screaming and the promises it would never happen again. I recall stories about my paternal grandpa,

a brute of a man; I picture my dad protecting his mom and siblings from his father, just as I once again see my brothers doing the same with my mom. I vowed my children would never be exposed to that trauma; the only time I ever argued with my dad was when I told him to never visit my home when he was drinking. I have never doubted that we were loved. Part of me has always been amazed that my mom and dad had any parenting skills given their childhood realities. I find it helpful to have a working diagnosis for my dad—perhaps some level of posttraumatic stress: he lived and survived a dysfunctional childhood, as did his siblings; he lived and fought the trauma of WWII for the rest of his life, without treatment. At times I caught glimpses of the “healthy” pieces within, and that sustains me.

### *Family Roles*

Ma Sueur freely expressed not knowing what kind of kid to be, but she said “if you are a good kid then maybe you might not get a smack,” and then she laughed. I always knew what kind of kid to be, the quiet one, the studious one, and the one who as a child could walk into any room and read the emotional residue and respond appropriately. I was the one who listened, the one who didn’t cause trouble, the one who loved school. I was the one who in many ways took on the role of the buffer, the fixer, the one who thought if I could only be perfect then these things wouldn’t happen. Such childhood fantasies! My mom got it anyway, and later my brothers, too, as they tried to step between. By then my mom was trapped in this cycle and my brothers would find themselves physically trapped, fists and yelling from both parents.

Because of the few years I had worked on the psychiatric unit at one of the hospitals, the reading I had completed, and the one or two Alcoholics Anonymous meetings I had attended with family members, I already knew about the roles people assumed in dysfunctional families. I remember feeling embarrassed as the counsellor at Mandan identified the roles of “hero”, “scapegoat”, “caretaker”, and “lost child.” I knew the roles; my siblings and I had lived them. But I recall wanting to be the one who has escaped the trauma, the one who is “healthy” in spite of all evidence to the contrary. Why? Family therapy in Mandan North Dakota, a former alcoholic rehabilitation centre, had reinforced the reality that we had all been caught in the cycle. They had termed this cycle “co-dependence.” While it was not really a new term, it was a term I had not internalized or applied to myself and my family.

Further into the conversation, Ma Sueur commented, “We never really talked about it [drinking, beatings, mental health] growing up. It was just always the good things, and we really tried to not talk about the bad things.” This is the elephant in the room, is it not? The phrase, “Denial is not just a river in Egypt”—which I heard first after one of my brothers attended his first AA meeting and then at one of my “Adult Children of Alcoholics” meetings—whispers over and over again in my mind. Although Ma Sueur and I lived, survived, and perfected some of the roles of dysfunctional families, our experiences and stories remain part of our identity. Ma Sueur talked about her younger brother and sister and the roles they played out in her family. She also talked about her role as the overachiever, the perfect child. The roles we played, and perhaps still play to some degree, are

now so obvious to me. Children are resilient and adapt to survive; some children grow, but cannot always thrive. I talk about my dad openly with my siblings and at times with my children. And yet I continue to edit; I edit because I clearly “see” and understand my parents. In spite of their childhood realities, they were exceptional parents. That is what I need.

### *Nursing: A Helping Profession*

Ma Sueur said, “When we are around people we don’t deal with our hurt, and then we try to help. That is where we run into trouble, because we have never quite worked enough on ourselves.” I think about this reality from time to time, about what draws people to a certain profession. It would be interesting to study how many nurses come from dysfunctional families, to explore why we feel the need to “help” others. As Ma Sueur points out, how many of us run into trouble because we have not dealt with our own issues? How many of us burn out because we do not understand the term “healthy boundaries” or how to express “caring” in a healthy way?

Ma Sueur raised two very important points during our conversation about nursing culture. The first comment was in relation to nursing faculty/instructors. Bergum in her work related to “relational pedagogy” discusses “the relation of teacher student, nurse and patient, self and world” (2003, p. 121). It is the relationship between teacher and student that I wish to explore. Ma Sueur said, “I looked around and wondered how many potential nurses were lost due to either disinterest or ‘old girls club’ thinking by the instructors.” I must admit this comment touched very close to home. Like Ma Sueur, I wonder if I express or



project bias as a result of my own experience with this issue. How can nurses reconcile the need to “protect the public” without damaging nursing students, both of whom are in their care? How can nursing do away with “old girls club” thinking or what I term “gate-keeping” and insure safe, healthy nurses for the future? I remember sharing the story of losing one of our Cree-speaking students because of pre-requisite requirements. What realistic flexibilities can we support to make sure the public, nursing programs, nursing students, and nurses are respected and supported? When and how can we examine our academic policies?

Ma Sueur’s second comment related specifically to nursing students and her experience with Caucasian and Aboriginal students. She said:

In that program they are pretty much all or appeared to be Caucasian....

They looked a little more Métis than some of the, well, me maybe [laughs].

What I found different was the way they were treated, how the two different groups were treated on the ward at the hospital.

Interesting that we market nursing as a “caring” profession, but we still have difficulty with students who are different. What are nursing programs doing to actively combat this issue? I recall making a presentation to the Saskatchewan Union of Nurses, talking about the Aboriginal demographics in that province. Are these issues related to human nature or are they learned behaviours? So many questions! Dion and Dion provide insight into the level of “violence perpetrated against a people (Aboriginal) for the purpose of land acquisition” (2004, p. 92), but I am left wondering about the violence, both historic and modern day, that is

perpetrated in academic and health institutions against students, patients, and co-workers. I wonder this because Macmurray clearly explains:

We need one another to be ourselves. This complete and unlimited dependence of each of us upon the others is the central and crucial fact of personal existence. Individual independence is an illusion; and the independent individual, the isolated self, is a nonentity. (1961, p. 211)

## CHAPTER 6: NITOTEM'S STORIES

An interesting thing about nursing and, I am sure, most professions (and I would add para-professions), is that once you start travelling, the circles get smaller or tighter. In relation to Aboriginal nursing and nurses, the circles actually start out and remain quite small. The opportunities to connect with other Aboriginal nurses are few and far between; often it is the same faces for generations; it is the same Aboriginal nurses who are asked to “represent” over and over again. I have known this lady for a number of years. If I recall correctly, our first contact was actually through the Aboriginal Nurses Association of Canada; we both attended a Canadian Association of Schools of Nursing meeting. However, it was not until the last few years that I took the time and opportunity to connect on a more personal and professional level. She has been incredibly supportive of this research and agreed to participate. We currently work in the same city, so it was physically easy to connect with her. Out of respect and for ease of referencing throughout this work, I decided to call her “Nitotem” which is Cree for “my friend.”

### *Beginning: Nitotem*

Well, let me think, I am the second oldest in my family of four kids, born in northern Ontario over forty years ago [laughs] and lived on a reserve, of course in northern Ontario. I am of Ojibway-Cree (Oji-Cree) descent, and although I cannot speak the language I do remember the Cree syllabics from a class I took when I was younger. I now live in Ottawa, Ontario and work with the federal

Government. I started my nursing education in 1984 after I finally decided that I was going to revisit what I had said when I was younger—that I had always wanted to be a nurse. Then I went to Fanshawe College after failing one year at university, and from Fanshawe went to the diploma program in nursing. And then I started my nursing career in 1988.

### *Early Landscapes*

I think my exposure to the health care system was really early, because I was a preemie born two months early; I was supposed to be born in September, but I was born in July. According to my mom, I probably spent the first three to four months in hospital, and then having to make subsequent visits back for many years, probably until I was eighteen. I was always exposed to nurses, right? And seeing them in the hospital in ambulatory care and then having surgery when I was little—knowing that a nurse was always there, because they always wore the white uniforms, right? I can still picture that. And I think I always said I wanted to be a nurse just because I knew that, and I knew that world, and it just seemed familiar.

*Nitotem's voice broke as she shared memories of her time in hospital and time away from family, away from all things familiar. Because I wanted to understand, I asked if she was okay remembering and sharing the feelings as well as the situation. Yes, I was always sad because it always meant leaving or being left behind and knowing that my other siblings weren't there. And they were healthy and always got to play [emotional] outside [said slowly with more emotion]. I wasn't always outside, right, I was always away from them. I*

remember feeling so sad. I am always taken back there. My childhood experience with hospitals always conjures up the feeling of sadness, of being alone.

I think I am a sensitive person anyway, but those feelings hit me at the most uninviting times sometimes. When I walked into my year at the Children's Hospital of Eastern Ontario as a project manager for clinical studies, I was walking down the hall and saw the small crib with the high steel bars and the pink striped blanket folded at one end. I remember being on the inside and how alone I felt. I always paid a little homage to that crib every day that I walked by it, but like the saying goes, cry a little but not for long. Those memories are something that I acknowledge but I don't dwell on. At the same time, those memories and those feelings also drive the openness I have to connecting with people and the temporary bent I have about hospitals now. And without sounding too philosophical, for me, just as tears are temporary, hospitals are a stop—not a whole way of living, that is for sure. And by the same token, I think nursing too is just a piece, not the end all and be all of delivering health care but a critical piece in the art of delivering of health care, of connecting with people.

*You mentioned how your early childhood hospitalizations impacted you; would you please share a bit more about that and if there is any tie to your views of nursing?* Hmm, I think it was the idea of caring for others; I think that whole experience made me very sensitive anyway, just to be aware of how people felt. I don't really know how to explain that. You just get exposed to things and you know that there is always more than just what meets the eye, that even though my parents probably felt sad, they still left me (had to leave me) and still put on a

bold face. You knew that they were sad and trying to be brave about it. So it was that element of connection, that element of caring that I like about nursing. I think. And it is funny because when I think about the choices that I made for adult nursing, it wasn't to be with kids. It was like that was going to be too hard, because I toyed with the idea of preemies and working with babies, the idea of holding them and knowing I was a preemie, at some point, it was I couldn't do that. And that early exposure to that whole world, and knowing that I had to be in the world for a little while, for the time, that I made a choice to go back to it. Not because I had to right? I mean I could have been anything else really and that is what your parents always tell you, be anything you want to be, but that is what I had always said.

There was this one nurse in ambulatory care and we would see her every year. She would always make sure that I had a popsicle [laughs] or a cookie and she always took me around and just let me play in different places—I don't even know what rooms I was in, but I can remember seeing the bottom of stretchers, and she just let me crawl around or run around—take me from my mom and just look after me. Who knows for how long, right? But it was always nice to see her—so just someone that I recognized and someone who was just interested in me and me being a kid, entertaining me even though I had to wait to see the doctor. It was like, okay, how are we going to fill your time? and then she just made it more fun, I mean what kid doesn't like popsicles [laughs].

### *Educational Narratives*

I think I always knew I would finish my first degree in sociology, but it took me some years to do that once I failed my first year at university in 1982. I had enrolled at the University of Western Ontario in a general BA program, not really knowing what I wanted to study. Back then, my parents accompanied me to the campus where I had the orientation in June and I picked my courses for the following fall. I remember the “counsellor” had asked me to take anthropology. I knew it was because that was what he taught, and at the time, I had no interest in anthropology and I am not sure I have much now. Anyway, I picked sociology, physical education, industrial psychology, chemistry, and statistics, which I think they were all level 020 courses, those that were introductory.

When the fall arrived, I didn’t really want to go away to school, but went because it was expected, and, in some way, I think I was destined to fail because I didn’t really focus on studying. I didn’t even focus on partying either but I knitted a few sweaters that Christmas for family and friends. Talk about expensive wool! I spent more time alone or in small groups, much the same way I spent my time in private school and much the way I still spend my time now.

I wasn’t used to failing, but upon reflection, I totally understood why I did. I was young at 20 years old but had this strong sense of independence, but it was my fourth year away from my family, and I was lonely. When I say it was my fourth year away from my family, it was because I went “out” to boarding school in Northern Ontario for grades 11, 12, and 13 because the higher standard of schooling there would give me the chance to learn. Remember I said education

was important to my Mom and Dad, and it was expected we do well. I had already finished grades 7, 8, 9, and 10 up north, and my Mom had pointed out to the teachers on more than one occasion in grades 7-8 that we were learning things we had already taken in my home community. I think it is hard to focus if you are lonely and too stubborn at the time to admit it! So after a failed year at university, lots of tears, of feeling like a failure, I had to regroup, admit it, and get on with school.

Earlier I said that my parents expected me to go to school, but I always liked going to school. It was a structured environment. I saw my friends and Fanshawe College life fit with me. Bless my parents for letting me go back to London, Ontario! My dad helped me find an apartment, which, by the way, I lived in for the next 13 or so years. This first year back was more of a transitional year; I took secretarial arts and found it very easy. I had a few great friends, whom I still have, and I really enjoyed the practicality of the trade. I liked learning rules and theory and testing them out in real, practice ways, although I am not sure how much theory there was in secretarial arts!

### *Nursing Landscapes*

The following year was 1984 and that is when I signed up to be a nurse, enrolling in the diploma program in Nursing at Fanshawe College. I still remember meeting my best friend Diane, who was in my clinical group. She was this little blonde thing, smart and living away from home for the first time. The program was two eleven-month sessions with practical clinical work throughout and a final consolidation period at the end. Diane and I pretty much picked the



same clinical practice sites all the way along, which really helped. We did well in our exams, were well liked by teachers and other friends. For those two full years, I was very happy. My parents visited me in London, I had some good friends, walked everywhere, and I was doing well in school. It was helpful knowing that I was embarking on something I had always said I wanted to do, to be a nurse.

I think about the differences between secretarial arts and nursing and know that my learning style became more obvious when I entered nursing. There is a learning style to diploma-based programs, learn a little theory, observe an action, and then 'do'. It is concrete, is task-oriented and predictable within acute parameters and in my opinion, scratches the surface of critical thinking. Learning is based on experience, what is observed, not too abstract. When I think of my college learning, it was a lot of information, but task oriented, at least that is how I think of the difference from degree-based based learning for me, having been exposed to both degree and diploma programs.

So it is much like learning to type. First you learn where the keys are, depress a key and out pop words on a page in a sentence. The trouble with this acute phase is you don't know the bigger picture of how the words fit together to make a story, create powerful impacts like a policy paper, like a dissertation, like a news article, but only because the actions are a piece of a bigger unknown impact, so too, with rote learning in nursing. Take learning about IV therapy: one learns a little theory, like "body is contained system made up of water, minerals"; you then observe an action, "sterile technique to hook up an IV bag"; and then do, "monitor IV intake and output". It isn't until you see the impact of IV therapy on

the cardiovascular, respiratory, urinary, gastrointestinal, and other systems and the role you play in those interventions. Critical thinking helps you understand that you have the ability to influence the outcome of a very specific technique. So it is like the typing of words on a page. The trouble is you don't know the bigger picture until you are monitoring a human being's system or become versed in predictable outcomes. Yet one is still limited in the acute care sense that other non-physiological influences affect the human system outcome. Overall, though, there are skills and abilities that are basic to moving forward that anyone can learn; like sterile technique, like typing accurately. The early rote learning provides a foundation for learning more, for becoming more competent in producing that news story, in restoring sodium-potassium balance.

So when I say that experiential learning was more obvious to me when I entered nursing, I mean more obvious but similar for me as in secretarial arts. I didn't think about expanding skills, creating an expanded knowledge base, reflecting on analyzing with typing, word processing or writing a letter. But even before I continued on in my nursing career, I must have reflected on my practice and made decisions to fine-tune my career. There was always the notion that sterile technique was a basic step to *more*, that it was a basic skill to learn. This type of experiential learning reminds me of the same principles you learn as a kid. The basic technique, say, the experience of washing your hands properly, will serve well for many a public health practice and not just experiential but exponential, abstract application in a way!

So in retrospect, nursing has definitely added value to my life. It has given me choice over where to work, what work I can do and, over time, who I work with. It has given me opportunities to learn, to live a comfortable life, to travel and to meet many people. And on a smaller scale, at the end of the day, I could always say I accomplished the tasks.

### *Visions in White*

On the flip side, nursing has definitely not fit completely with my young “vision of white.” My vision of white was a person who wore a white uniform, who by extension of that image was always competent at work, had a perfect life, balanced life outside of work as well, you know, a good family life, good finances, roof over the head. Remember that I alluded to the respect nurses are given? The nurse who wore white had that, too!

I’ll digress here with a story that speaks to the image of nursing in white that my friend Diane tells. She has three kids, a husband, a money-pit house and an automobile that sometimes gives her grief, but she balances it all with good humour, makes sure her kids go to school, have recreational time, are well fed, and have that sense of love and belonging. She is a good mom, a friend I trust, and married to her husband for 18 years now, smart and a very good nurse. She rushed to work one day and pulled her white dress uniform out of the dryer, couldn’t get de-wrinkled enough but wore it anyway. In contrast, she was working with Lynn, our very competent, driven charge nurse who always wore white, a crisp starched uniform. They both entered a patient’s room and Lynn jokingly asked patients which nurse they thought was more competent, the crinkled girl or

the pressed woman. Not that she said that, but those are the words I chose when I picture them both. I think that hurt Diane's feelings, even though she laughs when she relays the story.

For sure that story reinforced for both of us the image of white and its connection to perception of competence, of what nursing in white represents. Oh, I caught glimpses of that in nurses I knew for sure, but none were perfect. And so too is my own image. I am not perfect. I strive to have a balanced life but always had respect from the family. I sometimes think that the public has this image as well. The public still thinks that "she" is a real nurse and even though I think it is hard to explain, the public image of nursing remains hospital-based, acute care, saving lives and wearing white. I have moved on and away from that image! But there remains that silly romantic image of nurses in white.

*Do you have any sense from where the image of nurses in white came?*

White means clean, sterile, perfect, without blemish, without colour, and it is an image that in the 60s we grew up with, especially around nursing and hospitals. Not thinking that it has much to do with "white privilege" except maybe with the notion that it is an image created with some false longevity to it and an image that is not realistic! Who likes to wear just white except the Man from Glad [laughs]?

### *Nursing*

Nursing gives us a privileged position to see people at their best and worst, the scale of which changes depending on what area one nurses in, and I think if I had to sum up my feelings it would be fear of the unknown, fear of destroying or making things worse. I never knew how the day would go and when I was

younger, that held some appeal; or how it would end up in acute care but I think overall that was taxing and I stayed too long for my soul in acute care.

For me, acute care is episodes rolled into a repetitive pattern of no control, yet as a nurse I tried to control. Not sure how I was taught that or learned that, but I think it has something to do with technique and responding in a very narrow margin without attention to broader impacts or one's place within many influences. When I think of acute care, I think of long hours of tasks, of feeling pressure to respond quickly to manage crisis, of being very good as a charge nurse, of competing with others to be the best, to be that charge nurse, to work among "the best". That is not entirely "me", as I have learned over time and more importantly my perception of what "best" is has changed. Yet I still strive to be among the best. I like to think about things, reflect and adjust over time, ponder multiple perspectives. Not to say I haven't done that quickly in, say, trauma situations, learning from experiences on how to better respond. But I am now more interested in figuring out other things that influence acute episodes, looking at a broader system than just acute care, hospital-based care, learning from and working with others, getting along and switching energy to not just task-based hurriedness, being invisible.

When I say I stayed too long for my soul, I did just that. It was a good fit for a little while but not a great fit with my overall need to ponder! You know I think the Master's [of nursing] has the ability to influence without being obvious, and to me acute care is just about being obvious, perception of control when, really, there is not that much control, no matter what the role is in bedside care.

Like I said, when I was younger I had this sense of being very capable, but as I grew older, I knew I didn't know half the things I wanted to, hence the dread. I don't think the diploma program or the degree program in nursing ever prepares you for the art of nursing, that portion that conjures up dread for me, the portion that I think comes from within. The best thing about nursing, though, that does give me something I had expected was that it gave me choice. And to compensate for the dread, as my career advanced, I steadily chose things like ambulatory care, research and policy that still had ability to influence but not end in destruction or in dread, or at least not immediate destruction!

I do wonder at times what I would be doing if I didn't gravitate toward nursing. I suspect it would be industrial psychology, if I had to choose something I started with back in 1982! Folks over the years have asked me why I did not become a doctor; I think it has something to do with the oath of first do no harm. What about that oath? In my mind, it is too restricting and dreadful!

*Do you think nursing was everything you expected?* No. I had this romantic vision of nursing as a kid, the image of white. It seemed like nurses were perfect, did not make mistakes, and had this hidden assurance of knowing. I remember hating to wear white support hose and rarely did I wear a white uniform! I was so glad we were able to wear coloured uniforms, and pants, especially for orthopaedic surgery! Colour hid the white perfect image, and somehow for me acknowledged something I knew about myself all along at the end of every day—I was a nurse that was willing to admit to myself at the end of the day that I made mistakes, didn't know everything. This analysis was contrary to the message I

think nursing schools gave, contrary to what other nurses and I sometimes portrayed.

### *Family Narratives*

When I think back, I guess there was one major life event that happened to influence my happiness overall. My parents decided to split, which had a profound impact on me. It changed many things. It changed my view of my parents to people, my awareness that family experiences were not all that different, my ability to create positive thinking despite feeling sad for myself and others, my role in a family to look after a sibling who moved in with me to go to school. My friend Diane just reminded me this year just how upset I was back then, and how, over time, we as a family adjusted. I know I didn't see that split or divorce coming initially. But, in hindsight, how could I? I never really lived with them since I was 16. And also, because I was so absorbed in myself, me going to school, me doing well, me making new friends, me managing my finances, me keeping fit walking to and from school, me starting a career I always said I'd do, me meeting a man who to this day is very important to me, me knowing my parents were proud of me, etc. See there was a lot of "me's" in that blurb! And just as life is, the happy bubble is interrupted by things not in "me's" control, and perspective changes. I just wasn't as carefree ever again.... Oh, don't get me wrong, I've lived a charmed life, still have a lot to be happy about, haven't strayed too much from those things I had then, really, but when I think back, on the "really happy" scale, it was in those two years because I was so carefree and

oblivious. I was so into “me”, but in a good way, and I still think of that time as magical!

As I said earlier, in 1988 after graduating from Fanshawe nursing I decided to finish the BA program in sociology. The pressure to do that came by me recognizing that the BA had to be completed within a timeframe. I was running out of time and needed to enrol. I wanted to finish something I started. I look on my years at Fanshawe as confidence-building and affirmation of my ability to succeed. I still recall getting mostly A’s in nursing, all A’s in secretarial arts, and infuriating the English teacher I had in the secretarial arts program. I didn’t pay attention in class, distracted my friends by talking or passing notes, but when called upon in class, was able to answer accurately any question she had, even without knowing what question was next.

I was a bit of a 21-year-old brat! When I told my English teacher that I was nearly finished the diploma program in nursing and now I was going to enrol at university, she congratulated me, said I would do great things, and wished me well. Funny, I still remember that. So back to university I went, to enrol in the BA sociology program again which I finished in 1991. It took me two years to finish the degree, and I think I may have gotten credit for some work at college but I also took courses in summer sessions.

When I think of other key moments in my studies, there was another one similar to my experience with my English teacher at Fanshawe College. I wasn’t always that bright in math. In fact, I remember my grade-10 struggles with algebra. I stayed after class many times for extra help and just didn’t get the “a x b



=  $y + c$ ” thing until one day when Mr. Richmond was putting up another equation on the board, and while he was writing it, I got it! I mean light-bulb moment. I can still remember him turning from the board when I said out loud, “Oh, I get it!” After that, I did well enough to move from the C grades in math to a B. So you can understand when I say I signed up for a university math course as one of the requirements for the BA with some trepidation. But in acknowledgement of my failed year, I approached this class with a strong will to do well. I even took a “learn to study” course on the side and put into practice what I had learned. I did all the homework, approached all the tests within a method where I didn’t just write it from one to another question, but rather a do-the-ones-you-know-first approach. I watched the timeframe for the test and coaxed myself not to panic. All to say, I got one of the highest marks in the class and acknowledgement from the professor, who, by the way, was used to teaching engineers. Who ever knew I’d get an A in university math?

*In an earlier conversation you made mention of student success and the impacts teachers had made on you, both good and bad. Would you be willing to expand on those thoughts?* Upon reflection, I think there are key things besides one’s own personal drive that contribute to success; I think it is a teacher’s ability to connect with a student, acknowledge accomplishments for what they are—small, like getting an algebra equation, small, like even though being annoyed by bratty behaviour, recognizing the potential, and small, like publicly acknowledging A-standard work in a classroom. The acknowledgement or external validation was good, but nothing compared to the sense of internal

accomplishment. I had a plan that I stuck to and navigated well, despite the sense and fear of failure. And yet in spite of that fear of failure I got all the degrees and diplomas I'd ever want. But more importantly to me, I have this outlook that no amount of education is lost. When I think of my education, I will say that it has been a fortunate one. It has not always been easy—that would have been boring—but it gave me the ability to think, to plan, and to organize. I am not sure if I didn't always have those qualities, or if nursing was just a good fit to enhance those abilities.

I think the other thing that really influenced me, but that I didn't really acknowledge until later, was my dad's cousin was a nurse and well respected. And she came to visit me when I had my tonsils out. I thought, hey, if she can do that, I can do that, and it was just sort of that one week in the hospital, where she came on to the ward and she comes in to visit and my dad just being so proud of Loretta, that was her name, and knowing that she was a nurse and went through nursing school in the 60s and thinking, well, if he is proud of her then he is going to be proud of me as a nurse, right? It is sort of all that.

I think a sense of accomplishment and all that that entails, especially as you get older, you know the sacrifices that you make to go to school, and it is being away from family, it is the long hours studying, it is forcing yourself to learn something that maybe you are not quite interested in but something you have to do to get the degree or diploma at the end. You know not that I really talked to Loretta about it but I knew she had other struggles, I knew she had to go to Winnipeg and be away from her family as a young woman, and for that everyone

was just proud of her for that. I know that that translated in later years for me too, my parents were always proud that I went to school, but there was always that sadness that she didn't really grow up here, she didn't grow up with us but it is still respect that they felt, right?

We lived in a small town, away from universities. I think anyone who embarks on education from home has similar struggles to those I had, like having enough money to pay for it, investing time, being away from familiar surroundings, being away from family and friends, adjusting to independence, to making new friends, learning new things, developing new interests, etc. But there is an underlying secretive suspicion that I think living on a First Nation reserve breeds: that those who venture out are different, who get a higher level of education are, yes, respected but different—and by definition are isolated. What is that all about? I don't think it is about nursing but people's perceptions.

Perceptions are stressors aren't they? Boiled down, whether they fuel a drive to succeed by offering respect or by offering disapproval, perception of yourself, perception of others informs what you do. I'll say my perception of nursing influenced my choice to be first diploma-prepared then degree-prepared. Practical nursing, as I think of the diploma program, allowed me the quickest route to nursing and what I thought nursing was at the time. I valued the hospital image. But over time, I grew out of tasks to more critical thought, and saw the value the degree in nursing had to offer. My friend Diane and I still talk about how we thought we knew it all when we graduated from the diploma nursing program, and admitted to each other we didn't know much over time, and how

thankful we were not to kill someone with our little arrogant attitudes. In a way I guess those stressors informed my decision to keep pursuing education, the degree program in nursing, which then allowed me to change my practice areas and focus.

### *Wonderings*

Yet, for me, nursing has given me the opportunity to live in a world of respect, to develop myself so that I think I am okay, have done well, am valued. It, as a career choice, has been a vehicle to focus on the things I feel are important. I now make sure I spend a little time connecting; I have a good safe home; I have choice to live here or there; and I am healthy—well, except for the high blood pressure, flat firm eyeballs and progressive lens correction, and tooth decay that leaves me rootless! Seriously, the career has allowed me to grow, to learn new things, to practice new things.

Well, let's focus on the good, and an experience that speaks to both me as a nurse and me as a person. Very recently, I spent time with a gentleman who was not related to me, but he is certainly familiar. He is from my hometown, my parents and brother knew him and he's soon to be father-in-law to one of my friends. He was in Ottawa, away from home, alone. Being sensitive to that, I simply didn't want him to be alone. He was receptive to me spending a few hours with him before his surgery. I didn't visit him before that but had the privilege of being there at the right time. It was a familiar place for me to be, but not because of the hospital environment alone, but because of my own perception of being

alone. I'm all about spending a little time with people and I think that overall has a lasting impact on others, or at least it does on me!

Nursing and health care has certainly changed over time. I think about the differences between now, when parents are encouraged and supported to stay with their children, and when I was a child in hospital. I don't think it was only my experience that highlighted some of the changes for me, but it (meaning delivery of health care in general) as it was for kids, just in general. Take sending your parents away, right, when really they should have been able to stay there all night or all day—to be with you, if that is what you need as a child—having them room in. And that was obvious to me, too, in grade 11 when my brother had to have ear surgery and was in London for that surgery, and I was going to school then and I met them and we went to the hospital and they shoed us out, right. And he was just a little guy and I can still—again that sadness and having to leave. Oh, I know what he is going through. I don't want to leave him, he is little. And I think, no, actually I know that was up at the university campus and they moved all of the paediatrics then years later to the south campus and had rooming-in so you saw the change. For me it was more personalized when I saw the change of consolidating paediatrics, letting moms and dads room in. It was like, oh, that makes much more sense.

It was a product of the time. I mean, when you think of lots of things in the 60s and 70s, there were lots of things. It was pretty isolating, one institution was separate from another. It was like Indian residential school, right? The same sort of thing, because even going to school, you have the extreme of Indian residential

school where they plucked kids from the community, but you also went to school and you were isolated from your parents. And now, today, parents go back into schools to help during the day with different programs. So I do think it is a product of the time.

*Nitotem raised the reality and experience of Indian residential school. I wondered if and how her experience may have differed from that of her parents' generation. I thought this was a great opportunity to explore this, so I commented, "Going back to your remark about residential school, do you think there has been any impact for you from that experience, through your parents or family such as grandparents? Or have there been stories told around that whole experience that have stayed with you and influenced you in any way?"* I keep my room clean [laughs long and hard]; no, I think it was that, right. Both of my parents went to Indian residential school, my mom a long time, from young, about four years old, to the time she had to leave at age 16. My dad was more of a day student. About Indian residential school, they always talked about the discipline and the learning of skills, whether it was going to be thinking skills like higher education skills or manual labour skills, that was a given; you learned something to achieve something. That was always the message. And so just from those teachings education was very important in our family and everyone went to school. It wasn't a matter of what you were going to take, they said you could be anyone, do anything you want, but you are going to get an education and you are going to accomplish something. I think they learned that in the Indian residential schools and it just sort of filtered on through our family and it just continues. And even

when you lived up north, that was up until grade 10, they sent the older ones, so my brother and I, out to a boarding school because they didn't have education there! But you were still going to go away from your family, so that you could in later years get an education and do something, right? You certainly weren't going to stay home and just go to grade 10 [laughs]!

*And that was what your parents believed and taught?* Right! And both of them: my dad got his diploma and got adult education courses afterwards, and my mom got her BA as an older woman after she raised us. It was like, alright, they followed through not only for us but for themselves. So, from that, I really do think that was a good institution to help them learn that, to take that away. They always felt positively of it. I think it was a way of moving ahead. They had spoken about the bad stories, you know, about kids being beaten, not being fed or like we know those things. But they didn't do that to us either, right? They just, they didn't dwell on it. They just said it happened, had some bad experiences themselves, but you are going to have those experiences. That was sort of the message and you just kind of talk about it, learn from it, and move on from it. That was just the message; I mean, you can dwell and dwell on it and it does become a part of you, or you can acknowledge it and move on. So then the positive becomes a part of you, and that was what I got from my parents.

Residential schools in Canada were about order—so keeping things tidy, clean was a symptom of that imposed order, to make things similar or neat. I think the person I am today is pretty analytical. And I just think there is good, there is bad, there is ugly, and you just take that and that knowledge just pretty well

informs a lot of what I do. Yes, it is funny how those things developed really early, when you start to reflect back, and I didn't always do that. I mean you just kind of blast through your 20s and 30s [laughs] and think, oh well, everything is good. I am just going to keep going and then you kind of stop around 40 and think, what am I doing? and how did I get here? and where am I going to go next? You kind of get to that stage of development, and I think all of my life I have just sort of had that, but really it was something that was developed in each of us. When I look at my siblings they all have an element of that.



## CHAPTER 7: CONNECTING WITH NITOTEM

Listening to our conversation on the first tape brought a smile to my face. Nitotem's first comment was, "Okay, so what do you want to know?" and then she laughed. I knew from my own experiences and understood from previous conversations that saying "just start" provided no concrete focal point and thus did little to alleviate the initial level of discomfort associated with an opening conversation. No matter the words used to describe the process—conversation, dialogue, tea, or interview—we both understood that this was the beginning of a new relationship; the research phase was beginning. Neither of us knew where the journey would take us; we were both a little nervous and anxious to begin. I would learn more things about her and about myself as we developed a rhythm of sitting with and listening to each other. She, in turn, would learn things about me and herself. She had already read and signed all of the required documents and the first chapter that I had shared. After checking once more that we were okay to start, I turned on the tape and said, "Why don't we start with you telling a story about yourself? Perhaps start with something that you are willing to share, whether it is about your personal life, something you feel has influenced who you are as a person, as a nurse—just pick someplace to start."

I wanted to help us both relax and even though I did not want to "lead" the conversation I found myself moving more quickly into the quiet space than I had intended. To aid the process of beginning, I commented, "Okay, I'll begin with a specific question and we'll go from there. What was it like growing up to be you?"

“Oh, that’s the stuff you want to know; okay, that’s easy. Wonderful! Growing up was like all those things it is supposed to be: happy, sad, funny, lonely, adjusting, engaging, selfish and selfless, content, amusing, stressful yet peaceful, immensely fortunate.” And she moved into sharing and remembering.

### *Exploring Early Landscapes*

Nitotem talked about her aunt. Even as a young child, she was aware of the respect associated with her aunt and nursing. I often heard nursing students say that she or he had entered nursing because of the influence of a relative. This holds true as well for Nitotem. Even as she identified some of the barriers her aunt faced during the 1960s, I could hear the pride in her voice. Yes, her aunt dealt with barriers including the loneliness of being away from home, of being in a big city and adjusting to new ways of thinking and being. But in order to succeed, First Nations people have left the security and familiarity of home communities. Nitotem recognized this as a reality that all young people faced. Actually, she shared a number of ways she felt her university experience was similar to all other students. However, she also mentioned that, based on her own experience,

there is an underlying secretive suspicion that I think living on a First Nation reserve breeds: that those who venture out are different, who get a higher level of education are, yes, respected, but different—and by definition are isolated.

### *Exploring Educational Narratives*

Until reading through the first transcribed notes, it had not dawned on me how frequently the question “why” formed in my thoughts, or, as one instructor in a class had so sweetly commented on my weekly written dialogues, “Tell me more”. I had no specific questions in mind, but as I read and listened, questions formed. One was related to her experience with nursing. Why had she made the decisions she had in relation to her education? During a pause in our conversation I asked, “What influenced your early decisions about your education?” Nitotem explained: “I didn’t want to really go away to school, but went because it was expected.” These expectations originated from her parents, but I could sense that Nitotem and her siblings had also internalized this message, in the same way that our family listened to Mom and Dad and their stories and dreams associated with education.

As I once again listened to that first taped conversation, her comment about failing took me back to the years I worked with Aboriginal nursing students. First, it was obvious that Nitotem had enjoyed the support and understanding of her family. This made me wonder how other students survived, those who had no family support or who were the initial First Nations generation to attend university. I remembered their quiet determination and struggles, both personally and within a system that, at times, seemed to focus more on numbers than on people. I felt honoured that Nitotem had shared this experience with me and hoped she would feel safe shedding more light on this time in her life. When I sent the first written draft of our conversation back to her, I commented, “I

noticed that you mentioned ‘failing’ during our first conversation. Are you comfortable talking or writing more about that time in your life? What was happening and how you were feeling?” Nitotem’s comments about failing included, from my perspective, a very important reality—that she was lonely.

I felt that there was more behind her casual references to being lonely. I found myself dwelling for a time on this conversation; as a result, it was here that I found my mind wandering to thoughts of my mom and her siblings. My mom had formed lifelong friendships with nurses during her nursing training. I recall the talks about loneliness, but perhaps this is something all young adults feel when they are away from home for the first time. And yet I wonder about the intensity of loss experienced by First Nations students when they are forced to be away from home, taken from their families, taken from everything familiar and comforting? Nitotem formally lived away from home from the age of 16. Is it strange that, in spite of all the research related to residential schools, parents still choose to send their children away to “private” schools for the advantage? As well, it was perhaps as a result of this loneliness and reaching out that my mom created sustained and nurtured lifelong friendships. Nitotem certainly had this experience; she formed a lifelong friendship with Diane. I also formed lifelong friendships during my two-year diploma; we were all fresh out of high school and had to learn to balance the loneliness with opportunity.

Second, Nitotem also discussed her personal role and sense of responsibility associated with overcoming obstacles. She used phrases such as “liking to learn, responsible, and a strong will to do well.” She actively engaged in initiatives to

ensure success; she participated in a “learn to study” course, completed all of the homework, developed and instituted a method to deal with testing and “coaxed [herself] not to panic.” I wonder about her experience with failing her first year of university; how unique was this experience?

Lastly, she explored some of the ways her teachers made a difference. She talked about the “teacher’s ability to connect with a student ... and the teacher’s willingness to acknowledge accomplishments, recognize the potential, and show support by publicly acknowledging.” She was able to articulate what we all intuitively know; student success is not arbitrary but can be traced to family support, individual motivation, and the important role of educators.

Nitotem chose to regroup, to move beyond her initial embarrassment and pain associated with “failing.” She chose to move forward and, in doing so, was able to redefine “success.” The opportunity to take secretarial arts ensured that nursing did not lose out on her incredible potential. She obviously rebuilt her confidence, her self-esteem, and much of that can be attributed to the fact that her parents stood behind her and again supported her to spread her wings. Nitotem summed up this whole experience by stating, “The acknowledgement or external validation was good, but nothing compared to the sense of internal accomplishment.” Success is a process; moving away, not just physically but mentally and emotionally, is also a process.

Nitotem’s words about moving away from home triggered memories of my first move away from home: a 17-year-old girl on her own for the first time in the big city. I recall my parents drove me into Regina and helped me carry the

personal and practical items I had brought with me into the nurse's residence at the Regina Grey Nun's School of Nursing. My mom was excited for me and had made sure all of the practical issues like spending-money and general and emergency contact information were in hand, while we walked the stairs to my room. The room was, as all single rooms were, furnished with a single bed, a dresser, and (if I recall correctly) a chair. There was a communal bathroom just down the hall and rules posted all over the place. My dad, a man of few words, was especially quiet that day. He was always anxious to leave places, but as I think back, I wonder if the need to leave was because he was having difficulty dealing with the charged emotional atmosphere. I walked them back to the car, we said our goodbyes. Both gave me a big hug. Mom said "We'll see you soon," and Dad wiped a tear or two away, turned, and they drove off. Nothing has ever influenced me as much as seeing this tough macho male wiping tears from his eyes.

Now I think about how I felt as each of my children left the nest. Even though you know you will see them regularly and will be in touch by phone, or email, or Facebook, there is a sense of loss. Things will never be the same—not better or worse, but never the same again. Now I know how my parents felt. It was not the distance that was the issue—after all, my hometown was only 45 minutes from Regina—it was the coming of age, the letting go and giving your child the strength, opportunity and support to experience rites of passage. Tucked within the knowing and letting go, was the feeling of loneliness. This was how my

parents had felt; perhaps this is how all parents feel. This is how I felt both as a student and as a parent.

### *Exploring Visions in White*

Nitotem explained how “[w]hite means clean, sterile, and perfect without blemish, without colour,” and this was the image of nursing that she carried. We did not discuss this, but I wonder if she was looking forward to acting out this role, this image, or if her intent was to influence, to change. For some reason this image takes me back to my teaching hospital, which was strongly influenced by Catholic nuns. Between Nitotem’s written image and my memories, I can understand why nursing carried, and in some ways still carries, the romantic picture of nurses in white, mopping the brow of physician and patient, attending and caring, always caring. The descriptive phrase of “without colour”, at least to my mind, depicts some of the attributes associated with the nursing stereotype of servile, quiet, and respectful. I will forever picture Florence Nightingale with the lamp. Nursing still markets itself as the “caring” profession.

Yet, contrary to the “perfect without blemish” image perhaps historically associated with nursing and nursing education, is the reality as explained by Nitotem’s next comments:

I was so glad we were able to wear coloured uniforms.... Colour hid the white perfect image.... I was a nurse that was willing to admit to myself at the end of the day that I made mistakes, didn’t know everything. This analysis was contrary to the message I think nursing schools gave, contrary to what other nurses and I sometimes portrayed.

Nitotem talked about some aspects of nursing which have changed over time and uses the change from white to coloured uniforms to emphasize this cultural shift. Another change she identified was the move towards degree-prepared nurses and the shift away from diploma programs. In the 1970s most acute-care or hospital nurses were diploma-prepared and it was the public health nurses who were degree-prepared. Today the only province which retains the diploma for entrance is Quebec.

We talked for a moment about the differences and similarities between nursing and other education programs. Nitotem commented, “I think that learning style was more obvious when I entered Nursing.” When she mentioned learning style, I recalled the numerous studies and reports related to Aboriginal students and wondered about the institutional and cultural barriers she may have experienced. I think of some of the ways some Aboriginal students learn through stories and a hands-on style. I wonder about how the shift to a more theoretical base impacts student success.

### *Exploring Being in Nursing*

“When I say I stayed too long for my soul, I did just that.” Nitotem’s comment about staying too long “for my soul” caught me unaware. I immediately knew, understood, and felt the emotion behind this comment. For several minutes I relived some of the loss, the hope, the despair, the joy, the sorrow—but especially the loss that I had experienced while working in the hospital. I once again felt “Wendy’s” body wracked with sobs as we clung to each other when her son died from a brain tumour; it was during my years on paediatric oncology.



Strange how those memories and feelings wash over me again. I wondered if it was the same for Nitotem, so I asked, “What did you mean when you commented that you had stayed too long for your soul?” As a nurse I carry this residual emotion; I wonder how the families cope and move forward. Would I be totally out of nursing today if I had maintained my “professional” distance?

“You and I have talked about the various units we worked while still doing bedside nursing. So you know I worked a number of years on paediatrics. I have always wondered about the hospital experience from a child’s eye, the memories. This is the perfect opportunity to gain some insight into how a child experienced his or her time in hospital. So what do you recall? Was there anything about nursing that holds in your memories, a child’s memories?” Her comments evoked images of crying babies, toddlers, and children, of herself as a child being separated from siblings and parents. While many children had parents to comfort them, others were left alone, often for days at a time, with only the nurses and others to offer comfort. That is so sad, and yet as I was comforting those babies and children, I remember being grateful for the opportunity to be with them. I always knew why I was attracted to working on paediatrics; just as I could understand why Nitotem chose to work elsewhere.

I couldn’t stand the thought of one of my children left alone, no matter the reason. Good heavens, if I was experiencing emotional residue on behalf of the children, what must she be experiencing? She was one of the patients on paediatrics. I found myself justifying delving deeper into this time in her life, because I believed it is important for nurses and nurse educators to feel how

people experience our care. Yet part of me felt guilty even as I asked, “Does this memory evoke the same emotions? Have your memories changed over time or are you taken right back to being in hospital as a child?”

### *Exploring Family Narratives*

I find it fascinating that she was so aware of “me” and still aware of parental and community expectations. I wonder if these voices were in competition or created issues between her head and heart. I wondered what other events and people had influenced her at this time in her life. I found myself concentrating now not only on what she was saying, but sometimes how she was saying it. I would jot down a quick note, something like, “Happiness two years, then what?” In this way I was able to “listen” more carefully to the taped conversation. During one of our email exchanges I noted, “You had mentioned being happy for two years when you were in London. If you are comfortable sharing, would you explain if that changed? If yes, what was happening?”

Now I feel bad about asking her what changed! Divorce! Painful! I am sensing that she feels responsible at some level because she had been away from home. “I just wasn’t as carefree ever again.” I find myself going back to this comment over and over again. While I feel sad with and for Nitotem there is a residual melancholy feeling from my own life and divorce; at times I still experience a feeling of loss, and it must also be present with my children. It is different from other losses, such as the death of my parents: that loss somehow fit with the natural order of things, though painfully, of course.

My divorce—I still feel a sense of ownership, it still lingers as a loss, a failing. Is that strange? I have said or shared very few things in relation to my divorce and now wonder again about this life-altering event. My children tell me all the time that they were happier when it was just us, but I wonder. Friends and family would make comments like, “It’s all for the best, you’ll see,” or “God has other plans for you...” and I recall the rage I felt with these platitudes. I know they were trying to provide support, but nothing helped—nothing but time, and taking one step after another. The “one day at a time” adage truly fit here. Sometimes it was one minute at a time. I do not like reliving those days! My youngest daughter will be married this summer; it is usually at those family events that I experience the melancholy.

## CHAPTER 8: LEADING FIRE'S STORIES

I recall the first time I met this lady; she was working for the federal government, both in Ottawa and First Nations communities. The fact that she was First Nation, born and raised in Saskatchewan, a nurse, and did not dwell on what was wrong within First Nations communities, cemented both our friendship and our working relationship. She would tell us stories about her work up north and how health and health care had changed over time. One of her funny personal stories was related to the reality that she is also a bit of a health buff. The story goes that she was out cross-country skiing late one afternoon, enjoying the beauty of the northern outdoors. She was staying close to the community because there had been several wolf sightings in the area. All of a sudden, over the loudspeaker in the compound came a booming voice asking the “lady” who was out skiing to immediately return to the nursing station. Of course she thought there had been an accident or some other emergency; however, once she was safely back at the nursing station they told her that actually she had been called back because wolves were once again spotted close to the community. The story was told as if wolves were a routine matter.

What drew me in to wanting to get to know Leading Fire better was that she was a consummate storyteller. I was thrilled when she agreed to participate in this research. Leading Fire is a name that was shared with me during our initial meeting for this research.

### *Early Landscapes*

When I was about 10 years old my eldest brother was mugged and killed. I remember Mom being very distressed and this stranger, this woman, came to see her. She was a nurse who had worked with my mom before because of my mom's heart problem. Anyway they were linked to each other; the woman came to check on Mom and offer her condolences. I remember being aware that Mom held her in high regard. My mom died four years later; my mom died when I was 16. This lady, this nurse, also came to Mom's funeral. She was held in high regard by everyone and this made a huge impact on me.

I recall wondering what it meant to be a nurse, because they (she) seemed to hold a lot of power. I was sent to a TB sanatorium when I was around five years old. I remember the truck coming to our community every summer and it was like everything became a game. When the "big tuck" was in town, you were almost herded in one door, were given a drink, had a chest x-ray, and then you were herded out the other door. It was tied to Treaty Day, and they actually called it Treaty Day. You would go through the truck line and get your five dollars at the end. That five dollars was something. It was like a big social event; you know like the cleaning of the graveyards. I realize now that the drink was a polio drink.

Well, I was sent to a TB sanatorium when I was five years old. I remember being placed in a crib and the reality was that they looked at us like a bunch of heathens, a bunch of Aboriginal kids. We were given meds every few hours. I remember Mom accompanied me and then told me she was just going downstairs and would be right back. But she didn't come back, and that was awful. Things

are different today, parents are encouraged to stay with their kids, but back then they thought it would be easier on the kids and probably the parents, for the parents to just stay away. There were needles and medications every day. The worst part is that it turned out that I didn't have TB; I actually had bronchitis.

But I recall the power and influence of the nurses. Some were really nice and showed that they cared. You know they would do things like spend extra time with you, bring you extra milk or juice. And some were not nice; they actually threatened to have someone hold you down if you didn't take your meds or something else they wanted. Aboriginal people were actually powerless in the system; they just did what they were told, what was expected. Yes, so when I was in the San, there were good and bad nurses.

### *Educational Narratives*

Years later I was asked to give a presentation to graduating physicians at the University of Ottawa, it was titled "A Day in the Life of". I was a then single mom and could relate to many of the stories the other presenters utilized in their presentations. I recall one comment in particular; one of the physicians had videotaped "A Day in the Life of" a single mother on assistance. She was asked about what she did, how she managed. Someone must have asked her about what she did on vacation and her response was "What is a vacation?"

Then during coffee I overheard four students talking and one comment in particular stayed with me. They were talking about the day in the life stories and one physician said, "Well, I refuse to feel guilty." And this comment was from one of the women, one of the female physicians. I was really taken aback and

wondered why someone like her would go into a profession unless one cared. And she obviously didn't. Hopefully she went into private practice in some plush office and didn't try to work with our most vulnerable people. Can you imagine? It made me realize (again) that not everyone works because they want to change things.

When it was my turn to present, I proceeded to inform the group that I had prepared a presentation on cross-cultural health care delivery; however, after comments I had heard on the break, I thought I should present on why we work in health care and "What defines a good vs. great physician". I proceeded to talk about street people, prostitutes, and the most vulnerable in society, and how with the attitude I had heard during coffee the most "needy" in society would never get the health care they need. Why would they see someone with that kind of attitude? That was the gist of my presentation. Then I walked out.

I also recall attending university; one of the lectures was from a professor in the nursing program. Her talk was about female minorities/Aboriginal people. She talked about Aboriginal people being especially vulnerable because of a "genetic weakness". She used genetic weakness to explain issues like alcoholism, pedophilia, etc.; she listed off a whole bunch. I could feel my face go red and my blood pressure rise. I could feel my dead mom pounding on my back saying, "Are you going to let her get away with this? Say something!"

*I put the tape on pause, because when I looked up I could see tears in Leading Fire's eyes. "I knew I would start crying at some point" she explained.*

Mom with her residential school background had no use for the Catholic Church but she did respect education. I remember my mom. This one day that I came home from school and started telling my mom about Thanksgiving and what we were doing at school. And Mom, this little tiny woman, started on about how “they wouldn’t have survived without us.” And Mom said, “You tell them at school what I said,” and I was so in awe of my mom. I think I was in about grade 7 or 8 at the time, and I went to school and said, “My mom said that if it wasn’t for the Indians,” that is what we were called then, “you white people would never have survived.” And if I remember correctly the teacher actually agreed. You know the way they write text books, it was never from the Indians’ point of view. That memory is hugely powerful for me.

So getting back to the university lecture, I stood up and said, “I want to know where you got these stats. We are not genetically predisposed, we are a product.” The professor actually asked (probably sarcastically), “Do you want to give the lecture?” And I replied, “If the option is your perspective or mine, yes I would.” And she sat down and I took over the class. So I start talking about my grandmother and her six kids and how one day the kids were just gone. Someone, a stranger, just came and took them. Who could she go to, to complain? the police were already there with the strangers making sure my grandmother didn’t interfere. We were totally disempowered. The law and police, um, there were no explanations ... kids came back broken people. They were supposed to be better but they were worse! This has nothing to do with genetics. I used my knowledge of what my family went through. The system didn’t give a shit. Like the professor



talking about genetics. That obviously left a mark. Interestingly, a lot of Indian kids were blue-eyed. But here I was in the hallowed halls, the halls my mom had such respect for, and this is what I was hearing.

You know my mom always prodded us to speak up. She was such a little whippersnapper. I remember one time when I was in junior high and was taking this French class from this teacher who didn't know how to teach. It was actually a non-productive French class. When I didn't do what she wanted in that class she would walk by and pinch me on the inside of my upper arm or pull my hair. One time I yelled "Stop doing that!" and her only response was "You are in detention!" But I wasn't going to let her pinch or hurt me anymore.

One day my mom noticed the bruising on my arm and said "What happened to your arm?" So I told her it was my French teacher. I told her about detention and she called my brother Robert over and told him to go to the detention room and just bring me home and "You tell her I said that." So Robert showed up to get me and the teacher tried to stop him, tried to push him away, but Robert just stared at her and said, "Don't touch me and don't ever touch my sister again either." Mom later met with the principal and showed him my arm; she threatened that if the teacher was not gone, there would be trouble. Boy when her kids were threatened, she was there.

### *Cultural Narratives*

You know my mom always walked what she believed and would say things like, "You are not a dirty Indian." She talked a lot about the power of the earth, about living with the earth, the garden. If you don't take care of it and do your

part, you won't be able to eat, so work hard, respect the earth; don't waste anything. I grew up in northern Saskatchewan. There was always this message to take pride in being Aboriginal and don't think, just become. There was always this sense, especially from my mom, of "I'll always be watching, you need to do the family proud, wherever you go or whatever you do, you represent the family." The only way out of poverty was through education; so the message was always "get that education."

*Leading Fire: That Is My Indian Name*

If I were going to say who I was as a person, I would start by saying I was a parent. I always think first as a parent. That is my primary thought. Or I could say a First Nations parent. I think those would be my first thoughts that come to mind, and of course I always put my family first. Next would be my professional life, which is always nursing in some capacity or another. That is part of me as a person; you can't really describe anybody with one or two words. I think I have a lot of integrity, I am very respectful and I conduct myself honourably. [She pauses thoughtfully.] I follow my convictions, which isn't always easy. I think I am honest, hard-working—you know the usual First Nations women adjectives – honest, hard-working, diligent, very pragmatic.

I say pragmatic with a capital P. I think being a single parent to five children for so long, if you aren't pragmatic you are doomed. I think I am compassionate, a good communicator, good listener, very caring. At the same time, although I say I am caring, I am not soft. If I believe there is something that needs to be said, I will say it even though the listener may not necessarily want to hear it; I will say it. I

will challenge people and I like to be challenged. Another strength I think I have is that I take constructive criticism very well, so I guess that would be part of a good communicator.

I know I am not perfect, I have lots of flaws, but I am always willing to learn and I love to learn. I am a lifelong learner for sure, one way or another. I think I am passionate about what I do; I think if I am not passionate about something I do not have the energy, it just sucks the energy out of me. I tried once in my career to do contract work for money and it was the most horrible experience because my passion, my commitment wasn't there and as a result it was a real slog. I said I will never do that again; if I don't believe in a project I just can't get into it and that is valuable time out of my life that I won't get back. So I am never going to do that again. So I am passionate about my beliefs and that guides my lifestyle.

Funny, when I think about saying that first I was a parent and then I was a First Nations parent, I think maybe that was a Freudian slip in the sense that I said parent and then First Nations parent, because my father was Irish. But I think for me parenting crosses all boundaries; it doesn't matter if you are First Nations, East Indian, or Asian or any culture. A parent is a parent and it crosses all boundaries. And so when I say I am a parent that is what I am first.

### *Children*

The First Nations part comes in when I was teaching my children and raising them, because I believe that you have to have pride in who you are. You have to have a strong solid foundation based in your culture and you must feel

that pride. There are going to be lots of people who are knocking it—especially, and I believe especially as a First Nations person in this country, yes probably more in our own county, Canada and the United States, where First Nations are not highly respected. So you had better have a pretty good self-awareness of who you are as a First Nations person and have a real good strong pride in that, because there are going to be lots of people knocking it, all around you all the time, whether directly or indirectly including in the media or through whatever you read. And so you need to be able to counterbalance that within yourself.

But that doesn't mean that I want my kids to be the face or voice for all First Nations people, but I do want them to have pride in their own sense. Yeah, but—people can say “yeah, but” and they can have in their own head their own argument to refute those comments both internally and externally, externally if necessary and only if they feel comfortable, because I do not want, I am not raising any extremists by any means. But at the same time, as First Nations people, they have to have the tools to grow up solid; to be who they are.

My children have very little sense of who they are outside of the First Nation's culture. It was mostly First Nations, because my father died when I was six and their dad comes from a strong First Nations traditional family and my mother was Dene and Cree, so it was mostly First Nations. That is why I felt very strongly that they had to walk that comfortably, because it is not a comfortable place to be in this country. So that was my focus; I mean, being Irish, yes, there are the Irish jokes, but my children could not identify with being Irish as much as they could being First Nations.

I had been to the Sun Dances since I was young. I went to the Prairie Chicken dances, I did the giveaway; we did the fasts when we were young. My children have all done their spring and fall fasts. All that was our culture; that is what we did. When I was pregnant with my children the old people would wake me every morning because that was our culture; you couldn't watch shows with certain animals because it might leave a mark on the baby. There were all of these traditional rules that I had to follow when I was very young. That is how I was brought up and so that is the same way my children were brought up. We went to those traditional ceremonies in Saskatchewan as well, the Sun Dances, the fasts—all four ceremonies that were part of the traditional Sun Dance.

Like I said earlier, there was very little influence, even for me, outside of the First Nation's culture. I think that is because my father died when I was so young and his family lived on the east coast; I never knew his family. He came from the east coast and I was his only child with my mom so there was no connection to his family whatsoever. When he passed away that was the end of that influence. Mind you, he really gave me a lot in the six years that I knew him. He gave me a real good pride in the Irish that he was. So I knew who I was from that side as well.

But because my kids were brought up where you walked that First Nation's culture and you saw it all the time with your grandparents and your aunts and uncles—they were so traditional and it was just easier. My grandmother never spoke any English, not one word of English her whole life, and she lived with us

until she died. So the First Nation's influence was there every day, all the time, whereas the Irish just, yeah, I was part Irish.

### *Maternal Influences*

But the fact was that my mother and my grandmother really put an emphasis on the matrilineal line of our family and that was a *big* emphasis. The women are the heads of the whole shebang. And so the male counterpart was really negated in our family and unfortunate for my only brother because you could easily see it in his marriage too. He has three sons and no daughters. His wife runs the show, really runs the show, and she is more of a, she has more of a rogue view or interpretation. She didn't view the culture the way we did and there was a sense that she was always overprotective of her boys and just said the teachers wouldn't like them because they are First Nations.

Whereas I went the other way and said the teachers are an extension of me and I wasn't going to let my children have that out. Other than my youngest son and my eldest son, the others look just like me and can pass for Irish any day of the week. It is only my youngest and eldest who look First Nations, so I never let anyone use their culture as an excuse for pity me. But my three nephews always did, and they looked more Irish than my kids. So I just really had to walk that line and say, there is no time for this nonsense, life is tough, get over it! Another example of my pragmatic view of the world [laughs].

### *Nursing Narratives*

There was a group of us, ten of us at the end. But we started off as a group of twenty who started off at SIAST [Saskatchewan Institute of Applied Science and Technology]. It was through them that the Aboriginal Nursing School was started in North Battleford. We actually ended up in the college, but we had started in a couple of smaller buildings in the Aboriginal Health Centre. There was this little boardroom—that is where the twenty of us started, around that boardroom table. They then rented the space next to us for clinical space. It used to be the addictions offices. We literally, the twenty of us went in, cleaned up the space, swept up, moved furniture, and started putting in stuff. Then we got funding to do stuff, or the school got funded to move to the boy's college. They finally rented the boy's college, which was the old Catholic school. They gave us all of their old beds, so the twenty of us went in one Saturday and we cleaned up the whole school, set up the beds. They had given us old sheets and their old dividers; you know those old metal screens with the white material. That was to support our clinical. We had to set it all up.

Needless to say: from all that, the twenty of us became quite bonded. And while doing those everyday tasks and chores you talk about your family. The majority of us, not all of us, but the majority of us, were parents already. And many of us were young; we were so young! And we had crazy partners who were not, not really a hundred percent behind us, just because, I think just because a lot of them were threatened. Other than my partner, I had no one else to support me; by that time both of my parents were dead. I was with a very, very controlling

husband at the time. We had five children; I actually had the twins in the first year of the nursing program. I literally was in class up to the time I had my twins, by C-section because I had placenta previa. Ten days later I was back in class.

I was so driven to get this course done and during all of that I had to battle with my (now) ex-husband because he always told me, “As long as the house is clean and my meals are on the table, you can go to school. But if that changes, then you can’t go.” Those were just the rules, house clean, kids clean, meals on the table, then you can go to school. Drop the ball on any of those and school falls. So it was literally like that, and I wasn’t the only one. He still had his whole family and the only reason I was able to go to school was that his grandmother told him that I should be able to go to school, that I was too bright to just sit at home and raise babies. That is why I was allowed to go to school. It was the grandmother, not my mother-in-law but her mother, that offered that support. That is why I was able to go to school.

But I know a lot of the other students really struggled also; you would see the black eyes coming in on Monday mornings and you would see all kinds of stuff, right? So, the student counsellor was the best thing they did for the school. I graduated from the Aboriginal nursing program, the first intake in North Battleford. Can you imagine, before we could take classes, we had to clean out our space. It was an old residential school. An Elder was there every week, consulting. What hard memories.

*Ten Little Indians*



Ten of the original twenty of that first class graduated in Saskatoon. We were ten little Indian girls, all prim and proper. The rest of the students were in regular clothes, you know, like jeans, and there we were all dressed up like we were going to church. And I remember thinking “they lied to us.” There we were living by all of these rules, like I said very prim and proper, hair up, you remember, nails short and clean, all these engrained rules, and the other students would turn up late. We were expected to give 110 percent, not 100, that wasn’t good enough, and we took this to heart.

So over the year, the two years, some of them left not because of their marks but because of the family pressure, partner pressure. They couldn’t take it anymore, it was just too much. They just couldn’t balance all of it. And so those of us who were really struggling with the family dynamics, we worked hard. I am telling you, we worked hard.

And then you had the other school people coming and saying, “You aren’t doing good enough, you have to be better. Remember, we are being watched.” So not only did we have the pressure from home but we also had to deal with pressure from the school and you also put pressure on yourself. So it was pretty tough going. The final year we had to go to Saskatoon. By that time, there were only ten of us, “The ten little Indians” [laughs].

So we would help each other out. It was constant. If someone came in and their motivation was down because of their partner or another horrible experience on the weekend, sick kids or just no support really, we would always be there. We would help each other with papers; we helped each other with studying and so

that is where that came from, that mentality of “leaving no one behind.” By the time it got to ten of us, we had seen and gone through so much emotional upheaval. No one can possibly imagine or think what it is like to see your colleagues, your peers, your friends going through this horrible experience. You know, like one of my colleagues having to come in one day, but she had caught her husband in bed with another woman that weekend. We still tried to help her through that and we had an exam that week. Like I said—friends coming in beaten, battered, and trying to help them. You don’t get there by yourself and that is the whole point. We sure as hell didn’t have family support, or a lot of us didn’t. So we were, or we created, our own support network.

It was funny because, when we finally finished, like I said, my ex-husband was no great supporter in my corner. I always say I succeeded in spite of him, not because of him. I remember thinking “I’ll succeed just because you don’t want me to” [laughs]. It was funny because I wasn’t allowed to go to the graduation. The message was clear: “I allowed you” to finish school; that is good enough. But my classmates were determined that we would get a class picture, with the little uniforms, and the caps and gowns, and the roses. And he would never have supported that, for sure. I mean, it was bad enough that I was gone all the time and neglecting him, and I do mean it was more about neglecting him than my kids.

So the girls at school kept insisting that I had to have my picture taken: “You worked hard for this,” and again the mentality of leave no one behind. “You are not going to miss out on this,” and they knew what he was like, so they knew

my ex-husband. They knew what he was like and how to approach him. So as they are insisting that I had to do this “because this is a memory. In 20, 30 years you will want to look back.” So they showed up at the house and said we all have to go to a meeting about funding, about money. I am standing there, the deer in the headlights, but wanting to go along with the plan. So he agreed but said, “Well, she has to be home by this time.” He didn’t care that they knew. So they promised to have me back. They took me to where we were all getting our class pictures taken. They had a uniform for me; they had makeup for me because he never allowed me out of the house with makeup on. They had the dozen roses and everything [laughs]. They had gotten roses from family members, so they had roses for me.

So, to this day, I actually have that picture. I left the house to have that picture taken and I left [him] before it was even developed. I was gone. I was here in Ottawa before the pictures were ready. I remember my sister calling me, because I went from Saskatchewan to a women’s shelter with my kids as soon as I got to Ottawa. My sister knew where I was. So she called and said she had gotten a call from one of my classmates and said there were pictures. I thought, oh they had my pictures developed and they now wanted to know where to send them. So they actually mailed them to me here in Ottawa and I have them. I have them and had one framed. I would never have thought about the pictures; those are the memories that will get me. *And we stopped the conversation because Leading Fire started to cry and felt she had shared enough for that day.*

*Nursing Practice*

I am not sure how to sift through all the layers of nursing education. I had worked through many of the education and personal issues when I was in the North Battleford program. Once I got into the baccalaureate program it just seemed easier. Once I got into the Master's, or rather the nurse practitioner, then the Master's I was pretty solid in my own right; I was pretty confident and a good clinician. Yes, very confident in my own right, and so I always had a valid opinion or would participate equally. I was not someone who would just sit back and take notes. I felt that I needed to know, and if I didn't know or understand then I needed clarification. So I actively participated in lectures. I asked questions, prepared ahead of time, and contributed what I knew.

At the same time I was already a clinician with some authority. While completing my Master's I was already working in remote and isolated First Nations communities. So I was able to do my clinical placements as a nurse practitioner in the north. I focused my Master's papers on the north. So at the time I was in my nurse practitioner's and Master's all my examples were in relation to First Nations health care, or delivery or theories or multicultural, because I thought I could speak to these issues, communication styles, and delivery of service within a multicultural environment.

But I also did clinical placement and clinical relief at Pine Crest clinic in Ottawa, which was mostly Somali. I also worked as a student at Summerset clinic, which serves an Asian population, and then I worked at a street clinic. I found that my learning in the nurse practitioner program wasn't just about working with First Nations; it was actually working with multiple cultural groups, people. Now my

examples, when I did my work for my papers was always around First Nations because that was, like I say, my passion and my greatest influence. So, most of my clinical experience, long-term, was on reserves. You couldn't really separate the two regarding the Master's and nurse practitioner courses.

### *More Cultural Narratives*

I was very confident, very comfortable with myself especially when it came to participating. I don't know how or if that had anything to do with my background as a First Nations person, or just me as an individual, or both. I just don't know. I think about the communication and the discussions of First Nation's issues way back when I was in my baccalaureate days, I was quite proud that we were already talking about sexual abuse issues, violence, and the alcohol abuse issues back then. I always thought that we opened those taboo boxes quite early. Then the residential school stuff came along, or I should say, out in to the open; that was more systemic. But in regards to the family issues, we were already talking about the addictions, we were already talking about the children's aid and the issues that went along with that, about the violence, and the other negative things. So I look at that as a positive thing.

I think with the research going on now, in relation to delivery of care, knowledge translation, and the like, those words are just new verbs and new adjectives associated with how we communicate. I think it is all related to multicultural communication, cross-cultural communication. I think we had been talking about that for a while; we just didn't have the fancy words to go along with it [laughs], words that are now attached to it. But we had been. I think that is

positive and I think the government finally started to pay attention in the late 80s, early 90s.

The government finally started to pay attention to the fact that there should be some culturally specific health care for different cultures. Like in North Battleford, we had the Aboriginal Health Clinic, God that was ages ago. So I think that was positive; I think that was really positive to start acknowledging that. I think that everyone deals with the same health issues, diabetes, blood pressure, cardiac, we are all in a mess; everyone is in the same mess. We do have a genetic predisposition to many of the health issues, but we are really all in the same boat when it comes down to issues. We all eat too much or don't exercise enough; you know our cardiac is horrible, etcetera.

Actually, I think many of the Aboriginal people who live in the urban settings are doing a lot better. And I always have to be very conscientious of that, because my time up north was so complex and I always saw the worst scenario. But if you take a step back and come here to the city, or back in North Battleford, or even Saskatoon, it is not perfect but people are more aware of their own health. Aboriginal families do try to eat better—yes, at times it is a real slog and they may be miles behind me, but they have made some positive changes. I think our education, health promotion, health prevention, is really making a difference.

#### *Non-Aboriginal Health Issues*

When I work in health care settings in the city, when I provide clinical care downtown, I see non-Aboriginal people with horrible, horrible skin issues, really bad feet and stuff like that. I don't see that with First Nations people and haven't

for a really long time. And I think it is because of all the diabetic awareness, the fear of amputation, all of that stuff. You know, even the dental decay. Like if I look at street people at the Oasis clinic where I work, I'll get First Nations in there whose teeth are not bad. And then I will get someone not First Nations in there with all black stumps.

So we have done some things right and of course they are not writing articles about that. But it is amazing! As soon as they get anything going on with their feet, they come in from the street, because these are all street people that I am working with. And they come in quite quickly and say "You've got to take a look at my feet." They all have relatives who have lost a toe, or lost something. "Oh, my God, do I have gangrene, or what?" and these are street people! Their feet are their transportation, so they can't afford to mess around, where you get the non-Aboriginal people and they'll come in with huge ulcers on their feet. They never think of it because they do not have that experience, that awareness. So we have done some very positive things; people just don't look at that as much.

### *Culturally Appropriate Care*

I have to give you a bit of a story. I remember when I first moved to Ottawa, good Lord that was in 1991. I was a nurse already and I worked at the Aboriginal Women's Sports Centre, which is now called Minwaashin Lodge, and so what we did was family counselling. At that time I was the only Aboriginal health nurse in the city, period, and I worked out of the Aboriginal Women's Sports Centre. So a lot of times we would get Aboriginal people coming to the clinic for family

violence issues, because it was a family counselling office associated and linked up with all of the family shelters in Ottawa. So they would come in, and I would get the women for health advice, and often there were abrasions, and this health issue or that, and they were in the shelter with children. These kids would be behind in vaccinations, etcetera, here in Ottawa.

So then the counsellors would talk to them, and they would then come and talk to me about the physiological issues that they may have, or that were going on within their family, or personal. You know, if they had been raped or something and needed an STD (sexually transmitted disease) evaluation at that time, or to talk about their children's health concerns. I was closely aligned at that time with Summerset West Community Health Centre, just because we were physically close. So I had a really good communication with the clinic there.

So these First Nations adults, a lot of them were coming in right off of the reserves at that time and they would come to us. We would then get them lined up with an appointment either at Summerset or at some other clinic, like the Vanier clinic, and they wouldn't go. They missed, they missed, and they missed. And then I got an article sent to me from one of the reporters here in Ottawa saying that statistically Aboriginals are getting their health care delivered through the emergency departments of the hospitals in Ottawa. They are not going to the clinics and this is how much it is costing. And they were absolutely right, they were!

So then I started asking the question, "Why are you not going to your appointment at this or that clinic?" I got the answer and there was a theme



happening, that “I am just not comfortable going”; so I started to go with them to their appointments. I would accompany them. And by doing that—and I remember two women who were in their late 60s in the shelter, can you imagine being in a shelter at that age? I went with them to the clinic, and through their eyes I could see why it was intimidating. I mean, you had to walk in and present yourself to these people tucked away behind the glass. I mean, it took everything they had to walk up there and say I am from a shelter, or I am from Maniwaki. And I could understand that, and from that experience I could clearly see and say that there was nothing there that reflected who they are. “My god this is awful for them.”

So from there I had to really start doing some hard work. That is when I started lobbying for an Aboriginal health centre here in Ottawa. I did a review of the birthing unit at the Civic; I did a review of the Rape Crisis Unit that was supposed to be starting up at Riverside and eventually did start. I did a cultural evaluation of all of them. When they come in here, what does a First Nations person need to see? what do they need to feel safe? what do they need to feel comfortable? It was things like, they need some art on the wall, they need a quiet room where they can call family or just be alone and cry, or they need somebody they can talk to. We linked with these facilities; the Aboriginal Women’s Sports Centre started making links because we were there. Aside from me they were all social workers. The rape crisis unit could call us; we all started to carry pagers so they could contact us whenever they needed, whenever an Aboriginal woman was brought in they could call one of us. So we would go in and sit with them. If

someone didn't feel comfortable going to one of the health centres to talk, someone from our office would be available. But it was taking a lot of work.

So we needed an Aboriginal Health Centre. And that is where my next project came in. I did the statistical background; I contacted all seven health centres in Ottawa at that time. Approximately two percent of their funding was targeted for First Nations people whom they were not serving, not because they didn't want to, but because they did not have the right way, the right facilities. So I went after that two percent of the funding to make our own Aboriginal Health Centre and did a lot of public lobbying, a lot of government lobbying at the time; I got seed money of \$85,000, worked with the Aboriginal Women's Sports Centre to umbrella the first year. We purchased the building in Vanier, bought all of the equipment in Vanier, and hired all of the first-round staff. I had to put the whole thing together; we started from nothing. In thinking who we were going to need on the board, we decided we would need a lawyer, a doctor, we would need this and need that. As well, it was on Algonquin grounds, so I had to talk to Golden Lake and get them on side. We actually opened a satellite at Golden Lake. So from that, cultural safety, the clients just did not feel safe. It was bigger than cultural safety, it was about a system that I was familiar with because I could say this smells familiar or this looks familiar, and so on.

I would say it is the same for all people, in terms of cultural safety, not just First Nations people. When I worked at Pine Crest clinic, which used to be on Heron, I worked there for about one year. That was mainly a Somali, Muslim community. I remember a young woman maybe 23 years old coming in for her

early prenatal care. We had to do a vaginal exam. Her husband came in with her and she was behind the curtain. We had to do some pretty fancy tap-dancing to get this done. With me being who I am and with my own issues, my own history, I remember thinking this guy is controlling her. I had to deal with my own stuff. This guy is controlling her; this is a form of abuse. Don't forget, I am also working closely with the Aboriginal Women's Sports Centre, so this is what I know and what I hear, right?

So here is this guy, and you cannot touch or talk to her without his permission. So it was my responsibility to go home and figure out what is this Muslim culture all about, because I do not know it and there is obviously something there. She obviously was a happy lady and quite excited about having this baby. And she didn't seem to be the oppressed woman or look like the abused woman, from our standards. So that was a huge learning opportunity. It is not just us; we certainly do not corner the market on oppression by any means. And we have a whole cultural set of rules that everyone else does not know. So none is better or worse than the other; they are just different. Well, according to our value systems some are worse. But really, I had to learn about that before I could decide, because my first instinct was that here is an abused woman and this guy is a real creep. I wanted to tell him to get out of the exam room so I could give his wife a proper examination, and ask her some questions, and provide a safe place while I do both.

And that was the first thing. Because, normally, when you are in the clinic and the husband, boyfriend, or partner doesn't want to leave, you ask the woman

if she is comfortable having him in the room. Well, that is a big no-no in the Muslim culture. You cannot ask her if it is okay; she has no say. Usually we would ask, would you please step outside while we complete the examination? You cannot do that! So it was a huge learning opportunity and that applies to everybody.

And yet the wife would've been just as taken aback as much as he would have been, had we not paid attention to those cultural rules. She would've been just as appalled and may not have come back for her prenatal care, which really was the priority here. So it was good learning for me and I think that I handled that situation very well. I was First Nations and I understood that my own cultural rules were different. And I thought, okay, these are their cultural rules. So let's walk softly here; the first questions were posed to the husband and not the wife. So I needed to find out: what are your rules about vaginal exams? how does it work in your culture? because, normally, this is what we do. How do you want us to proceed? And by giving him that responsibility, it went well. But I really had to catch myself up short to do that. Perhaps, had I been somebody else, the ending would have been quite different.

## CHAPTER 9: CONNECTING WITH LEADING FIRE

### *Exploring Early Landscapes*

Leading Fire began by talking about family and why she was always drawn to nursing as a profession. She began by sharing a story about her eldest brother's death and about "[t]his stranger, this woman [who] came to see Mom." This event occurred during the formative years of Leading Fire's childhood. The nurse was a stranger to Leading Fire but obviously had an established relationship with her mother that went beyond that of nurse with client. Nursing students are discouraged from getting "too close", yet it is at times of personal crisis that they are most needed. The stranger happened to be a nurse, but I wonder now which made the stronger impact: the fact that she, the stranger, was a nurse by profession or the fact that she made an effort to "be" with Leading Fire's mother. Would Leading Fire have linked as strongly with a teacher or another person?

Leading Fire went on to talk about her personal experience with the "system" generally and with the health care system in particular. Her story about the TB (tuberculosis) truck brought back my long-buried memories of the same event. I do not recall if this event was sponsored by the federal government for First Nations people, or by the province for all people. Tuberculosis was and continues to be associated with First Nations people. However, crowding, poverty, and the other social determinants are not related only to this group of people. I can clearly picture the truck, like it happened yesterday.

The "Fort San", a tuberculosis sanatorium, was infamous in the small town where I grew up. My mom's first nursing job with the federal government was at

the Fort San; it was there that she first met her future mother-in-law and where my paternal grandmother delivered a healthy baby boy who was “farmed out” to another Métis family in the area because there was no one left at home to look after him. Such sad realities people lived at that time. Sometimes it is difficult to determine if the “special” attention often paid to the Aboriginal people of Canada is of benefit, or if in some way it continues to undermine them. Yes, there have been some positive changes, but issues such as TB and the effect of residential schools continue to plague First Nations societies and communities in spite of all the time, money, and effort.

### *Being Indian*

According to Leading Fire’s experiences and insight, Aboriginal people were actually powerless in the system; they just did what they were told and what was expected. Her early experiences with the system, and nurses in the system, caused her to wonder about what it meant to be a nurse. One thing she perceived was that nurses seemed to hold a lot of power.

Leading Fire went on to talk about her experience in the San and recalls the feelings associated with “looking like a bunch of heathens, a bunch of Aboriginal kids.” This memory remains very vivid. How powerless she must have felt as a young child at the mercy of the “good” and the “bad” nurses. What was it like for Aboriginal parents and others to know that their children were at the mercy of such of a system? What is it like today? If the children had not looked like “heathens” or “Aboriginal” children, would they have been better treated? What was it like for Aboriginal people (and others) to visit this sterile, “white”

environment, where laughing was discouraged, where the food was strange? What was it like to be held down and forced to take medication without explanation, without understanding? Is the system still turning out “system” players who perform their jobs without thought or compassion? Such was the power Leading Fire associated with nurses. And yet, overall, Leading Fire’s story spoke of her childhood experience with nursing as a positive influence.

### *Exploring Educational Narratives*

Education played a strong role in Leading Fire’s life, as it had with all of the research participants. For Leading Fire, helping others understand the Aboriginal peoples of Canada, including their health and experience as recipients of health care, has figured prominently. She tells of being invited to present a “Day in the Life of” story. The preceding title contrasts sharply with the comment “Well, I refuse to feel guilty,” made by one of the attending medical students. The medical student’s comment raises the query about “What defines a good versus great physician.” If health care personnel are unwilling to listen and cannot “hear” the stories of others, how will they ever be able to work with anyone, let alone the most vulnerable in society? As Leading Fire asks, who will ensure the most “needy” in society have access to the health care they need? Although the “Day in the Life” stories depict medical students, in fact these questions and concerns need to be addressed to any professional (and) group, to the institutions which educate them, and to the government who often pays in some way for university education. What role do nurses’ and academic institutions play in changing and/or perpetuating the system?

On the other hand, why should health care practitioners, such as nurses, be made to feel guilty? In truth we each have choices to make. We all have a right to make a living, and we all want to make a good living, or else we would spend our time doing volunteer work. But it cannot all be about money and prestige, can it? As well, change within professions and society is slow. How can one person hope to make any difference? Why should one (nurse) care about changing the views or informing colleagues about the “other”?

### ***Raising Resilient Children***

Leading Fire shared several stories about her mom. One story that made a lasting impression on me was when Leading Fire talked about being bullied by one of her teachers during French class. I almost felt like cheering when she commented, “Boy, when her kids were threatened, she [her mom] was there.” I experienced a momentary thrill, as I do when the good guy beats the bad, like in the 1994 movie *The Shawshank Redemption*. The teachings from Leading Fire’s mother retain lifelong influence.

*In a previous discussion you had talked about your mom and her influence; it sounds like you have had very similar experiences and influences with your children. At this time, I would like to go back to the nursing piece. You had talked a bit about your educational experience in the two-year program in North Battleford and, if you are okay, we will explore that later. You had also talked a bit about some of your experiences at university and spoke with passion about the one classroom experience in particular. Can you talk about that experience as a nursing student?*



Leading Fire spoke about another teaching session where a member of the nursing faculty made comments about First Nations people being “genetically” predisposed to certain social issues. Leading Fire commented, “I could feel my dead mom pounding on my back saying, “Are you going to let her get away with this? Say something!” Although the “need” to address these common misperceptions may have initially manifested due to early maternal teachings, in fact it was/is Leading Fire that addressed the need to say something.

I cannot help but contrast this with Leading Fire’s comment about not raising her children to be the voice of the First Nation’s people, of the oppressed. We—or perhaps I should say I still hear messages and voices from childhood. One message that continues to echo for Leading Fire is, “I’ll always be watching, you need to do the family proud, wherever you go or whatever you do, you represent the family.” Another message was about how the only way out of poverty was through education. However, she does not want to impose these same pressures on her children. Where is the balance?

I make a similar query in regard to health care practitioners and their education. For example, how can nursing students reconcile the mixed messages of “caring” for all members of society yet experience “lack of caring” during nursing education? Nursing programs cram everything into a four-year degree. There is seldom any significant thought given to reducing the student workload because students and nurses “need” every ounce of learning they can wring out of the hard sciences, social sciences, medicine, nursing theory, and clinical practice. Where is the balance? Are there any similarities with the silence associated with

taboo topics and actions in dysfunctional families, where the children are told to keep the family secrets at all costs and the socialization process in some education process? Is there something here that has perhaps crossed institutional lines that we learned from our childhood homes, that we must keep secrets at all costs? Have we learned that reprisal for speaking out or against certain practices may/would be swift and certain?

But is it always that clear cut? Sometimes it is difficult to tell the good guys from the bad. What was the intent behind the nursing faculty's rendition of the social issues associated with some Aboriginal people? Was the intent of sharing the latest theory, the "genetic" theory, to inform the nursing students? Did the instructor plan to present numerous well-rounded theories so that the students could formulate their own conclusions about the social ills of some Aboriginal people? Although the genetic theory was no doubt well researched and written by some academic scholar, was the researcher's intent to inform the depths of the human spirit, or was the researcher's intent to meet the "publish or perish" cry of academia?

### *Exploring Self*

Leading Fire explained,

You had better have a pretty good self-awareness of who you are as a First Nations person and have a real good strong pride in that, because there are going to be lots of people knocking it, all around you all the time, whether directly or indirectly including in the media or through whatever you read. And so you need to be able to counterbalance that within yourself.

There are so many messages in the above words. On the one hand, it is true that in some cases, some of the time, some Aboriginal people do not meet societal “requirements” and “expectations”. This can be said of all strata of society, cultural, economic, and educational. And yet, do education programs educate their students about how to recognize and respond to “spousal abuse” within the high-ranking members of society, about recognizing any form of bullying and responding appropriately, or about how to critically read and appraise media and the written word, especially the “negative” focus which sells the news? As Leading Fire explained during one of our dialogues, there has been some very positive progress made in relation to Aboriginal issues, including health. But “We have done some things right and *of course they are not writing articles about that.*” Do education programs explore some of the things that have been done “right”? Or is there some political, financial, and societal pressure to dwell on the negative?

### ***Leaving No One Behind: The Experience at North Battleford***

Many of us found our initial nursing educational experiences difficult for numerous reasons: it was our first time away from home, we experienced financial pressures, loneliness, there was the need to learn another “language”, and so forth. However, as Leading Fire recounted her early nursing education, I knew that this would be the most difficult story to share. But she was determined that it would be told. As I think about our conversation, I recall comments made either to me or in my presence by partner institutions and others; one comment that I hear over and over in my head is, “So why should these Aboriginal students

be given ‘special’ consideration?” The truth was that they never were given special consideration in the sense that their academic requirements were changed. The truth is that many of the issues experienced by Aboriginal nursing students are the same as those of all nursing students. One major difference is in the sheer volume of obstacles and issues—as Leading Fire explains recounting her experience in her diploma program.

As was the case for Leading Fire, many Aboriginal students continue to be the first generation at university. As well, cultural and social pressures do differ as explained by Leading Fire when she said, “I had my twins, by C-section.... Ten days later I was back in class.” I was so amazed and privileged that she was sharing this experience with me. I frequently stopped the tape so both of us could get our emotions under control. Although she did not say it that day, she had often commented how important it was for other nurses and nursing faculty to understand more about the Aboriginal student experience. That is why she had agreed to participate in this research. She wanted to finish this story, so I turned the tape back on and she continued to share, even as she wiped the tears from her cheeks. “The student counsellor was probably the most important....” And once again I stopped the tape. “No, but goodness, this is a terrible way to spend the end of a Friday afternoon,” she laughed, while once again wiping away the tears. She talked about the support from fellow students, about the graduation pictures and lack of support from the one person she should have been able to count on, her husband:

I succeeded in spite of him, not because of him. So, to this day, I actually have that picture. I left the house to have that picture taken and I left [him] before it was even developed. I was gone.

It isn't about competing as individuals; it is about achieving as a group, as "ten little Indians."

### *Being a Nurse*

Leading Fire went on to talk about some of her actual nursing experiences. She worked in remote and isolated First Nations communities, worked with Somali and Asian people in Ottawa, and also worked at a street clinic.

*In a sense, much of your experience has been in working with vulnerable populations, a term I use loosely, because I know that many First Nations are in fact very healthy and would not accept or be pleased with a term like vulnerable. So if you were to look at what is working well in terms of Aboriginal people and Aboriginal health, not only as a First Nations person but also as a very strong clinician, what would you highlight?* Leading Fire explained about opening "those taboo boxes quite early" and talked about addictions, violence, and the common issues of an aging population, which include diabetes, blood pressure, and cardiac health. She concluded by saying:

We are all in a mess; everyone is in the same mess. We do have a genetic predisposition to many of the health issues, but we are really all in the same boat when it comes down to issues.

### *Cultural Competence and Multicultural Nursing*

We had circled the topic of “cultural competence” on a number of occasions; because of Leading Fire’s extensive experience with “others”, I felt she would be able to offer some insight into this area. I asked:

You commented about the clinic in North Battleford and the cultural care offered at that site. What for you denotes culturally appropriate care, culturally safe care, or any of those buzz words? What does “cultural safety” mean, look like, smell like, feel like, etc. for Aboriginal people? How does it differ from the mainstream?

Leading Fire explained how our senses pick up various clues and allow us to feel safe. She then went on to talk about her personal experience in another context. She talked about her experience with a Muslim man and his pregnant wife. She raised a very important point: it is not just Aboriginal people who are the “other” or are treated as such. Even with her own experiences within the system, she had to dwell for a time on examining her belief system from both a First Nations’ and a nursing perspective.

I have been thinking that, often, just based on our licence or diploma or degree, we have access to people in a way that we tend to take for granted. We think that licence gives us power over everyone. It once again occurs to me, as I read and reread Leading Fire’s experience with the Muslim couple, how I have taken for granted my routine use of health histories, and the right my nursing credentials have given me to browse through charts ... as if my degree or position truly gives me the right to delve into someone else’s life; as if the routine

questions can actually provide insight into that life—into the physical, mental, emotional, and spiritual essence of a person.

**CHAPTER 10: NARRATIVE THREADS**

*Just beyond my reach  
Is something I should know.  
The quiet whispering of new senses  
Murmur in the back of my head.*

*Bill Cattey*

Cattey's poem reminded me of my waking moments, those moments which for the first few seconds a dream remains vivid, clear and fresh with memories, smells, colors and emotions. At times throughout this research initiative my memories, the stories and wonders were like those waking moments, clear, sharp, fresh and focused. And like the dreams at times my stories and those of the nurse participants spoke so clearly to me and to anyone who read or listened to the stories the words spoke for themselves. At times the road ahead was clear and I could once again see the dual paths constructed in Frost's mind, winding into the distance.

However, sometimes, the more I tried to capture and retain the memories and feelings of the stories the more illusive the feelings and memories had become. At these times my memories were like Cattey's poem, with something appearing, disappearing and reappearing as if through a dense and shifting fog, clear one moment as the wind shifts and then lost again for the same reason. At those other times, I could feel the mist on my face and only sense something in front of me. At times the words, the emotions and the pictures the feelings created were so close, but fleeting. The more I attempted to capture the words, emotions and pictures the more I felt them slipping away.



As explained in chapter one, the primary purpose of this research was to hear and narratively inquire into the stories of Aboriginal nurses regarding their experiences in nursing, in formal and informal education, in practice, and in life. In this chapter my intent was to position side by side some of the narrative accounts of my life and the lives of the nurses who participated in this research in order to help others understand and share the meaning of our lived experience, as nurses, as Aboriginal people, as Aboriginal nurses and as people. At times the stories focused more on some Aboriginal cultural plot lines, but generally the stories were human stories and could have been told by anyone willing to recount and share memories and stories. The intent of this chapter was to share the narrative accounts in ways that if the stories spoke to the reader, created pause or caused someone to ponder, then the purpose of this writing was fulfilled.

One metaphor stirred within me as I listened, reread, wrote and wrote again, the stories of the nurses. It was a metaphor of a garden and thus I used the garden metaphor in subsequent writing. I chose the following constructs associated with a garden to discuss and explore the nurse participants' lives and experiences: first, the garden or childhood narratives; second, planting seeds or exploring thoughts about nursing; next, leaving home or transplanting seeds and roots; and finally both education in general and nursing education as continued growth. By remembering together we explored the initial planting of roots and seeds, the replanting and the subsequent growth that occurred.

As well, at each phase of the writing I chose to include the storied elements which I believe exemplified some roots of resiliency. I explored possible

resilient moments in the nurse participants' stories. There are numerous definitions of resiliency and much in the literature about this topic. According to Daskon (2010, p. 1080) "Resilience is the process of negotiating, managing and adapting to significant sources of stress or trauma." This is the definition I kept in mind as I questioned and looked at the resilient aspects in the nurses' stories.

Daskon went on to state that the "Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity. Across the life course, the experience of resilience will vary" (2010, p. 1080). The constant changes and weaving in and out of the stories and experiences exemplifies for me that resilience varies across time, space and place.

### *Gardening*

I chose the metaphor of the garden to help centre my stories, thoughts, memories and actions. My family home is situated in the beautiful Qu'Appelle Valley, surrounded by hills, coulees, a dried up creek for much of the year, trees, shrubs and grass. Many of my first memories are about living and "being" both consciously and sub-consciously on the small acreage where I grew up. I recall numerous stories related to the reality that our first family home was washed away by the spring floods of 1956; we have pictures of the event. However, it is memories about our second home that I want to share. Our second home was built close to the middle of a huge field, with the creek and railroad tracks on the north side, the old and then the new highway to the south and trees and shrubs on the perimeter. I wonder now about the location. Did my parents believe their new

home would be safer here from the forces of nature? The only greenery close to the house was a stand of hardy prairie caragana bushes; the bushes were situated out our back door. We did not have a lawn; there was hardy prairie grass everywhere except for spots on the driveway and the ploughed field where we grew our family garden.

But it is not memories about the family garden that I want to share; I want to talk about the small flower garden that my mom grew every year. Each spring she would have my dad or one of my brothers help her dig or re-dig a small area close to the caragana bushes. Every year there were elements of starting over, because the caragana roots and prairie grass invariably spread and grew and spread and grew trying to reclaim this small piece of earth. She would plant her seeds, dig up and move perennials that had survived the harsh prairie climate, haul water from the well because at that time we did not have running water and she would weed. She would tend this small garden almost every day from the time of planting until harvest. Sometimes the pink hollyhocks would have dropped seeds and she would carefully dig and move these small plants to line the south wall of our home. Sometimes my mom just worked around the perennials, carefully pulling back the caragana roots and prairie grasses. She loved the splash of color these plants created. Sometimes these replanted hollyhocks survived, grew and dropped seeds for the next year and sometimes they did not.

This cycle with mom and the flowers continued for years. Although she enjoyed the flowers, I know it was more than the flowers that drew her to this garden. Others thought she should just give it up; that it was a waste of time. She

might have talked about digging up the caragana but never tried. At times she would mutter about the roots and the grass, but it was almost like a part of her enjoyed the challenge. She enjoyed the digging, the feel of the soil and the dirt on her hands, the smells, the planting, the watering, the weeding and the fruits of her labour. She had a picture of the garden she wished to create and sometimes would share this vision with us. From year to year this picture could change. Sometimes mom just randomly threw the seeds into the prepared soil; other years she would carefully create rows of flowers using string tied between two small sticks to create her perfect rows. Some years she chose a specific color scheme and other years she would plant a variety of seeds and small plants. She experimented and sometimes had to let most of the new plants, including weeds, grow until she could recognize the plants and then weed as necessary. But it was more than the garden that she was creating. At times she would escape to this small place to just be, to nourish her soul, to spend time away from the day to day realities that were her life. I do not mean to imply that she did not enjoy nursing at the hospital or raising her large family, but at times each of us needs a place to be. We built a new family home when I was in grade 9 and she started creating and tending a new flower garden, a new space to be. The caragana bush was pulled out and burned the year the old house was sold, lifted and moved into town.

The senses of being and growing are related to the home and figure prominently in each of the nurses' stories. There are numerous disciplines and theorists such as Heidegger (1971), Serfaty-Garzon (1985) and Fox (2007) who have explored the concept of home. As well, there are numerous idiomatic

phrases associated with home, for example “Home is where the heart is”, “Get your own house in order”, “Have a roof over your head” or “Lead someone up the garden path.” “Home” manifests quite differently for each of us.

The garden can be viewed from numerous perspectives including gardener-garden and man or woman versus nature. I have chosen to begin with the gardener and the actual garden, rather than pitting oneself against something as implied by the word versus. From this perspective, the gardener has the opportunity and vision to create anything. Perhaps the gardener has carefully drawn out this vision on paper and works diligently to turn that vision into a reality. It is at this stage that the soil is readied. Perhaps the gardener just starts digging and working around the various obstacles such as rocks and roots. It is at this stage that one may determine the initial location, size and shape and perhaps chooses a few plants with which to begin.

### *Narrative Thread One: Childhood Narratives*

We do not choose our childhood, our parents, or our initial circumstances. We are born into a garden which has already been created and started by others. Initially we do not know how well the garden has been tended, if at all. These are things beyond our control; all initial decisions associated with where and how we live are determined by someone else. We do not know the vision for the garden or if there was a vision. Sometimes new sections of the garden were planned, created and carefully tended. Sometimes seeds just spread randomly and by circumstance one fit well within the garden and was carefully tended. Sometimes seeds just blew into the area whether the soil had been prepared or not.

As Hall (1989) explains, “The past is not only a position from which to speak, but it is also an absolutely necessary resource in what one has to say” (p.18). I found it very helpful to get to know the nurse participants through some of their childhood stories. For that reason the first thread discusses and links early landscapes or childhood stories as remembered and told by each nurse participant.

### *My Early Landscapes*

Several years ago, one crisp fall day, my youngest daughter and I visited my family home; it was a place I had not visited for several years, really not since my mom, my sister and I cleaned out the house and “put away” things following the death of my dad and remarriage of my mom. My visit home that September was a reconnecting with the past.

But the visit quickly turned into something else. As my youngest daughter and I walked the acreage close to my childhood home I was overcome with feelings of nostalgia, of comfort, of loss, and the feelings from the phrase “you can never truly go home again.” My eyes wandered to the surrounding hills, the coulees where my dad and brothers had hunted for much of the food that adorned our table, to the old “well” abandoned because the newer house now had running water and to the garden area now again a field of summer follow. I could see some flowers growing around the perimeter of the lawn and wondered for a moment if the current tenants could appreciate all the work my mom had put into preparing the soil.

For a moment, I could hear the screaming and laughter as we played in the yard, worked in the garden and ran in and out of the house, with mom and dad’s

voice clearly yelling “close the door, you’re letting the bugs in”. I could smell the Christmas cake that was invariably scorched just a little bit on the bottom no matter how carefully mom would grease and line the pans with paper and the smell of the “tripe”, one of dad’s favourite foods, a delicacy that he had to cook outside because the smell was so terrible. Tripe refers to the stomach tissue of domesticated animals that has to be boiled for at least twelve hours to even make it edible, even then the texture, look and smell are such that I could never bring myself to taste this delicacy.

This land, this home was the result of funds my dad had sent home while overseas during WWII. This place represented much more than just a physical structure. It was a dream which had materialized due to hard work, perseverance and a willingness to adapt. The place held so many memories, so many stories. As well as the memories, was the visual evidence of change; the trees my parents had planted at the front of the house were overgrown, the front porch was starting to sag and mom’s tenant had cleaned out much of the scruff and shrubbery out the back door down into the creek area. The childhood mysteries forever associated with wandering through that wild place and wondering about the hidden treasures was lost forever. There was no mystery; there was grass, a few trees and lawn furniture carefully positioned in front of a huge fire pit. Laid out side by side, for that moment in time, were a few of the memories of my childhood and the reality of my adulthood.

Other than a few residual snapshots and memories that I used to construct this vignette, there is no way for me to tell a complete version of my childhood,

let alone a complete story of my life. The flashback to my childhood was filled with positive images and emotions, but it could easily have been another scenario that was pulled from my bank of memories. I agree with Neumann (1997) who explains that what each of the participants and I tell is by its very nature incomplete. I once again became aware of all the moments I had taken for granted, that now remain only as memories, if remembered at all. I become aware and wonder about the person I have become as a result of, and perhaps in spite of, those lived experiences. I wonder about how those experiences helped me move forward on my path of discovery, my journey on Frost's road less travelled.

As I had listened to Ma Sœur, a melancholy feeling came over me. I remembered the good and bad stories from my own childhood. Somehow even with the drinking, fighting, and the textbook explanations of instability, I look back with great fondness on my childhood. Yes, I do not deny moments of dysfunction, even severe dysfunction written about by numerous authors (McCully, 2004; Wallis, 2002; and Walton, 2002) but I remember and feel the love. In contrast to my mind's picture of a stable and loving home environment, I picture Nitotem, this little baby, later as a little girl, living separate and apart from her family for long periods of time. I felt her loneliness as she talked about this time in her life. I cannot imagine a little girl being physically separated. Her statement "I was always away from them. So sad" was particularly poignant.

#### *Ma Sœur's Early Landscapes*

As is the case for many children, Ma Sœur did not always experience home as a haven, a place of safety, a shelter or a place of stability. Some aspects



of her stories addressed the need to escape from home and her father, to find shelter and safety at the home of her mom's friend. However, situated along side the challenges are memories of her mom working beside them, literally in the garden. Ma Sueur's mom tended to her children in ways which helped balance the lingering effects of living and being in an unstable environment (Angell, 2000). I can not help but wonder if Ma Sueur's mom did this intentionally and was aware of the need for balance given her own childhood situation. Ma Sueur's mom planted seeds and nourished them for the future because Ma Sueur went on to say "So, my parents were not stellar. They struggled, but they must have done something right, I am successful, have children of my own and they are good kids." She must have learned some level of trust in childhood but underneath there is also the sense that she will watch to see if she is going to be hurt or if she can trust another with her welfare.

As well, Ma Sueur's grandmother planted the seed of education so through this memory I came to understand that her paternal grandmother played not necessarily an important role in Ma Sueur's life, but played a role. Both the pain and the love associated with childhood memories are evident in Ma Sueur's memories and stories. Ma Sueur was able to share stories about her childhood, but it was not only the story that could be heard; the silences, the pauses and the tears spoke louder than was possible with just the written work. As Neumann states "It taught me that the stories I hear of other's lives are composed only partly of text; they are also composed of silence for which no text can exist" (1997, p. 92).

*Nitotem's Early Landscapes*

Nitotem did not talk a lot about her home, but in many ways elements of her “being” and her identity are tied to these childhood memories (Angell, 2000). She actually lived away from home and her community for the greater part of her childhood either tending school or receiving care. Even as an infant she spent long periods away; many of her memories were tied to being in the hospital or visiting the hospital for frequent checkups. In many ways she did not have the opportunity to grow up in or at the family home; her garden was rich but with soil, fertilizer and water that may have been initially foreign to her sprouting roots.

She talked about being very self-sufficient later in life and I can see the roots of that self-sufficiency stemming from her childhood. Self-sufficiency originates from Greek and refers to the state of not requiring any outside aid, support, or interaction, for survival; it is therefore a type of personal autonomy whereby one is able to supply one’s own needs. Nitotem was alone and perhaps learned “self sufficiency” as a defence to ward off feelings of loneliness and isolation. I cannot help but wonder, if Nitotem’s lean towards self sufficiency was her way of becoming resilient. In many ways, her sense of self and coping exemplify Daskon’s (2010) explanation that “Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and ‘bouncing back’ in the face of adversity” (p. 1080).

I wonder what stories her parents and siblings would tell of this time. What versions (Neumann, 1997) would they be willing to share about their memories of that time? I wonder if Nitotem would play a central role in parental

and sibling stories and if we would come to see and or understand her through different eyes, time and place.

### *Leading Fire's Early Landscapes*

Leading Fire had many fond memories associated with her childhood home. Her stories of home centered on the memories of her mom and Leading Fire's strong sense of self seems to be linked with stories and memories of her mother. Leading Fire's roots are strong (Angell, 2000). She internalized many of the same characteristics and attributes of her mother or that she associated with her mother. The most obvious quality she internalized was making sure her children were safe, that their fragile roots had a place and time to grow strong and dig deep into the surrounding environment. Her mom gave her that a sense of safety and ultimately the belief in herself and her abilities. In turn, Leading Fire helped her children "be" or learn to be safe by helping them feel proud of their Aboriginal roots and culture. However, she also clearly helped them understand that individually and collectively they were also responsible for their actions. She did not support the idea of just sitting on the sidelines waiting for the "system" to be perfected. She worked with her children to help them assume personal responsibility for their lives, their families and communities and by doing so she nurtured strong seeds for that time and place and for the future.

In a way both the "system", represented by the teacher who was bullying Leading Fire before her older brother Robert interceded, and the "individual" represented by Leading Fire who helped her children to understand "there are going to be lots of people who are knocking it", it being a First Nations person in

Canada, shaped Leading Fire's early landscapes. Leading Fire worked with and supported her children to ensure "they can have in their own head their own argument to refute those comments (about Aboriginal and First Nations people in Canada) both internally and externally.

### *Narrative Thread Two: Home*

As I was listening, learning and sharing with the nurse participants a common thread related to the sense of home. Each nurse participant experienced living at home or the concept of "dwelling", in a unique manner. I want to clarify that I am using the philosophical concept of dwelling here in terms of understanding a bit more the nurse participants' stories of home. Because I do not want to get caught up in the theoretical underpinnings and roots of words, the history and etymological tracing of the words or attempting to explain all of the nuances of "dwelling", "dweller" or "to dwell", I have chosen to use Heidegger's (1971) words, to explain the concept of dwelling. Heidegger begins by comparing and explaining numerous phrases related to building, neighbour, the dweller and to dwell and states:

I dwell, you dwell. The way you are and I am, the manner in which we humans *are* on the earth, is *Buan*, dwelling. To be a human being means to be on earth as a mortal. It means to dwell" (1971, p. 147).

Heidegger's work talks about dwelling on the earth and that by the process of dwelling we are creatures that live and be. However due to our nature and the business of our daily lives and some of the stories here told by the nurse participants sometimes we keep "being forgetful of being.". When we forget our

being, our life in our homes and with families, we forget how to “dwell”; we either do not know or forget how to be home. So we keep building and building, but unless we build the structure with being in mind, we do not build good structures and therefore cannot be.

According to Serfaty-Garzon numerous researchers “Share a vision of the dweller as an acting subject who confers meaning upon the world but also as an individual acted upon by the world of which she or he is a part” (1985, p. 3). Bergum refers to this interaction as “the humanness of being in the world” (1989, p. 43). So there is also a sense of reciprocity, of the dweller being acted upon by the dwelling or the dwelling being acting upon the dweller. The same relationship exists within the metaphor of a garden; nature either works with or against the gardener, who at the same time either works with or against nature. Gardens must be tended; the gardener can not forget, can not neglect.

### *Seeds of Nursing*

From each of the nurse participant’s stories hold memories of love, of struggle, of laughter, of pain and of survival. There was a strong sense of continuity over time and we come to understand the intergenerational struggles and strength that formed and are forming our sense of self, family and community. It is through our childhood experiences, memories and attachments that we first develop a sense of identity. As I was thinking about the lived experiences of the Aboriginal nurses, their individual memories of home and childhood frequently triggered memories of my own home. Greene (1995) writes

about the shaping of self from our early landscapes and it is with this reality in mind that I share the following stories.

*My Seeds of Nursing*

As Nitotem shared the stories and memories of her childhood and time in the hospital, I was drawn back to memories of the Fort Qu'Appelle Indian Hospital where my mom worked until I was in high school. I remember walking to the hospital from the little grey Cottage School, hoping to catch a ride home with my mom. Once in a while I would catch her, but often I would need to backtrack and walk twice as far to get home before dark, especially in the winter. We lived about a mile from town. I remember the feel of the hospital, the smell and the numerous heavy doors. Most of all I remember the smell. I loved meeting the staff, the routine noise and the quiet business of the place. I remember one young First Nations man who was a TB patient. Sometimes he would watch for me and yell greetings from the second floor window. I remember the yearly hospital Christmas party held for the staff's children; what a thrill it was to receive those brightly wrapped packages. I worked at the hospital between my first and second year of nurse's training.

As well, I remember the numerous hospital colleagues and friends who would visit mom and dad at home. I remember Jean Cuthand, before she married and became Jean Goodwill. Interesting the perspectives and memories we have. For much of my life Jean was Jean, a friend of my mom's; they worked together and remained friends until the end. To other's she was "Jean Goodwill" and others write about her to this day.

I remember the many nursing reunions I attended with my mother. I recall the long drives to Brandon Manitoba and have vague memories of being dressed up, sitting in a park and being introduced to mom's many nursing friends and colleagues. Four of mom's best friends, were women she met while attending nursing school in Brandon. I remember the laughter, the wipe of tears, the hugs and the many stories they shared over and over. As Dion and Dion ask, "Will our readers recognize that the story is not a request to change what happened in the past but to alter what they know and how they know the past?" (2004, p.80)

I remember when my auntie Connie would come to visit. I recall her as a very quiet, soft spoken lady. In my child's memories she presented as very prim and proper, not one to get her hands dirty or automatically clean up the trail of debris that we her nieces and nephews invariably left in our wake. I have a picture of her very striking in her nurse's uniform, leading a group a young nurses down a hospital corridor; mom said that auntie Connie was a nursing instructor. I was in awe of her. And I took all of those events and people for granted. I must have thought that they would be a part of my life forever.

I had the privilege of visiting a few reserves and attended a number of health clinics including well baby clinics, made home visits and attended lunches with my mom while she worked in Public Health. I was in high school at the time. The 1 or 2 times mom let me visit First Nation communities with her I remember laughter and being present in the homes "with" the community members not just there to do a job. My mom and the communities that she visited had so much in common; the soil, water and roots were tended together.

*Nitotem's Seeds of Nursing*

Nitotem shared two stories associated with nursing and her childhood. The first was about a nurse who “recognized [and] was just interested in me and me being a kid.” For Nitotem it was very important and memorable that someone recognized and acknowledged her presence and her needs. The second event, which was related to nursing, was when her dad’s cousin, who was a nurse and well respected, visited her when she had her tonsils out. These seeds were planted early for Nitotem. As she shared these memories during our time of storytelling, I wondered if she was aware of the impact nursing and nurses had on her life.

*Ma Sueur’s Seeds of Nursing*

Ma Sueur did not share any childhood stories directly related to nursing and why she chose nursing as a career. As a child she remembers going to friends of the families’ because “It was always such a safe place.” During a future time, she shared “I think I went into nursing to get away from my family or maybe the family situation.” The seeds of nursing were planted early in most of the nurse participants. I wonder with life’s experience if today the participants would choose the same path.

*Leading Fire’s Seeds of Nursing*

Leading Fire shared memories of a nurse who visited and paid respect to her mom at her brother’s funeral. This same nurse also attended her mother’s funeral. These events occurred during Leading Fire’s childhood and adolescence and left a lasting impression. I wonder if we (nurses) are aware of the impact we have on



other's lives, whether large or small. Once people know you to be a nurse, a caregiver, do they ever see you again as just another person?

### *Narrative Thread Three: Leaving Home*

We all leave home. Much of our literature, *To Kill a Mockingbird* and *Shakespeare's Hamlet* is tied to the "coming of age" social, mental, physical and emotional changes we undergo as part of this phenomenon. As well studies such as Beaujot and Kerr (2007) and Beaujot, Liu, and Kerr (2011) discuss the changing transitional patterns of being at home and leaving home for persons in Canada. Sometimes one forms strong roots in the childhood years, which hopefully form the essence of our resiliency and the base to which we return over and over again. We take the good lessons associated with the tilling, the planting, the watering, and the weeding with us when we physically leave our childhood homes. I wonder about the hidden factors surrounding our tender roots as we leave home; I wonder about the new soil and other factors which may support or hinder growth especially in the new environment.

#### *My Leaving Home*

I left home the year I graduated from high school; I was seventeen. When I recall this time in my life, I can recall the thrill of being totally independent, of believing I was responsible for every aspect of my life and of being afraid of the unknown. In many ways I had been preparing for that moment throughout my teens. My mom had regularly "allowed" me to shop for and pay for the groceries and to pay the utilities. I had worked every summer since I was twelve and had

learned to manage my small income to help pay for my clothes, books and extras. My older brothers had all left home and my older sister was married and living in another province. My dad allowed me to borrow the family car as I was the oldest child at home and therefore had the privilege of taxiing my younger brothers as needed.

Grade twelve was also the year my mom moved to Saskatoon to complete her Diploma in Public Health. She preferred working in First Nations communities rather than in the hospital. When I look back now, I understand why she made that transition even though that education year was quite difficult for all of us. I came to loathe that return trip to Saskatoon on Sunday afternoons; the round-trip was over 500 kilometres. I am sure if my younger brothers were to story this time of our lives, their versions would be quite different. I recall enjoying that little piece of power associated with handing out their allowance on my terms and making sure their chores were completed before I would drive them into town.

I was given an unanticipated opportunity to almost formally play an adult role. I was a little stricter with defining and following rules during the big sister role than my mom had been as a parent. I wonder if that was because we wore her down over the years or because she had learned that following strict rules created more bother than it was worth. I wonder about the rules she had learned while attending Indian Residential School and then nurse's training. I think about the lessons taught and internalized from that time in her life. I remember that she was always very task oriented while cleaning and that messiness annoyed her. My dad

seemed happy to have someone else assume the responsibility. I am not sure if I was being deliberately “tended” or if this play between my parent’s personalities and mine was not intentional. But when I think back, I cannot help but wonder. I smile at how carefully I was tended, I was prepared.

### *Ma Sœur’s Leaving Home*

Here I become aware of the intergenerational process of leaving a home where many of the plants and seeds were carefully dug up and moved to a new place, a new garden. Leaving home, for many, does not happen overnight. Ma Sœur’s story begins with memories about her paternal grandparents who had fled Europe during WWII. Her grandparents left more than an unhappy home; they left their homeland and had “fled from Hitler and they had just seen so much death and dying and despair.” Although this narrative inquiry will not focus on the tragedies of WWII, I cannot help but wonder about the impact both the leaving and atrocities had on her grandparents. I wonder about the impact of the “European” stoicism that was taught as part of the history lessons of my youth and what supports if any were in place to help Ma Soeur’s grandparents adjust to this new country, this new land so different from how they were raised.

We were told by Ma Sœur that “they loved you but they weren’t loving people.” Ma Sœur experienced this same loss from her father. He was not able to say that he loved her until she was an adult. So much sadness is expressed in these words. I wonder about the generations impacted by that inability to show love. I wonder about the similarity to the Indian Residential School experience in Canada. However she also talks about her dad who “was always such a quick

witted man, one who liked to read ...he was a walking encyclopaedia.” In these few lines, one hears the contrasts associated with Ma Sueur’s father and the link to his mental health. Ma Sueur later recounts stories about her mother who married early to leave an unhappy home situation and states “My mom left the house at age 15 and was married at 16.” The same pattern continued with Ma Sueur’s older sisters who married early and left her and brother. Was the initial soil, etc. in some way defective or were the roots and seeds left untended?

### *Nitotem’s Leaving Home*

Nitotem’s transition away from home began at a much younger time in her life. The frequent visits to the hospital and doctors resulted in the memory that “I was always sad because it always meant leaving or being left behind.” She lived with the reality of continuous separation from family due to health and education requirements. She explores leaving home and her community, being away, leaving behind and getting strength from others to help her cope. Nitotem, out of necessity and design, connected with others such as nurses to help cope with the frequent separation from home. I wonder if her parents were aware of the trauma this may have created or if because they were Indian Residential School survivors, just expected that their daughter and their other children would survive and thrive as well. I wonder about their sense of self and identity. Although Daskon (2010) discusses cultural resilience through industry and how family customs in fact feed into sustainable economies, this paper reminds me that “culture and traditional values strengthen effective adaptive strategies during livelihood vulnerabilities, and to argue that resilience of rural communities builds within, through dynamics

which are specific to their own values, knowledge and experiences” (p. 1082).

There is a strong sense in Nitotem’s stories about reconciling past and present. She talked about her separation from home and helps me to understand that it was necessary to leave her home community because when you lived up North, the schools only offered classes up to grade 10.

Thus boarding school was a requirement; the older children were routinely sent out to a boarding school because they could not have their educational needs met in the community. Her parents had internalized the reality that you either stayed in your home community following completion of grade 10 or you boarded out. Seemingly one was thus thrust into others land, soil, water with roots either ready to adapt or at times unable to do so. Due to the beliefs of Nitotem’s parents, staying home was not an option; perhaps they feared or understood that staying home meant there was a greater likelihood of being caught up in the cycle of unemployment frequently associated with remote and isolated communities.

Nitotem also recollects other intergenerational memories of her paternal aunt who had had to struggle with moving away from home; “I knew she had to go to Winnipeg and be away from her family as a young woman and for that everyone was just proud of her for that.” As it is for many of us this rite of passage, of leaving home, was viewed as the next step in becoming. In reality, many children and young adults must leave home and community to pursue high-school and post-secondary education. As a result, Nitotem was able to articulate the understanding that “I think anyone who embarks on education from home has similar struggles to those I had.”

*Leading Fire's Leaving Home*

Leading Fire spoke with a very practical tone throughout her stories of living in her family home. She talked about the internalized messages from her mom; she also talked about, not the burden, but about always being watched by her mother, therefore “You need to do the family proud, where ever you go or whatever you do, you represent the family.” Leading Fire, as many of us were, was constantly reminded that “The only way out of poverty was through education; so the message was always ‘get that education.’” The message of "get your education" was common to all nurse participants.

As I reread and wrote these stories it dawned on me that some of my personal beliefs once centred a round the “Father Knows Best” version of the nuclear family where children are entitled to a two-parent family. My lived experience taught me that family has a much broader definition and composition. Leading Fire’s later stories about home were related to stories of her former husband. It is in these later stories that safety became the issue. Leading Fire’s experience related to dwelling in her marital home was contrary to Serfaty-Garson’s explanation that “dwelling” is meant to convey the idea of “peace, care and integration.” Experience changes reality and I could understand Leading Fire’s need to escape from an untenable marriage and admire the courage it took to initiate and complete that change.

***Narrative Thread Four: Educational Narratives***

By coincidence, since September of this year, I have been attending full-time French language training. It will take a moment to relate this to my research

with Aboriginal nurses, so please bear with me. The premise of the language program is to speak French at all times. In my mind, this was a contradiction, because I as a new student could not understand the words, the phrases, let alone the intent of the phrases. To compound the difficulty some of the instructors spoke so quickly, running words and phrases together in a way that I could not hear distinct or separate words; as well each had a somewhat different accent and emphasized different pronunciation and grammar. At times I was not even sure which letter of the alphabet I could hear, let alone repeat the letters, words or sentences back with the appropriate response. I believe I am quite proficient in the English language and my knowledge of the grammatical structure of the language was helpful. But other than comprehending the grammatical aspects of the French language, I was frequently lost. The result for the first weeks was frustration for both me and the instructors.

This phenomenon had me thinking again about new students in nursing; how even with a basis in the English language, they are exposed to the “foreign” nursing language and must internalize this as well as all of the new knowledge. Gadamer (1989) states “Thus to learn a language is to increase the extent of what one can learn” (p. 442). I think back to my early “nurse’s training” days, learning the roots of words, the prefixes and suffixes, and the struggle. It is interesting that I never questioned “why” it was so important to learn this “new” language. Today, I can speak “nursing” with the best of them. But, does this make me a “good” nurse, mentor, or patient advocate? Can I empathise with new nursing students? Is there something that can be or should be changed in our nursing

education “system”? To compound the issue for new students, all of this new learning is happening simultaneously. We have each experienced this entry into new and foreign places.

However, as with learning anything new, the rhythm and feel, not just the theory, are required. Things are improving in my pursuit of fluency in the French language. Each day, I try to introduce areas from my work, thereby learning words and form that are relevant to me and those in my work environment and areas of interest. One morning, I was struggling with the need to explain in French, the idea of working with First Nations people and their health. One instructor, who is working at this language school, while working on gaining her Canadian citizenship, commented that she was told by an instructor, that all First Nations people live on handouts from the government and no First Nations person pays taxes. Doering acknowledges that “Language...is imbued with social power” (1992, p. 25); I found it strange, that such a black and white statement would be made and taken out of the context and reality in which First Nations people live. To gain greater understanding of this issue, I brought up the same topic that afternoon with another instructor. Her words have stayed with me; she said:

Yes, I have been told the same thing. But perhaps the problem is that most Canadians, including my new friends, believe that no First Nations people pay taxes. Canadians are the ones with their incorrect understanding, not the new immigrants to Canada. The Canadians are the ones teaching us the incorrect information.



She is correct. We, the Canadians, the academics, the professionals and, yes, the Aboriginal people, are responsible to ensure that the correct information is out there. In this round about way, I am taken back to one of the reasons I initiated this study. While still a valid and legitimate rationale for doing research, after hearing the stories and experiences of the nurse participants I found the lessons to be learned or understood for nursing education fading into the background. Perhaps I should explain that background in this sense just refers to the “murmuring” mentioned in Cattey’s poem; it is present but flows in and out of intensity and clarity.

The last narrative threads that I wanted to explore were related to education in general and nursing education in particular. Only one of the participants, Ma Sueur and I moved directly into nursing education from our childhood homes, from high school. Leading Fire moved into nursing education from her marital home and Nitotem entered nursing from an Arts based university education. Obviously all participants succeeded academically in their initial and subsequent pursuit of nursing education; each nurse has completed master’s level nursing education.

Serfaty-Garson’s (1985) discussed the ideas of dwelling, peace, and care. In this last section I explored the concepts of nursing and care in relation to each nurse participants experience with nursing education. My intention was to look at and discuss the tending aspect of being a student in nursing. The concept of reciprocity invoked by Serfaty-Garzon (1985) was explored under the tending component of nursing education. Finally, I looked at the idea of nursing’s

relationship with the public and perhaps how their socialization in nursing either supported or hindered tending and being with others. In summary I used Bergum's (2003) words to explore the "relationship of teacher, student, nurse and patient, self and world" (p. 121).

As explained in Chapter 3, Carper (1978) stated that nurses come to "know" nursing by four "fundamental patterns of knowing". As mentioned in that writing, I believe that it is the personal knowledge in nursing that is not only the least understood but the most difficult to explain or grasp. To help explain how I have come to understand the personal knowledge aspect of "knowing" in nursing and education in general, I have chosen to share the following stories. As I wrote earlier, by taking a narrative turn and understanding experience and knowledge as narrative constructs, I believe we can come to new understandings about nursing practices and policies.

#### *My Education Narrative*

As I pondered the ways that nursing students are socialized my thinking took me back to a time when I worked in nursing education. It was my role to have policy written, ensure adherence to policy, and to interpret policy, thus maintaining the integrity of our nursing educational partnership and nursing in general. My first story is related to nursing education.

One day a young Aboriginal woman came to my office in obvious distress. Earlier that day she had returned from her home community. She made the 10-hour return trip over the weekend to leave her baby daughter with an aunt so she could prepare for and complete the OSCE requirements of one of her classes. She

came to my office because she had been told by the primary faculty of this class that she could not participate due to her absence above and beyond the “policy” requirements regarding attendance. I found myself in the middle of a very sticky situation; I could relate to the student’s fear, the position of the primary faculty and now as head of the program it was going to be up to me to find a win-win for all concerned; it was my decision. I told this girl I would need to contact her aunt to confirm her story not because I did not believe her but because of process. I also checked with our program counsellors who are in the unique position of tracking attendance and at the same time supporting student success. This student had apparently been warned by this faculty person and was now afraid and not sure about her rights. The faculty person was not available for consult, and the OSCE s were scheduled to start immediately. Once I made the decision to allow this student to write, I walked her to the lab and quietly explained the situation to the instructor overseeing the OSCE s. I had yet to face the faculty who would (based on previous experience with her) feel that she was not supported.

The student did successfully complete all requirements of this class and graduated with her degree in nursing. As I write the story from my vantage point, my memory recalls that the situation was riddled with emotion and even as I write this I relive my anxiety, once again recall the student’s fear, and the possible feeling of betrayal experienced by the primary faculty and her colleagues. However, as I look back to that time and place, in my heart and head I know the best decision was made.

The second story I chose to share related to education in general. During my undergrad work, I chose to take numerous Indian Study classes. The professor, from my point of view, was a healthy mix of Aboriginal traditional and a more contemporary role that of a minister with a PhD in psychology. One day during a coffee prior to attending his class, I sat with the professor's son, who was married to the most beautiful blue-eyed blond, and my brother. The son turned to me, trying to identify “who” I was and “why” I was there and he asked me. In order to explain, I started a discussion of Métis people in Canada, their history and subsequent contributions to society. However, during the discussion the son turned to me and said “There is no such thing as Métis. You are either First Nations or not Aboriginal.” The unspoken words, you are in denial, you have been colonized, you are one of them—an apple hung in the air. I told him I was okay with his lack of approval; I had no issues with my Métis heritage.

This young fellow later apologized. But this conversation initiated a profound experience for me. The professor, his father, later posed a question during that afternoon class and I felt compelled to respond. I think I even surprised myself when I started to talk and recall that I felt like someone else was speaking. What I remember saying is this “I get that my grandmother and my parents to a lesser degree have given into the dominant western world view—my grandma (kokum) and my mom grew up on a reserve, attended residential school and yes my mom did for all intents and purpose lose her language, (etc.). And yes, they did lose some of their “Indian” identity and in some instances I am sure there was a “denial” of being “Indian”. I know this. What I want to ask of the class, most

were First Nations students, is “Do you really believe or think, that it is okay to deny part of your ancestry? I know “why” this occurred; my grandmother and parents really believed they were protecting us. I look around the room, and again I know that most, if not everyone, in this room has “white” ancestry. How can it be any healthier for us (you) to deny this than it was for our parents (say) to deny the Aboriginal piece?” The silence was deafening. Our professor just smiled at me and said “Any questions or comments in response?” There were none.

The purpose in telling these stories was to explain or explore some of the ways students continue to be socialized during classes at institutions of higher learning. The social stories that dictate and influence who we are and are becoming are all around us. They include stories, forms of identity and questions from childhood, post-secondary education, the workplace, movies and books.

Nurses in this study spoke to how intense it was to learn and practice a profession especially when few of us can actually say what nursing is (Schlotfeldt, 1987 & Northrup, Tschanz, Olynyk, Makaroff, Szabo, & Biasio, 2004). Nursing identity is nebulous at best. The nurse participants experienced more than just moments of nursing education as adversarial, unsupportive and critical of their study and work. How did and does that happen with such a “caring” profession?

#### *Ma Sueur<sup>1</sup>'s Education Narrative*

Ma Sueur's experience with her group of Métis student's was a prime example of this duplicity in nursing education (Giddings, 2005). Ma Sueur recalls a time when she and her students arrived on the floor, in her words “the

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atmosphere changed.” They were not allowed to use the kitchenette. Ma Sueur explained that, “We weren’t even afforded the respect to be told we couldn’t use the kitchenette.” They arrived at clinical one day to a sign above the sink stating for staff only. Had this occurred because of cultural differences and the ward staff thought this behaviour was acceptable, even normal? Or did this slight occur because previous students had left a mess for other nurses to clean up and Ma Sueur’s class just happened to pay the price? At one point in the telling of this story Ma Sueur shared she was really saddened by the way nursing treated the students and then stated “I thought that maybe I am just overly sensitive. Maybe I am not as objective as I should be. I don’t really believe that, but you have to question your own bias.” My response is that Ma Sueur must trust her feelings and her thoughts, because what she is saying is a strong example of taken for granted bias in the workplace. She is deep in the processes of really critically thinking and developing self-trust. Both processes are invaluable to nursing and to the education of nurses.

Ma Sueur also experienced personal difficulties both at the hands of a school counsellor and the nursing faculty which she found to be needlessly mean. Her story told us that she never enjoyed the time spent achieving her nursing degree but that she enjoyed elective classes. One of the reasons she did not enjoy her time in nursing education was because she found that the faculty made things more difficult than they needed to be. “It was as if there was something to prove.” Her statement that “I think I succeed in spite of the faculty rather than because of

the faculty” is particularly difficult to hear. Do other nursing students feel the same? What are we doing to change this?

*Nitotem’s Education Narrative*

Nitotem spoke about the resiliency factors in education and listed numerous examples such as the teacher’s ability to connect with a student, the teacher’s willingness to acknowledge accomplishments, recognize the potential, and show support by publicly acknowledging students, as prime resiliency factors for education. She certainly found all of this present in her non-nursing program. She found that nursing had given her the opportunity to live in a world of respect, to develop herself and know that she is okay. She views nursing as a vehicle to help her focus on the things that she feels are important in her life.

Nitotem had memories and stories associated with education; she remembers all of the support her parents, especially her father, provided with the moves and of settling into her new surroundings over and over. Even though she had been physically away for many years for schooling and health care, she talked about her childhood memories and associated feelings of sadness because she was not able to “be” with her siblings and family. This sense of loss remains present although Nitotem is an independent, intelligent woman; her memories of “sadness” speak for themselves.

Whether by choice or circumstance, children still move away from home and community for education. The difference is that First Nations students are no longer forced by the system to be away; in some ways their grandparents and parents have come to understand that based on our existing system that the future

is tied to education. The reality is that education, for many of us, means moving away from home, of taking for granted that our roots have been readied, that seeds for the future have been carefully tended and readied. For many of us, whether from remote and isolated First Nations communities or not, the transition away from home, away from the familiarity and safety has opened up the opportunity to create, sustain and nurture life long friendships. The attainment of life-long friendships is for many, another coming of age phenomenon and is tied to “leaving home.”

I recall learning about self reflection when I was a nursing student. What went well-what could I learn from what worked and what did not? As a nurse there were those awful moments at the end of the shift that all of us have in nursing-did I make any mistakes today? Was anyone harmed by what I did or did not do? Nitotem’s words summarize the need for nursing and nursing education to continue to grow and adapt. She said “I think or hope that for nursing in general, that we continue to develop that sense of ‘stop just doing things, stop just being busy, but actually stop and think about the person, the context that they are coming forward with the whole human being.’”

#### *Leading Fire’s Education Narrative*

Leading Fire’s told about the 10 Little Indians and the life long influence this group of nursing students has had on her life. It seems to me that the 10 little Indians, kept their vision and worked hard together to endure the hardships of nursing school, racism and such.



### *Journeying Together*

As I listened, read and reread, wrote and rewrote the stories told by the nurse participants and wondered about the weaving in and out of our stories, at times the stories presented like those dreams I mentioned at the beginning of this chapter. From my perspective, at times our stories almost blended and became one; at other times we shared some common threads and at other times each story remained unique, separate and personal. Some stories were told as if just experienced and other stories were shared initially as vague distant memories and emotions. Sometimes the retelling of those distant memories brought more questions and wonderings as we shared and reminded each other of other times and places.

At the beginning of this exploration I did not know if any of our stories would contain any common threads, common patterns, overlap across time and space or contain contradictory story lines. I was not sure if we would connect and through connecting begin and maintain effective communication and relationships. I was uncertain about our journey together but at the same time anxious to begin; in part it is our journey and our discoveries that I share.

As each person told her or his stories, at times I found myself remembering long forgotten incidents and feeling emotions that had either been long buried or just experienced and put aside; this resonant remembering caught me unaware. At times I was not prepared for even the good remembering. I am so grateful to these friends for walking behind me, in front of me and beside me on this road. I will begin by pulling, stretching and reforming some of the more

common threads from some or all of our stories. The pictures and emotions that emerge will be mine, based on my interpretations and perhaps coloured in part by my own personal experiences and history; as you read you may see, feel and experience something else entirely.

There was no grand plan associated with research and the nurse participants. The talking, recording and writing of memories and stories started with whoever was available. Time was dictated in whole by the participants, with just general queries and reminders from me, the writer. As it happened Ma Sueur was available first, so that is where we started. Throughout the months of 2010, there were several stories from the participants on the go at the same time. I did not begin and end with one participant before sharing and talking with another. The participants were each given a copy of Chapter one, which included the story of my dad. The comment “Tell me a story about you, your life” or a version close to this was used to begin our initial time together. At times as outlined in Chapter 4, 6 and 8, I used the nurse participants’ stories to further explore an element that was either unclear or that the nurse participant was willing to further detail. There was no pattern to the telling of each participant’s stories; as I reread this chapter, the stories from each participant actually appear in random order. In the earlier chapters, the only change I made to the telling of the stories was to try to put the stories in some logical order, beginning with childhood narratives and ending with accounts of nursing education. This in no way reflects the importance of each story.

Elements of the stories or narratives explore and in part explain how we see, delve into, experience and deal with the concept of the “other”, the fleeting or residual feelings of isolation and support, our families, communities and the worlds in which we live. So the stories are not just about our nursing experience, but include stories about our lifelong experiences. Perhaps this resulted in an opportunity to share or examine elements of “self” or “other” on our own or with a colleague. Our lifelong experiences, including our childhood, form the backdrop for the people that we become and are becoming.

### *Limitations*

Upon reflection, a commitment to ongoing formal education is a seed that all participants had in common. It was planted, nurtured and allowed to grow for each of us. One of the limitations of this paper and writing is the delving into the why or what of this common thread. Perhaps this will be explored in other research.

As for all research, even ‘la nouvelle’, some sense of grounding in or adding to existing literature is required. As I have expressed in previous chapters, at times this feels contradictory, because if the theory, ideas or information is in fact new, how does one reference the new? But that aside, I have listened to, read, reviewed, revised and have let percolate the thoughts, emotions and stories of the Aboriginal nurses who participated in this research. They and their stories are truly amazing and I am forever in their debt.

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## APPENDIX A: INFORMATION LETTER



Study Title: *Walking in Multiple Worlds: Stories of Aboriginal Nurses*

Co-Investigator	Co-Supervisor and Co-Principal Investigator
Joyce Desjarlais, PhD Nursing Student, Faculty of Nursing, University of Alberta, Edmonton Phone: (613) 421-7490	Dr. Brenda Cameron, Professor Faculty of Nursing, University of Alberta, Edmonton Phone: (780) 492-6412
	Dr. Malcolm King, Professor Faculty of Medicine, University of Alberta, Edmonton Phone: (613) 492-6703

Date \_\_\_\_\_

Dear \_\_\_\_\_:

I am conducting a research project related to the experiences of Aboriginal nurses in Canada. I would like to ask you to consider taking part. This study is to learn about Aboriginal nurses' experiences related to how each sees oneself not only in nursing but also in day-to-day life. There is no age restriction. The only requirements are the successful completion of a nursing program recognized in Canada and the ability to understand and speak English fluently.

If you agree to participate, you will be one of the three Aboriginal nurses in the study. I will ask you to participate in a minimum of four 1- to 2-hour conversations. I plan to speak to you face-to-face for the first conversation. The second conversation will be via telephone. You can also choose to participate online if you are comfortable with this. Each time we have a conversation I will ask you to consent to the study.

I will talk with you about some of your life stories and some of your stories related to your experience as a nurse. Other data collection may be used. If you are comfortable writing, I may ask you to share daily comments about your thoughts and feelings, either in a journal or in a letter, as you participate in this study. This may take a few minutes a day. Any format such as actual hard copies or email can be used. If hard copies are sent to me, they will be returned to you if requested. You may decide to write in the journal or in letters and then decide to



withdraw the material; that will remain your choice. You may be asked to share pictures or other personal items as a means of initiating discussions. If you agree to the use of information sharing through items such as journals, letters, and photos, additional consent may be sought for their public display. I will start the first conversation with comments such as: “Please tell me a story about your nursing experience. Please tell me a story about your day-to-day life.”

The conversations will be audio-taped to assist me in documentation and analysis. You can request that the tape recorder be shut off at any time. You will have the opportunity to review research text throughout the process, meaning we will negotiate the research text before it is made final.

If you agree, I may use actual portions of the taped conversations to share your stories. I may also take notes. Any information you provide through participation in this study will be kept confidential by me and will be used only to form part of the aggregate of all responses. At no time will individual responses be identified, unless you agree to be acknowledged. Numeric codes will be used to label all materials such as documents, files, storage devices (tapes, computer files, flash drives), and transcripts. Pseudonyms will be used in reporting findings and participants will have final say in releasing findings. All materials will be kept in a locked cabinet and stored for 7 years. The actual tapes will only be heard by me and possibly another person transcribing the text. The person transcribing the text will be asked to sign a confidentiality agreement. Once the conversations are typed onto paper, the tapes will be kept with all other materials in a locked cabinet and stored for a minimum of 5 years and then destroyed. The typed record of our conversations may be used in future research after ethics approval is obtained. These steps are proposed to address the need for participant anonymity and confidentiality.

As an Aboriginal nurse, your stories will help inform other health care personnel, including educators. By sharing our stories with each other, we may be able to create a clearer understanding of the how personal experience and culture have influenced the perception of ourselves and others as nurses. You may also have a chance to contribute to the development of knowledge that may influence current nursing practice and education. You may not receive any benefit from being part of this study.

The conversations will require your time and, if needed, I may contact you to clarify aspects of the stories. You will be asked to participate in individual interviews, share pictures and other items of interest, and may be asked to keep a journal of your thoughts and emotions regarding your experience and influences in nursing. You will also be asked to share your stories especially as they relate to your nursing experiences and influences on your nursing practice.

There is no expected risk to you if you take part in the study. Your participation in this project is completely voluntary. You are free to withdraw from participating

in any activity at any time. If you decide to be in the study and then change your mind, you may withdraw from the study at any time and for whatever reason. I will not push you to share anything that is uncomfortable or that may cause stress.

Ethics approval for the research was obtained from the University of Alberta's Research Ethics Board on March 17, 2010.

Please keep this letter for your record. If there are further questions regarding this study, you are invited to contact me as outlined below or my supervisor, Dr. Brenda Cameron, Professor of Nursing, at (780) 492-6412. If you have any concerns about this study, please contact Dr. Christine Newburn-Cook at (780) 492-6764.

Thank you for your time and valuable support of this project.

Joyce Desjarlais  
PhD student, Faculty of Nursing, University of Alberta  
Phone: (613) 421-7490  
Email: joycedesj@gmail.com

## APPENDIX B: CONSENT FORM



Study Title: *Walking in Multiple Worlds: Stories of Aboriginal Nurses*

Co-Investigator	Co-Supervisor and Co-Principal Investigator
Joyce Desjarlais PhD Nursing Student, Faculty of Nursing, University of Alberta, Edmonton Phone: (613) 421-7490	Dr. Brenda Cameron, Professor Faculty of Nursing, University of Alberta, Edmonton Phone: (780) 492-6412
	Dr. Malcolm King, Professor Faculty of Medicine, University of Alberta, Edmonton Phone: (780) 492-6703

Do you understand that you have been asked to be in a research study?

Yes      No

Have you received and read a copy of the attached information sheet?

Yes      No

Do you understand the benefits and risks involved in taking parting this study?

Yes      No

Do you understand who will have access to the information you provide?

Yes      No

Have you had the opportunity to ask questions and discuss this study?

Yes      No

Do you understand that you are free to refuse to participate or to withdraw from this study at any time? You do not have to give a reason. If you choose to withdraw from the study, do you understand that there would be no penalty?

Yes      No

Has the issue of the privacy of the conversation been explained to you?

Yes      No

If you agree to take part in this study, please sign your name below.

This study was explained to me by: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to take part in this study.

\_\_\_\_\_  
Signature of Research Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness (if available)

\_\_\_\_\_  
Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Printed Name

## APPENDIX C: TRANSCRIPT RELEASE FORM



Study Title: *Walking in Multiple Worlds: Stories of Aboriginal Nurses*

Co-Investigator	Co-Supervisor and Co-Principal Investigator
Joyce Desjarlais PhD Nursing Student, Faculty of Nursing, University of Alberta, Edmonton Phone: (613) 421-7490	Dr. Brenda Cameron, Professor Faculty of Nursing, University of Alberta, Edmonton Phone: (780) 492-6412
	Dr. Malcolm King, Professor Faculty of Medicine, University of Alberta, Edmonton Phone: (780) 492-6703

I, \_\_\_\_\_ (NAME), a participant in the research project, *Walking in Multiple Worlds: Stories of Aboriginal Nurses*, have reviewed the transcript of the interview, which occurred on \_\_\_\_\_ (DATE), and agree that it accurately reflects my contributions to the discussion. I agree to release this transcript to the researcher for use in this research project.

I further agree that the researchers can use any quotes that I approve in advance.

\_\_\_\_\_  
Signature of Research Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness (if available)

\_\_\_\_\_  
Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Printed Name

## APPENDIX D: RESEARCH PARTICIPANTS' VERBAL CONSENT



Study Title: *Walking in Multiple Worlds: Stories of Aboriginal Nurses*

Co-Investigator	Co-Supervisor and Co-Principal Investigator
Joyce Desjarlais PhD Nursing Student, Faculty of Nursing, University of Alberta, Edmonton Phone: (613) 421-7490	Dr. Brenda Cameron, Professor Faculty of Nursing, University of Alberta, Edmonton Phone: (780) 492-6412
	Dr. Malcolm King, Professor Faculty of Medicine, University of Alberta, Edmonton Phone: (780) 492-6703

My name is \_\_\_\_\_. I have discussed with the Interviewer the project titled *Walking in Multiple Worlds: Stories of Aboriginal Nurses*. I have read or listened to the Information Letter. I have been able to ask questions about the project. I agree to participate in this project. I hereby give my verbal consent to participate in this study.

Date & Time \_\_\_\_\_

Printed Name \_\_\_\_\_

\_\_\_\_\_  
Witness (if available)

\_\_\_\_\_  
Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

\_\_\_\_\_  
Signature of Investigator or Designee

\_\_\_\_\_  
Printed Name

## APPENDIX E: RESEARCH PARTICIPANTS' TELEPHONE CONSENT



Study Title: *Walking in Multiple Worlds: Stories of Aboriginal Nurses*

Co-Investigator	Co-Supervisor and Co-Principal Investigator
Joyce Desjarlais PhD Nursing Student, Faculty of Nursing, University of Alberta, Edmonton Phone: (613) 421-7490	Dr. Brenda Cameron, Professor Faculty of Nursing, University of Alberta, Edmonton Phone: (780) 492-6412
	Dr. Malcolm King, Professor Faculty of Medicine, University of Alberta, Edmonton Phone: (780) 492-6703

My name is \_\_\_\_\_. I have discussed with the Interviewer the project titled *Walking in Multiple Worlds: Stories of Aboriginal Nurses*. I have been able to ask questions about the project. I agree to participate in this project.

\_\_\_\_\_  
Witness (if available)

\_\_\_\_\_  
Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

\_\_\_\_\_  
Signature of Investigator or Designee

\_\_\_\_\_  
Printed Name

## APPENDIX F: PERMISSION TO USE PHOTOGRAPHS



Study Title: *Walking in Multiple Worlds: Stories of Aboriginal Nurses*

Co-Investigator	Co-Supervisor and Co-Principal Investigator
Joyce Desjarlais PhD Nursing Student, Faculty of Nursing, University of Alberta, Edmonton Phone: (613) 421-7490	Dr. Brenda Cameron, Professor Faculty of Nursing, University of Alberta, Edmonton Phone: (780) 492-6412
	Dr. Malcolm King, Professor Faculty of Medicine, University of Alberta, Edmonton Phone: (780) 492-6703

*Consent for use of photographs.*

Name of person:

---

Printed Name

I am the person named above. I understand that a researcher from the University of Alberta is proposing to use photographs of me for the purpose of research.

I understand that:

These images that identify me may be used in

- 1) the researcher's dissertation;
- 2) scholarly publications (including books);
- 3) presentations at academic conferences.

These photographs will not reveal persons other than me unless prior permission has been sought.

In captions and in discussions about the images, only pseudonyms will be used.



My signature(s) below indicates that I consent\* to the above-described collection, use, and disclosure of photographs and captions.

1) I consent to the use of photographs in the researcher's dissertation.

Yes      No

2) I consent to the use of photographs in scholarly publications.

Yes      No

3) I consent to the use of photographs in presentations at academic conferences.

Yes      No

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\*I understand that I may withdraw this consent at any time (or specify a date or point in the research process) by contacting the researcher at the above telephone number.

If you have any concerns about this study, please contact Dr. Christine Newburn-Cook at (780) 492-6764.

**APPENDIX G: PERMISSION TO USE SEGMENTS OF TAPED  
CONVERSATIONS**



Study Title: *Walking in Multiple Worlds: Stories of Aboriginal Nurses*

Co-Investigator	Co-Supervisor and Co-Principal Investigator
Joyce Desjarlais PhD Nursing Student, Faculty of Nursing, University of Alberta, Edmonton Phone: (613) 421-7490	Dr. Brenda Cameron, Professor Faculty of Nursing, University of Alberta, Edmonton Phone: (780) 492-6412
	Dr. Malcolm King, Professor Faculty of Medicine, University of Alberta, Edmonton Phone: (780) 492-6703

*Consent for use of segments of taped conversations:*

Name of person:

\_\_\_\_\_

Printed Name

I am the person named above. I understand that a researcher from the University of Alberta is proposing to use segments of my taped conversations for the purpose of research. Segments of the taped conversations may be used either in place of written script or in addition to written script in order to highlight the use of narrative / storytelling in research.

I understand that:

These taped segments of conversation may be used in the

- 1) researcher's dissertation and
- 2) in presentations at academic conferences.

In playing the taped segments of conversation and in discussions about the conversations, only pseudonyms will be used. Conversations will not reveal my identity unless prior permission has been sought.

My signature below indicates that I consent\* to the above-described use and disclosure of taped segments of conversation.

1) I consent to the use of taped segments in the researcher's dissertation.

Yes      No

2) I consent to the use of taped segments in presentations at academic conferences.

Yes      No

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\*I understand that I may withdraw this consent at any time (or specify a date or point in the research process) by contacting the researcher at the above telephone number.

If you have any concerns about this study, please contact Dr. Christine Newburn-Cook at (780) 492-6764.