

“If I Could Do It, They Could Do It”: A Collective Case Study of Plateau Tribes Nurses

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The purpose of this collective case study was to explore the experiences of three American Indian nurses of the Plateau Tribes in their nursing education. Specifically, the study sought to gain an understanding that could be used to evaluate and promote culturally congruent strategies for recruitment and retention. Findings indicated that influences for choosing nursing included family expectations to become educated; wanting to break a cycle that included early pregnancy, dropping out of high school and abuse of alcohol and drugs; and a desire to serve their communities. Nursing school was stressful due to leaving home, culture shock, and feeling a need to prove oneself. Returning to their communities as a nurse required integrating new learning with traditions and becoming a role model. Returning to school for advanced nursing education was deemed necessary in order to meet the challenges of their work. Nursing needs to support American Indian/Alaska Native students by providing pre-college preparation and guidance, by reducing college stress, and by providing appropriate career support and assistance for going to graduate school.

Lillian Tom-Orme (1998), a Navajo and past president of the Native Alaska/Native American Indian Nurses Association, noted that nursing could help restore an important balance and harmony to Indian nations by having Indian nurses provide care for Indian communities. Despite efforts to deliver culturally competent care by non-Indians, many Indians prefer to see health care providers from their culture (Keltner, Smith, & Slim, 2001). American Indians/Alaska Natives, who comprise 1.4% of the US population, comprise only 0.4% of registered nurses (RNs) (U.S. Department of Health and Human Services, 2001). Increasing the numbers of RNs necessitates understanding the challenges American Indian nurses face (Plumbo, 1995). In addition, a national nursing shortage affects the general population, but especially American Indians/Alaska Natives who already faced shortages of Native providers. The purpose of this collective case study was to explore Plateau Tribes nurses' reasons for choosing nursing and their experiences going to college and nursing school. Specifically,

this study sought to gain information to be used in developing and evaluating strategies for recruiting and retaining American Indian/Alaska Native nursing students.

Background

The Institute of Medicine (IOM, 1994; 2001; 2002) continues to call for the recruitment and retention of ethnically and racially diverse nurses to ensure provision of quality health care and to lessen health disparities. Increasing the diversity of health care providers is needed to remove cultural barriers and improve the health status of minority populations (Dower, McRee, Briggance, & O'Neil, 2001). The National Advisory Council on Nurse Education and Practice (NACNEP, 2000) has noted that correcting ethnic and racial disparities in health status is critical to minority populations who have higher rates of many diseases, lower rates of successful treatments, and often reside in areas with shortages of health care providers.

American Indians/Alaska Natives have been especially hard hit by health disparities. According to the Indian Health Service (IHS, n.d.), over 31% live below the federal poverty level compared to 13% for the entire U.S. population. Infant mortality rate (IMR), or deaths under one year of age per 1,000 live births, is considered an indicator of overall population health status (McDowell, 1999). The IMR for American Indians/Alaska Natives, although significantly lower than it was in 1972, is 22% higher than all others in the U.S. Additionally, American Indians/Alaska Natives have higher death rates for diseases such as alcoholism, diabetes, and tuberculosis. For every one person in the U.S. who dies from alcoholism six American Indian/Alaska Native people die (IHS, n.d.). The life expectancy for a white non-Hispanic in the U. S. is 76 years, while the life expectancy for an American Indian/Alaska Native is 71 years.

Avoidance of seeking health services can contribute to health disparities. Dwyer (2000) found that American Indian elders avoided attending health clinics due to problems with English as a second language and distrust of non-tribal professionals. Similarly, urban American Indians reported feeling misunderstood and disrespected by non-Indian providers (Kinion, 2000). A report for the Commonwealth Fund (Cooper & Powe, 2004) reviewed studies that linked health disparities among ethnic minorities, including American Indians/Alaska Natives, with what is termed "race-discordant" patient-provider relationships. Because the majority of health care providers in the U.S. are non-Hispanic whites, it is common for ethnic minority patients to be treated by providers from different ethnic backgrounds than their own. The report urged increasing the diversity of health care providers. Addressing health disparities in American Indian/Alaska Native communities includes the need to increase the numbers of nurses.

To increase the number of American Indian/Alaska Native nurses, American Indian/Alaska Native youth must be supported in choosing a career in nursing and in going to college. Keltner (1999) contended that students needed to be exposed to educational and professional opportunities before choosing a

career. Students living on reservations may be hindered in their ability to make college and career decisions due to lack of exposure to health professions (Martin, 1991). In addition, role models and mentors are seen as fundamental in American Indian/Alaska Native students' decisions to become nurses (Keltner, et al., 2001; Plumbo, 1995; Yurkovich, 2001). Programs designed to provide students with role models and mentors and to help students understand their options need to be offered.

Culturally appropriate support must be given to help students, not only to enter college, but as importantly, to help them stay in college. Once enrolled in college and nursing programs many American Indian/Alaska Native nursing students face racism and cultural adjustments (Hornett, 1989). Feelings of isolation, vulnerability, powerlessness, a perception of being an outsider, and being criticized by faculty were difficulties reported by American Indian nurse practitioner students (Dickerson, Neary, & Hyché-Johnson, 2000). Retention of American Indian/Alaska Native students is dependent upon institutions changing to help meet the needs of the students (Weaver, 2001). For many minority students, cognitive factors were less correlated to student retention than stress related to culture and ethnicity (Benjamin, Chambers, & Reiterman, 1992; Manifold & Rambur, 2001; Tate & Schwartz, 1993, Weaver, 2001).

To retain American Indian/Alaska Native students, faculty and institutions must be culturally sensitive. Dickerson and Neary (1999) found that non-Indian faculty teaching American Indian students lacked the knowledge needed to be culturally sensitive. For example, Plumbo (1995) noted that integrating traditional values with the culture of nursing was crucial for the success of American Indian nurses and that adaptation, not assimilation, should guide nursing education. Struthers (2000) confirmed the view that tradition played an important role in nursing education and suggested nurse educators use a holistic practice model to become more culturally congruent with American Indian traditional healing practices.

This study was designed to increase knowledge and understanding of American Indian/Alaska Native nurses' experiences, specifically, nurses of the Plateau Tribes of the Inland Northwest. Understanding the experiences of these nurses will help identify challenges and supports in nursing education. Plateau Tribes, such as the Coeur D'Alene, have developed and maintained an impressive health care system that provides innovative methods for improving the overall health of their region. The contribution of American Indian people in Washington, Oregon, and Idaho to the health of their own people, and in many cases to the health of non-Indians, reinforced the value of exploring the stories of Plateau nurses. Understanding and assessing students from this community involves unique challenges that can be better addressed by giving voice to nurses who have obtained nursing degrees and have worked as nurses. The community may also benefit from these nurses as role models.

Methods

A qualitative collective case study was used to gain knowledge and understanding of Plateau Tribes nurses' decisions to become nurses and their experiences in college and nursing school. Case study uses bounded systems to explore an issue or issues. This study explored a system bounded by place, the Plateau Tribes, and time, when these nurses decided to become nurses, went to college and completed nursing school. Case study also relies on collecting in-depth data that is "rich in context" (Creswell, 1998, p. 61). This study focused on illustrating nurses' experiences within the unique context of their lives. Analysis in case study focuses on finding aggregate categories and themes that the researcher then describes and interprets as "lessons learned" (Creswell, 1998). Readers of the case study use new information in combination with previous knowledge and experiences to form what Sandelowski (1996) and Stake (2000) called case-bound or naturalistic generalizations. Yin (1984) considered case study generalizations as theoretical, distinguishing them from the statistical generalizations of experimental research. This study seeks to allow readers to contemplate the descriptions and evaluate the researcher's interpretations to form ideas that may be applied to similar situations.

Setting and Sample

The setting for the study was the Plateau Tribes region. The region is bounded to the west by the Cascade Range, to the east by the Rocky Mountains and to the north and south, respectively, by the interior of British Columbia and the edge of the Great Basin of Oregon. The Plateau Tribes include, but are not limited to, the Spokane Tribe, Colville Confederated Tribes, Kalispel, Coeur d'Alene, Nez Perce, Yakama Nation, Umatilla, Kootenai, and the Warm Springs Confederated Tribes (Frey, 1995). Gaining access to participants began with two gatekeepers, a Nez Perce nurse leader and the Native American Recruitment Coordinator for Washington State University Intercollegiate College of Nursing, who was also American Indian. Gatekeepers identified RNs who were members of the Plateau Tribes with at least two years nursing experience. Although seven nurses were initially contacted, the sample was limited by the fact that there were few RNs from the Plateau Tribes. Four of the seven nurses contacted were busy or lived too far away to participate in this research. The sample met Stake's (2000) criteria of three to four participants needed for successful collective case study (p. 437).

Conducting research with people from a population who had, since the colonization of the Americas, experienced co-optation and exploitation (Deloria, 1998) necessitated considering the participants and research as sensitive. To protect participants and their communities, the study's gatekeepers were asked to assess potential harm and community benefit. Community benefit was identified as aiding in reducing health and education disparities. No harm was identified. Individual consents were obtained and to avoid unnecessary intrusions

of privacy each participant read a final draft of the report (Renzetti & Lee, 1993). Protection of human subjects was obtained from the university institutional review committee. Some material was removed at the request of one participant; all three edited for accuracy. Written permission was given by all participants to use identifying information in the research report and for publication. The researcher took time to reflect on and discuss personal biases and stereotypes with one of the gatekeepers. A point of view the researcher attempted to assume, and one suggested by Fixico (1998), was to realize no one American Indian view existed, rather that a diversity of perspectives was needed to accurately represent cultural and political complexity.

Data Collection

Data sources included interviews, e-mails, on-site observations, and interviews with associates and people that participants named as significant. Interviews were one to three hours in length and each nurse was interviewed one to three times. A semi-structured interview guide used the following chronological questions: 1) What influenced your choice of a career in nursing? 2) What were college and nursing school like for you? and 3) What was your experience of being a nurse? Observations took place with each nurse at her work site and lasted two to four hours. E-mail was used to clarify questions after reviewing field notes and transcripts. One participant preferred using e-mail stating that it gave her more time to think before answering questions. To develop a richer story, participants were asked to recommend others who they felt understood their experiences for interviews. These interviews included two former college teachers, a family friend, and a staff person at a nursing school.

Analysis

Interviews were audio-recorded and transcribed by a professional transcriptionist. Tapes were listened to and transcripts read and reread to check for accuracy and to gain an initial impression of each participant's story as soon after the interviews as possible. Following Stake's (2000) analysis procedures data analysis began with data collection. Aggregating similar findings, or instances formed categories. Categories were further divided into commonly occurring themes. Validity, according to Stake, is achieved by checking for accuracy of participant's meanings, member checks, and triangulation. Accuracy was achieved by analyzing transcripts line by line to search for meanings that were as close as possible to the participants' meanings, ideas, or explanations. Member checks occurred as all participants read the report and verified it for accuracy and for their acceptance. Methodological triangulation was used to search for convergence of information. Reporting included participant's own words, as well as, the interpretations of the researcher to allow readers to make their own naturalistic generalizations. Data sources provided an audit trail.

Findings

The first of the three participants was an enrolled member of the Nez Perce tribe and had lived on the reservation most of her life. She was 38 years old, had two children, and had been an RN for six years. She was the director of community health nursing and a public health nurse for Nimiipuu Health. Her mother had been a licensed practical nurse and worked in the emergency department in Lewiston, Idaho. The second participant was an enrolled member of the Colville Confederated Tribes and had lived on the reservation for 27 years. She was 40 years old, had three children, and had been an RN for six years. She was the only IHS public health nurse for the Colville reservation. Her mother also had been an RN. The third participant was an enrolled member of the Spokane Tribe, but had not lived on the reservation except for the two years she attended nursing school. She was 36-years old, had two children, and had been an RN for two years. She was the director of nursing for the Lummi Health Clinic. She had spent her childhood on the Lummi reservation near Bellingham, Washington. At the time of data collection, each participant worked on a reservation. Two of the three were members of and lived on the reservation where they worked. The following emic themes emerged from three categories: (1) Influences for going into nursing, (2) Going to college and nursing school, and (3) Working as a nurse.

Influences for Going Into Nursing

Participants agreed that going into nursing was influenced by the desire to get an education and to help their communities. Helping included being a role model to younger people and being able to prevent disease.

Early Influences: Participants believed that many American Indian students were tracked according to their abilities early in high school. The sciences were “just a killer for a lot of Indian people.” A reason participants gave for why American Indian students didn’t go into science based fields was the low expectations they faced in high school. One noted that when her daughter entered high school there were 60 other Indian American students in her class and that on graduation day there were three. “I don’t know that it’s their aptitude. There’s a low expectation at school.”

One participant reported that her most frustrating experiences as a high school student were with the guidance counselors. She suggested that her daughter’s and others’ experiences on the reservation had been no better. “A lack of guidance in terms of finding a child’s talents and building on those was universally lacking.” The problem of poor guidance counseling was one that she said kept many students from attending college. “There are a lot of people my age on the reservation who should have gone to college and didn’t.” But, she noted, they were not encouraged and even actively discouraged from applying. The high school guidance counselor this participant interacted with was, “A white guy who didn’t know much about the culture or the abilities of Indian students. He was new to the job and I think he got a lot of his ideas from his predecessor

who was also white and didn't care about the future of my people." The counselor was "either pushing us into the military or a vocational technical program." In contrast, a Spanish teacher encouraged her to attend college. Although this teacher was non-Indian, she kept asking her about her future plans and scheduling dates for the ACT exams. This teacher talked to her about nearby colleges, "Because she was familiar with the closeness of Indian families and the traumatic experience of having to leave the reservation. She saw the potential in me to do greater things."

Another participant reported that she had little stability, or support, during her childhood. "I grew up in a single parent home with her mom and it was an alcoholic drug abuse home, physical abuse, sexual abuse." Yet, she attributed her childhood with giving her the determination she needed to succeed in becoming a nurse because, "I didn't want to end up like my mom." Her mother she reported, "Just gave up."

You Are Going to College: All participants viewed getting a college education as essential to success. Influences to go to college came from parents, grandparents, and friends. One participant stated,

My mom was always pushing education. 'Don't be like me; don't start off so late, I want you to get your education. You're going to finish it.' She didn't ask us, she let us know, she told us, 'You're going to finish high school, you're going to go to college.'

Educational success was seen to have both extrinsic and intrinsic value. The extrinsic value included the ability education gave the participants to gain power and have influence in the community.

I didn't have the training to help anyone, and I thought if I just went back to school and got the training I could do so much more. I've got the credibility now. I had to go to school and I had to get the education for people to say, okay, we're going to start listening to you.

The intrinsic value of an education included personal pride in their ability to overcome obstacles and obtain a position of importance in the community.

We moved from house to house with whoever would take us; maybe my mom's drinking buddies. We lived all over this place. We lived down by the river with no running water. But now, as a nurse here, I'm seeing how some of the people look up to me. They come to me all the time and ask me questions. With the success I feel in completing my bachelor's degree, I can be a role model.

I'm Not Going to Fail My Children: Participants had seen education and success elude young people on their reservations due to what was described as a cycle of alcohol and drug abuse and early pregnancy. Education was seen as a way of "breaking the cycle." The will to go to college was influenced by a desire to show their own children and others that the cycle could be broken.

Coming from a reservation where education wasn't pursued you saw the failure. Women dropped out of school, got pregnant at an early age, and went

on welfare. You saw that all the time, and when I gave birth to my daughter, I told myself I'm not going to fail my children. I'm going to go to school and get my degree, and I don't care what it takes. I had to fight my husband, but I told myself I will do this for my children. That was my motivation.

Getting a college education also meant the prospect of leaving family behind and perhaps not coming back.

I just know my parents saw education as a way out. Whether we left the reservation and stayed away, or came back, it didn't matter as long as we had an education behind us. My parents saw examples of people drinking their lives away, or children coming up with FAS (fetal alcohol syndrome). Just a lot of dropouts, high teen pregnancy, and domestic abuse. They didn't want that for us:

I Made a Vow: Going to college was a goal in itself, but the desire to serve their communities influenced the decision to get a college degree in nursing. Community and personal tragedy had a profound affect on participants' desire to become a nurse. The death of an uncle left one participant an intense feeling of helplessness. She made a vow at the time to do something to stop preventable deaths among her people. "I wanted to do something. We've got to stop watching our people die. That was the driving force. I made a vow."

Other Nurses: Participants were influenced to become nurses by other nurses. One participant reported that she first wanted to be a nurse when she worked as a secretary with a Public Health Nurse (PHN) at the reservation health clinic. She was excited by the work he did, and felt limited by being a secretary. She wanted to have the ability to influence health policy in her community. She began taking courses at a community college to increase her knowledge about health. It was there that she discovered a love for science. She noted that this discovery further influenced her decision to be a nurse. "I didn't know that I loved it. I didn't know that I had this aptitude. But, he (PHN) was probably the main reason I wanted to become a nurse."

One participant related that she chose nursing over medical school because she was worried that courses, such as physics, would be too difficult. She noted, however, that with tutors she managed statistics and chemistry "with flying colors." She said that eventually she chose nursing over medicine because; she liked "the concept" of nursing. "Nursing is about compassion, about giving direct care, and making a difference." She said that physicians didn't necessarily have the same kind of compassion as nurses. "Medical people can also be compassionate, but sometimes they lose it." Another agreed that a nursing education prepared her for a unique role. "People don't understand that's what nurses do. They're advocates; patient advocates. That's really different from a medical model. That's what makes us unique."

Going to College and Nursing School

The Pressure: Although participants valued their nursing education, they described earning their Bachelor of Science in Nursing (BSN) by saying, "I would never

want to go through again.” Attending college meant leaving home, family, and familiar places. It also meant being immersed in a different culture. Culture shock caused one participant to fear leaving her apartment “for months.” Another participant reported that her first problems at college were not in deciding what to do, but how to do it. She stated that once in college American Indian students needed special attention and orientation to become familiar with the campus and noted at first she felt lost and lonely. Participants also experienced stress, “I didn’t want them to think I had got into nursing school just because I was an Indian. I felt a lot of pressure and isolation. I think the first year was hardest. I really felt like an outsider. I really didn’t know if I was going to fit in. I just didn’t have any friends. I didn’t have any roots.”

Participants reported receiving support in nursing school from some of the nursing instructors. One participant said that the most helpful instructor encouraged her by telling her that she had chosen the right field and that she would be a good nurse. “I came to believe that after awhile. I learned to trust myself.” An advisor in the nursing program also helped her by telling her that because “I was a Native American woman in an underrepresented area; she was really hoping to see me succeed.”

Determination and Strength: Participants identified family members and friends as sources of support and encouragement that enabled them to finish their nursing program. Perhaps the greatest source of motivation to get through college and nursing school came from the participants’ roles as mothers. One unequivocally declared that what kept her going were her children. “It was my kids. I wanted them to see, oh, I don’t know. That’s a hard one to answer.” A minute of silence and tears ensued. She went on to explain that coming from the reservation “where education wasn’t pursued” that she wanted something better for herself and her children.

I think it was when I gave birth to my daughter that I told myself I wasn’t going to fail my children. I’m going to go to school and get my degree and I don’t care what it takes. I told myself I would do it for my children. That was my motivation.

A participant who was a single parent reported that nursing school was a difficult time and that she managed to get through it because of her faith, her children, and because of the strength gained from a difficult childhood.

I think back to those days that I was in school and working and trying to maintain myself. It was my faith; it was some kind of strength inside of me. The strength I developed when I was a child to survive through whatever I had to get through. Many times I wanted to give up, but having my own children meant I didn’t lose my responsibility.

Leaving Home/Returning Home: A positive outcome of leaving home and enduring the hardships of going to school was learning about other cultures while gaining a greater appreciation their own.

It helped me be a better nurse to see how other people lived. I saw that there was more to life than the reservation and ultimately that helped me appreciate others. I began to appreciate my community as well and sought out my elders to teach me about traditional ways.

Another source of motivation and strength came from returning home as frequently as possible.

I just couldn't wait to come back. It was totally home for me. I think for most American Indians the reservation is home. It's the one place you can say that whatever it looks like, whatever it is, it's home. This is my backyard. I feel so good when I'm here. That's where I feel my strength. It's where your ancestors lived. It's hard for people who don't have that connection to understand.

Advice to Other Students: Participants' experiences of feeling intense pressure to succeed lead to advising other students to "not be afraid to admit fear, loneliness, and confusion." One participant related that she wanted others to know that even if they were "treated badly their own determination can help them survive and reach their dreams." She reported that many people assumed that a person was able to go to school only because of their family background. She said, "People think that you have to be from a distinguished family, a family that graduated from school and has accomplished the things you wanted." But, by telling them about her family they could see that they could succeed as well.

My mom went to the eighth grade and my father didn't graduate. He barely speaks English. My GPA from high school was so bad I dropped out and then to come up to a four point through college was exciting and rewarding. I saw that you didn't have to be smart; you just had to apply yourself. I think telling my story makes a difference. It makes others believe that it's possible for them too.

Working as a Nurse

Being an Educated Professional in the Community: This case study revealed that making changes within the community was an important aspect of being an educated professional returning to the community. Making changes relied on not only gaining trust and credibility, but also the ability to gain influence and power. Accomplishing this meant being on committees that made important decisions, being able to speak well in public because, "All of a sudden you're thrust into it and people are expecting you to stand up and be able to speak and say things." A participant reported that community members urged her to "speak from my heart." Others had a goal to "speak straight to the point" and to "make changes more slowly and include others in the process."

Earning a college degree and becoming a nurse also meant being met at times with resentment and jealousy from co-workers and community members. Resentment primarily came from co-workers who thought of participants as outsiders because of their education. Encouraging and supporting co-workers to attend school helped counter this resentment. By telling their own stories, nurses hoped to become a source of inspiration, rather than a source of resentment. One

participant also experienced resentment and jealousy because of her husband's family name. She felt it was important to use her maiden name to provide herself with an identity that was separate from her in-laws. Being able to negotiate family systems that existed in their communities was a necessary skill. A personal gain that came with being a nurse was respect and financial success. Respect was earned as trust and credibility grew.

Feeling Successful as a Nurse: Perhaps the overarching theme in these nurses' career experiences was feeling successful as a nurse. Participants described being successful as the satisfaction they felt in being more connected to their communities in their roles. The sense of commitment these three nurses brought to their communities was significant. Being a nurse gave them the opportunity and ability to actualize their commitments, not only by providing nursing care, but also through role modeling and influencing tribal policy. As one participant noted, people in power saw her differently when she returned with her degree and began to speak about community health problems. "I think I came on really strong and everyone's like, wow, you're really serious about this." Being in positions to help others break a cycle they saw as self-destructive was a source of motivation, inspiration, and satisfaction. Further, these nurses shared a sense of pride in their ability to overcome their difficult life circumstances and to use their unique experiences to be role models and to be better nurses.

If I Could Do It, They Could Do It: Returning to the community as a nurse with an education from a non-American Indian institution required the ability to integrate new information with traditional values. Doing so was difficult and participants knew further education was needed to be a successful and influential leader. One participant stated, "In Indian country you really do need to be able to work with traditions because you're creating policy, you're developing things. You have to have the education to do that. In fact, I need a master's." All participants agreed that they needed more education.

Returning to the community also meant becoming a role model, achieving status and meeting personal goals for success. However, being a role model was a source of satisfaction that appeared to be above all other achievements. It meant showing others how to succeed despite difficulties; something that helped individuals and the community. Telling their life stories was one way to be a role model and was seen as a way to help young people who did not have family support.

I want the young person to look at their parents first; but if they don't have that then they have to fall back on someone who can show them they can be successful. Someone who's encouraging. I encourage young people to think about a profession in the health field. I tell them they can be anything they want to be. I don't think many people tell them that. I tell them my story and they see that I came from the same background, and even harder than they did. So, they can go to school like I did. If I could do it, they could do it.

When asked how she thought the community perceived her, one participant answered without hesitation and with emphasis, "As someone very important.

And I don't mean to brag or anything. They see that we don't have many Indian nurses or doctors."

Discussion

The findings of this study support strategies cited in the literature on recruitment and retention of American Indian/Alaska Native students in nursing. This collective case study identified significant stress in attending nursing school. Stress included culture shock and isolation similar to the nurse practitioner students in Dickerson, Neary, and Hyche-Johnson's (2000) study. Nursing educators and administrators need to focus on how their institutions may be adding to these nurses' stress and take steps to reduce stress and isolation and to create a welcoming environment that caters to the specific needs of students. Universities desiring their graduates to return as graduate students should pay special attention to improving the undergraduate experience.

Participants made decisions to go to college based on a strong belief that education was essential to their success, yet experiences in high school were not always supportive. The difficulties of going to college to become a nurse were worthwhile for the participants in this case study. Three primary goals motivated them to persevere: (a) to get an education; (b) to avoid a lifestyle they, or their children, might fall into if they didn't go to college; and (c) to help others in their communities. The findings may be highly relevant to Plateau Tribe's people, including nurses. Women from the Plateau Tribes were influenced in their health seeking behaviors by a strong desire to contribute to the good of their communities and to future generations (Strickland, Chrisman, Yallup, Powell, & Squeoch, 1996). A personal perspective that puts community first fits with the findings of this case study. Considering the importance of education to the nurses in this study, and the importance of reducing health disparities, nurse educators and administrators need to consider recruitment and retention of American Indian/Alaska Native students. Providing students with college preparation, college and career counseling, support once in nursing school such as allowing more frequent opportunities to visit home, and increasing the cultural competency among students, staff, and faculty are strategies cited in other work with American Indian/Alaska Native nursing students (Sharenov, 2001; Trossman, 2002; Underwood & Fay, 1996; Womack, 1997).

Two unique findings from this study merit consideration. First, participants expected to, and did, return to their communities after nursing school. Nursing schools need to help prepare American Indian/Alaska Native students to do so. The cross-cultural understanding that these nurses, by necessity, brought to their communities helped them to serve as cultural mediators, a role Kidwell (1992) described as an historical role for many American Indian/Alaska Native women. The nurses in this study acted as mediators between the dominant healthcare culture and the unique problems facing their people. Just as leaving home to attend school required coping with new cultures, returning home as a nurse meant coping with bringing a new culture back to their communities. Secondly,

participants reported perceiving themselves as role models once they returned to their communities. They generously used their own stories to help educate and influence others to go to college to become nurses. Understanding the types of roles and positions American Indian/Alaska Native nurses may be asked to take on once they return to their communities should guide programs to emphasize culturally competent leadership practice that includes role modeling and mentoring, negotiation, and management.

Finally, assisting students to think about graduate school while they are in their basic nursing programs may be a wise strategy. Anticipating the education needed for the advanced clinical and leadership roles they will serve in, distance education program development may be good prescriptions for helping students return for graduate education.

Successful recruitment and retention programs for American Indian/Alaska Native nursing students, such as the Recruitment and Retention of American Indians Into Nursing (RAIN) program at the University of North Dakota (RAIN, n.d.), the Caring for Our Own and the Bridge to Success programs at the Montana State University (Trossman, 2002), and the Na-ha-shnee program at Washington State University (Katz & Paul, 2004) already use a combination of strategies suggested by this study. Strategies include cultural support, role models and mentors, and academic skill preparation. The program at Montana State University targets high school students for recruitment into nursing (Sharenov, 2001; Trossman). Washington State University also aims to begin recruitment in high school.

Conclusion

The nurses in this study were characterized by their determination to succeed in obtaining their nursing degrees despite obstacles. For students who may, or may not have the same drive, nursing needs to develop support programs in partnership with American Indian/Alaska Native leaders. Getting an education, be it in nursing or another area, should not be so difficult that only the most strong-willed are able to endure. American Indian/Alaska Native students should have the same, if not more, opportunity and support as their non-native counterparts. If the value of obtaining higher education and career success is to be realized, nursing must pursue recruitment and retention of American Indian/Alaska Native students beginning in their pre-college years. Research with middle and high school students is needed to gain knowledge about early influences toward finishing high school, attending college, and choosing and achieving a nursing degree. Although survey tools to do so have been developed for use with some minority students, none have been published that are designed for American Indian/Alaska Native students. Research is also necessary to identify American Indian/Alaska Native nursing students' curricular needs for successful transition from nursing school back into their communities. American Indian nurses must be included and supported in doing this research by their nursing colleagues and professional organizations.

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