

WAÁWANYANKA WŌUNSPE-WANKÁTUYA:
DEGREE COMPLETION, BICULTURAL ACCOUNTABILITY,
AND STUDY ABROAD FOR TRIBAL NURSING STUDENTS

by

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A dissertation submitted in partial fulfillment
of the requirements for the degree

of

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DEDICATION

Mitákuye Oyás'ínj. Wašté phiwála.

This dissertation is dedicated to our ancestors, who paved the way; to the land, our first teacher and enduring relative; and to the generations yet to come. This work is offered in relationship to the ongoing living, learning, and practicing of Indigenous sovereignty, endurance, and resurgence.

I dedicate this work to my younger self, who chose to walk through this difficult and transformative journey. I also honor the loving memory of my uncí, Velma Lane, whose teachings were grounded in love, belonging, and responsibility to all our relations. She was the first to plant the seed that encouraged me to pursue education and to go far. Her words, her ways, and her prayers continue to guide my footsteps and carried me through this journey.

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To my Thásunka Hinzí family, thank you for walking beside me, for your constant support, and for celebrating this shared milestone, our family's first doctorate.

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TABLE OF CONTENTS

1. ©COPYRIGHT.....	ii
2. DEDICATION	i
3. ACKNOWLEDGEMENTS.....	ii
4. TABLE OF CONTENTS.....	iii
5. LIST OF TABLES	v
6. LIST OF FIGURES	vi
7. ABSTRACT.....	vii
8. INTRODUCTION AND OVERVIEW.....	1
Statement of Purpose	8
Overview of the Dissertation	8
Positionality	11
Relationality.....	12
Methodology.....	16
References.....	18
9. A SUCCESS ACADEMY FOR INCREASING TRIBAL COLLEGE TRANSFER STUDENT SUCCESS IN NURSING DEGREE COMPLETION: A MIXED-METHODS STUDY	20
Contributions of Authors and Co-Authors.....	20
Manuscript Information	21
10. CONSIDERING INDIGENOUS METHODOLOGIES: A WINTER COUNT APPROACH TO MEASURING BICULTURAL ACCOUNTABILITY IN NURSING EXPERIENCES WITH TRIBAL COLLEGE TRANSFER STUDENTS	34
Contributions of Authors and Co-Authors.....	34
Manuscript Information	35
Cultural Competency towards Cultural Intuition.....	40
Positionality	41
Methods.....	42
Winter Count: Bicultural Accountability Theoretical Framework.....	42
Study Design.....	44
Findings.....	45

Exclusion and Erasure of Indigenous Perspectives	45
Problematic Inclusion of Indigenous Perspectives	47
Theoretical Sensitivity of Indigenous Perspectives	49
Cultural Intuition of Indigenous Perspectives.....	51
Indigenous Knowledge Realization	54
Implications.....	55
Discussion	56
References.....	60
 11. INDIGENOUS KNOWLEDGE EXCHANGE THROUGH STUDY ABROAD: AN INDIGENOUS AUTOETHANOGRAPHY OF TRIBAL NURSING STUDENT STORIES	 63
Contributions of Authors and Co-Authors.....	63
Manuscript Information	64
Indigenous Knowledge Exchange-Aotearoa at Montana State University.....	68
Te Ao Hurihuri at University at Waikato	68
Positionality	69
Methods.....	71
Tribal Nursing Student Stories on Short-Term Study Abroad	73
Native American Student Experiences of Short-Term Study Abroad.....	74
Importance of Indigenous led experiences for Indigenous Students	77
Impact of IKE on Self.....	82
How IKE Impacted Nursing School Experiences.....	86
Conclusion	90
References.....	97
 12. “NONE OF US IS AS IMPORTANT AS ALL OF US”	 100
Collective Contributions of the Three Manuscripts.....	103
Advancing Relational and Decolonizing Approaches	106
Implications.....	106
Limitations	108
Future Research Directions.....	108
Concluding Reflections.....	109
References.....	110

LIST OF TABLES

Table	Page
1. Table 1. Post SA Descriptive Survey Results by Cohorts (n=25).....	26
2. Table 2. Success Academy Themes and Subthemes Identified from Talk Circles	27

LIST OF FIGURES

Figure	Page
1. Figure 1.1. Timeline of the events in history that started pre-1873 in the boarding school area when pre-nursing training began through to the 1990's where the first Native American student support programs are established.	7
2. Figure 1.2. Overview of three manuscripts using a network map to identify relationality, methodology and methods, key contributors, Montana State University graduate students, departments, and courses or programs provided for students.....	10
3. Figure 3.1. Winter Count for Bicultural Accountability Adapted from "Considering Indigenous research methodologies: Bicultural accountability and the protection of community held knowledge" by Windchief, S. & Cummins, J. (2022), Qualitative Inquiry, p. 161.	43

ABSTRACT

This dissertation centers the lived experiences of Tribal nursing students, amplifying their voices through Indigenous research methodologies that emphasize relationality and communal values. The study highlights pathways to student success while identifying systemic challenges within predominantly white institutions. Tribal nursing students remain underrepresented in the profession, and their experiences are often examined through deficit-based or Western frameworks. The purpose of this three-manuscript dissertation is to document degree attainment and pathways to success, examine bicultural accountability within nursing program experiences, and explore the impacts of Indigenous knowledge exchange on students' academic, cultural, and professional development. The first manuscript investigates the successes and challenges associated with implementing a pre-entry support intervention for Tribal college transfer students entering their first semester of a nursing program. Using a convergent mixed-methods design, data were collected through talking circles to center student stories alongside quantitative measures. Findings indicate that the pre-entry intervention provided meaningful academic and relational support during the transition into nursing coursework. This manuscript contributes to addressing gaps in the literature by making visible the hidden curriculum and institutional barriers faced by Tribal nursing students. Building on this work, the second manuscript examines critical aspects of students' stories that required deeper analysis. Using transcripts from the initial study, narratives were analyzed through the bicultural accountability winter count theoretical framework. The framework centered Indigenous perspectives, revealing where Indigenous worldviews were absent or devalued in classroom and relational contexts, sometimes resulting in harm. It also highlighted how relational and communal values fostered students' sense of belonging and engagement. The third manuscript employs Indigenous autoethnography and collective storying to examine the impacts of an Indigenous knowledge exchange short-term study abroad experience. Findings demonstrate how Indigenous-led learning environments supported self-reflection, cultural affirmation, and the integration of Indigenous knowledge into nursing practice. Student stories also identify barriers that contribute to Tribal students opting out of study abroad opportunities. Collectively, these manuscripts provide a comprehensive examination of Indigenous nursing pathways and emphasize the importance of relational accountability, Indigenous methodologies, and culturally grounded supports to improve retention, expand Indigenous perspectives in nursing education, and foster transformative learning experiences with lasting impact.

CHAPTER ONE

INTRODUCTION AND OVERVIEW

The introductions to careers in nursing and nursing education for Indigenous peoples has had a long journey mirroring the historical oppression that supports the narrative of the powerful. To understand healthcare and education in Indigenous communities, it is essential to recognize the historical trauma these communities have endured, including the boarding school era, the intentional exposure to disease, the destruction of traditional food systems, forced relocation, and more (Allison-Burbank, 2016).

A critical aspect of the struggle for self-determination has involved questions relating to our history as Indigenous peoples and a critique of how we, as the Other, have been represented or excluded from various accounts. Every issue has been approached by Indigenous peoples in a view to (re)writing and (re)righting our position in history. Indigenous peoples want to tell our own stories, write our own versions, in our own ways, for our own purposes (Tuhiwai Smith, L., 2012, p. 29).

American Indians occupy both legal-political and racialized positions, yet dominant U.S. society largely recognizes only the racialized aspect, producing a liminal condition in which Indigenous peoples assert legal-political identities while being externally framed as racial groups (Brayboy, 2005). Because the everyday realities of American Indians have been erased from mainstream U.S. consciousness and replaced with static historical stereotypes, self-identification remains essential to asserting Indigenous authority over what it means to be Indian (Brayboy, 2005). This dissertation consists of three manuscripts and intentionally uses multiple terms—including Native American, American Indian, Alaska Native, Tribal, Tribal Nations, and Indigenous—to reflect the diversity of identities, geographies, and political contexts discussed. Particular attention is given to the distinction between Indigenous as a global term describing the original peoples of colonized lands and American Indian or Tribal Nations as terms referring

specifically to Indigenous peoples located within the United States, who also hold distinct legal and political relationships with the federal government. The first two manuscripts focus on the perspectives of students who are members of Tribal Nations, whereas the third broadens the scope to a global Indigenous context by engaging students who are members of Tribal Nations within Māori communities. Throughout the dissertation, the terminology used by authors and cited sources is intentionally retained in order to honor how individuals, scholars, and communities' self-identify.

The histories and contribution that Indigenous people have made are typically not included in Western academic epistemologies (ways of knowing). Reclaiming Indigenous epistemologies in nursing enriches teaching and practice by bringing students and educators into the cultural interface between Indigenous and Western knowledges, deepening understanding of Indigenous health inequities and non-Indigenous advantages (Drummond, 2020). An exemplar would be the use of traditional medicines and the sharing of plant knowledge that has contributed to caring for people today. Traditional medicine represents a holistic, land-based system of wellness developed over thousands of years, yet its depth and significance remain marginalized in nursing and Western healthcare systems that continue to exclude and silence Indigenous knowledge (Bearskin, 2023).

In Lakota, *wayázan-awányaŋka* means nurse and *waányaŋka* means to watch over things, to be a caretaker, be a nurse (Lakota Language Consortium, n.d.). Each tribe has their own language for nurses and names for nursing roles in the communities that have not been shared. During conversations to propose my dissertation topic to my committee, Dr. Jason

Cummins, a member of the *Apsáalooke* (Crow Tribe) and Professor at Montana State University shares:

Apsáalooke had, and still have, the role of baby nurse in the community. To fulfill that role, you have to have the right, often passed down and given to be an Akbaaúushaleelia (baby colic doctor) as well as a *Bíaeennee Akdía*, (those who tend to women's health). You had to represent *Apsáalooke* values, but also you had to be a good nurse and person. The expectations were high as one was expected to be in a good mood all of the time, not just when working with babies, and kind to people in order to care for the *Apsáalooke* babies. (personal communications, October 6, 2025).

For mainstream society, nursing occupations were established when women offered to care for the sick and learn from on-the-job training until later establishment as a professional career in nursing to encourage “trained nurses”, and the establishment of the state board certified nurse “registered nurses” (Hoffman, 1968). Before baccalaureate programs in nursing were established, health care looked to continuing education courses offered by colleges and universities in the 1920s in response to the development of technology, addressing spotty education, and the need for specialization nurses when the role converted from bedside nursing (Stein, 1998). Nursing was a gendered role primarily filled with women, and historical treatment of women is relevant in how the career was shaped. In a time before education was affordable and formal degrees were not yet established, hospitals exploited the low wages of nurses by trading the labor of the profession in exchange for continuing education opportunities (Stein, 1998).

Indigenous peoples had their own knowledges with healing and medicines prior to introducing Westernized practice in healthcare. Early introduction to the predominant society's healthcare systems resulted in assimilation practices in healthcare on Indigenous people. During the boarding school era, Carlisle Indian School established a hospital that functioned as pre-

nursing training facility for American Indian females (in high school) to care for their peers who were ill (Charbonneau-Dahlen & Crow, 2016). Indigenous peoples' introduction to Western nursing was a result of societal need to assimilate to the dominant health care practices in America. The first American Indian nurses were recruited as field nurses in 1873 because they were from Tribal communities on the reservation and were seen as having more power to introduce Westernized healthcare models to shift Tribes away from traditional healing practices (Charbonneau-Dahlen & Crow, 2016).

The major forces to move nursing education into university and colleges occurred when public health nursing was recognized as a specialization in nursing practice and the formation of professional nursing organizations (Krampitz, 1983). The first course related to preparing nurse teachers and administrator happens in 1899 at Teachers College, Columbia University (Krampitz, 1983). In 1916, the first basic baccalaureate nursing program was introduced. By 1921, ten colleges and universities had adopted similar programs, and by 1937, the number had increased to 32 institutions, enrolling a total of 1,832 students (Hoffman, 1968).

By 1923, the first baccalaureate prepared Native American registered nurse and first *Apsáalooke*, Susie Walking Bear Yellowtail, graduates from the Boston City's Hospital School of Nursing (Theobald, 2024; Whm, 2014) Susie's father was *Apsáalooke* and her mother was *Oglala Lakota*. Sage Memorial Hospital School of Nursing in Ganado, AZ becomes the leading school for American Indian nurses with representation of over 50 Tribes. The school was established in response to epidemics that American Indian people were experiencing with influenza, typhoid fever, and diphtheria in 1930 (Charbonneau-Dahlen & Crow, 2016). Tribal colleges and universities facilitate pathways into nursing by developing programs that combine

clinical nursing training with Indigenous knowledge systems. It was not until 1993 that the first reservation-based baccalaureate nursing program is created in Northern Arizona (Charbonneau-Dahlen & Crow, 2016).

Private philanthropic funding served as the initial source of financial support for the development of undergraduate nursing education (Krampitz, 1983). Yale University and Western Reserve School of Nursing in 1923 were the first two endowed schools and the first female dean of nursing position is created (Hoffman, 1968). Hospitals became the major employer of nurses during World War II, and the establishment of Medicare meant that funding flowed into the hospitals' growing technology and specializations (Stein, 1998). Funding is an acting agent in motivation for any program. In 1964, the Nurse Training Act determined that federal funding could only go towards full accreditation programs (Nahm, 1971) which standardized the nursing industry. Accreditation defined that nursing programs would need to provide high quality education in alignment with state laws and provide students with standards of practice on being a nurse (Nahm, 1971).

Across generations and into the present day, Indigenous peoples have long and persistently asserted the need for culturally relevant perspectives, Indigenous representation, and Indigenous values to be integral to leadership, health care, and educational systems as a right to self-determination. As a result, the Transfer Act, 1955, established the Indian Health Services (IHS) with the mission to ensure “comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people” (Indian Health Services, 2005). The challenges of the newly established Indian Health Service (IHS) becomes historically documented in the first report submitted to Congress entitled *Health*

Services of American Indians or known as the *1957 IHS Gold Book* (Indian Health Services, 2005). Much like higher education and the need to document the state of American Indian Education in the United States, by the 1969 Kennedy Report offered an early assessment of the health care for American Indians. Following the establishment of the Indian Health Service in 1957, the IHS Gold Book emerged as a significant historical document, emphasizing collaboration with Tribal nations, a commitment to culturally relevant care, and the need to recruit American Indian and Alaska Native (AI/AN) individuals into the health professions. (Charbonneau-Dahlen & Crow, 2016, Indian Health Services, 2005).

The movement of westernized healthcare models is seen in establishment of the healthcare system in the US, the shift of nursing programs into education alongside the development of health care systems designed for Tribal Nations and leads to increasing enrollment of AI/AN people pursuing nursing education. In 1990, funding for the American Indians into Nursing initiative was established under Section 112 to address a critical nursing shortage within the Indian Health Service through efforts to recruit and retain American Indians in the nursing workforce (Section 112). Funding programs like American Indians into Nursing are developed by the Health and Human Services Department to invest financial support in increasing AI/AN representation to work as nurses in AI/AN communities (Charbonneau-Dahlen & Crow, 2016). Universities and colleges could use these funds to provide financial support for AI/AN students to enroll in nursing programs at both mainstream universities and Tribal colleges. In the 1990's, we begin to see student support programs established at universities that have a mission to help recruit and retain Indigenous nursing students.

Both mainstream society and Indigenous people have different journeys into nursing in a look back through history. Funding always seems to be a strategic influencer for creating movements as demonstrated with the push for nursing education to become a baccalaureate program and with the funds made available to recruit Indigenous people into nursing. While it is difficult to reflect the full Indigenous history of nursing due to a lack of Indigenous scholars in this area, this outline has created a great timeline for when significant events occurred and provides opportunity for further inquiry of the topics that were introduced as seen in Figure 1.1.

Native American Timeline of Nursing Events

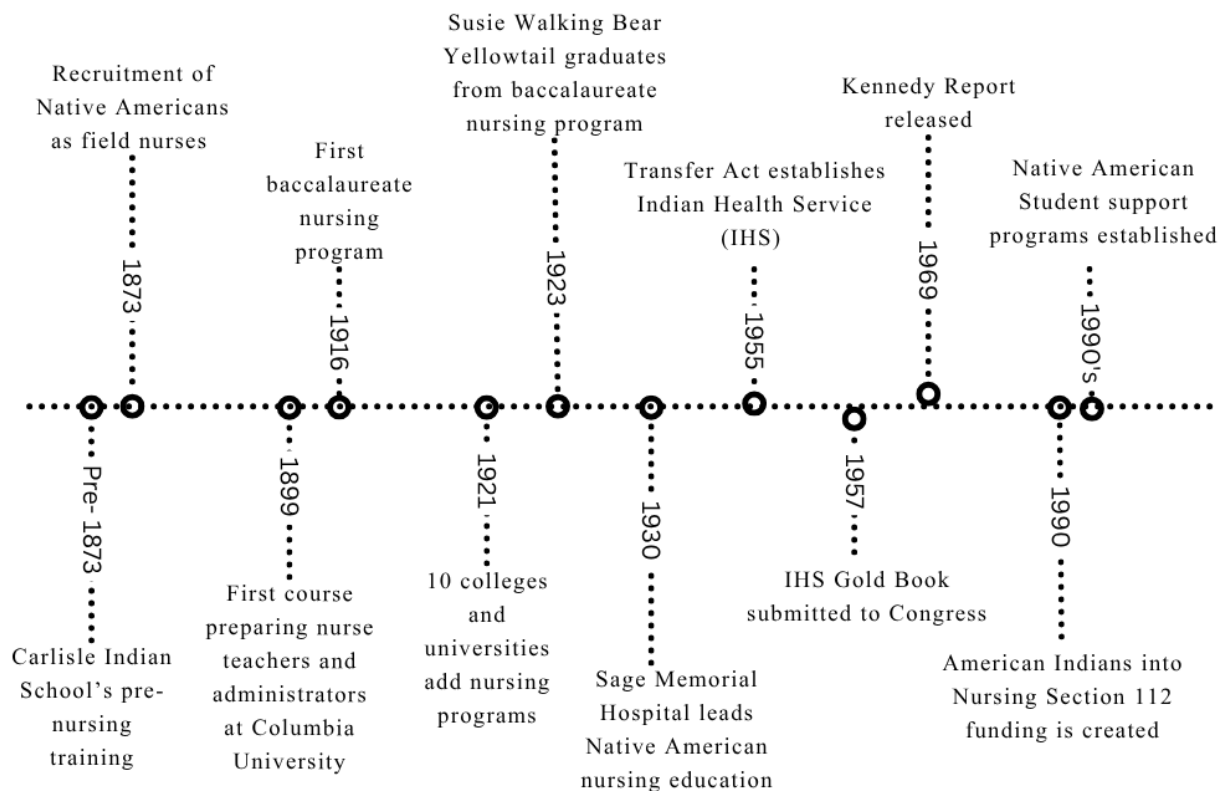


Figure 1.1. Timeline of the events in history that started pre-1873 in the boarding school area when pre-nursing training began through to the 1990's where the first Native American student support programs are established.

Statement of Purpose

This dissertation reflects the experiences and stories of Indigenous nursing students navigating mainstream nursing education through the lens of Indigenous research methodologies. This study seeks to identify, honor, and amplify the voices of Indigenous nursing students to understand systemic barriers they face, cultural safety in nursing education, and how Indigenous knowledge exchanges through study abroad can prepare them for nursing.

- Manuscript 1: Uses a convergent mixed methodology to share both quantitative and Indigenous methods to demonstrate the outcomes of the Success Academy, a pre-entry program aimed at improving retention in nursing programs for Tribal college transfer students.
- Manuscript 2: Uses a winter count methodology to understand Tribal college transfer stories of bicultural accountability and inclusion of Indigenous perspectives in the nursing program.
- Manuscript 3: Uses Indigenous autoethnography to learn how the Indigenous Knowledge Exchange provided a culturally safe learning environment for Indigenous nursing students.

Overview of the Dissertation

Figure 1.2 provides a visual representation in the form of a network map that shows the relationality and methodologies between the three manuscripts. The bottom with my name represents my positionality, and my role in the Caring for Our Own Program (CO-OP) and where the stories begin and signifies my interactions throughout the network map. The three

manuscripts, in the center, are the products that were created from the time and programs. Most importantly, the network map is intended to show how connections and relationships were the foundation and were integral for all of the work that occurred to make each manuscript possible. Much of the connections would not have been possible without acknowledging important Indigenous community values and choosing to move through these spaces with intentionality and focusing on people and community. While the network map identifies key contributors, it offers only a partial reflection of the wider community of relationships that sustained this work. Our learning is rooted in the collective contributions, guidance, and care of elders, knowledge keepers, MSU and University of Waikato students, staff, and faculty, whose shared wisdom and relational presence made these experiences possible and meaningful.

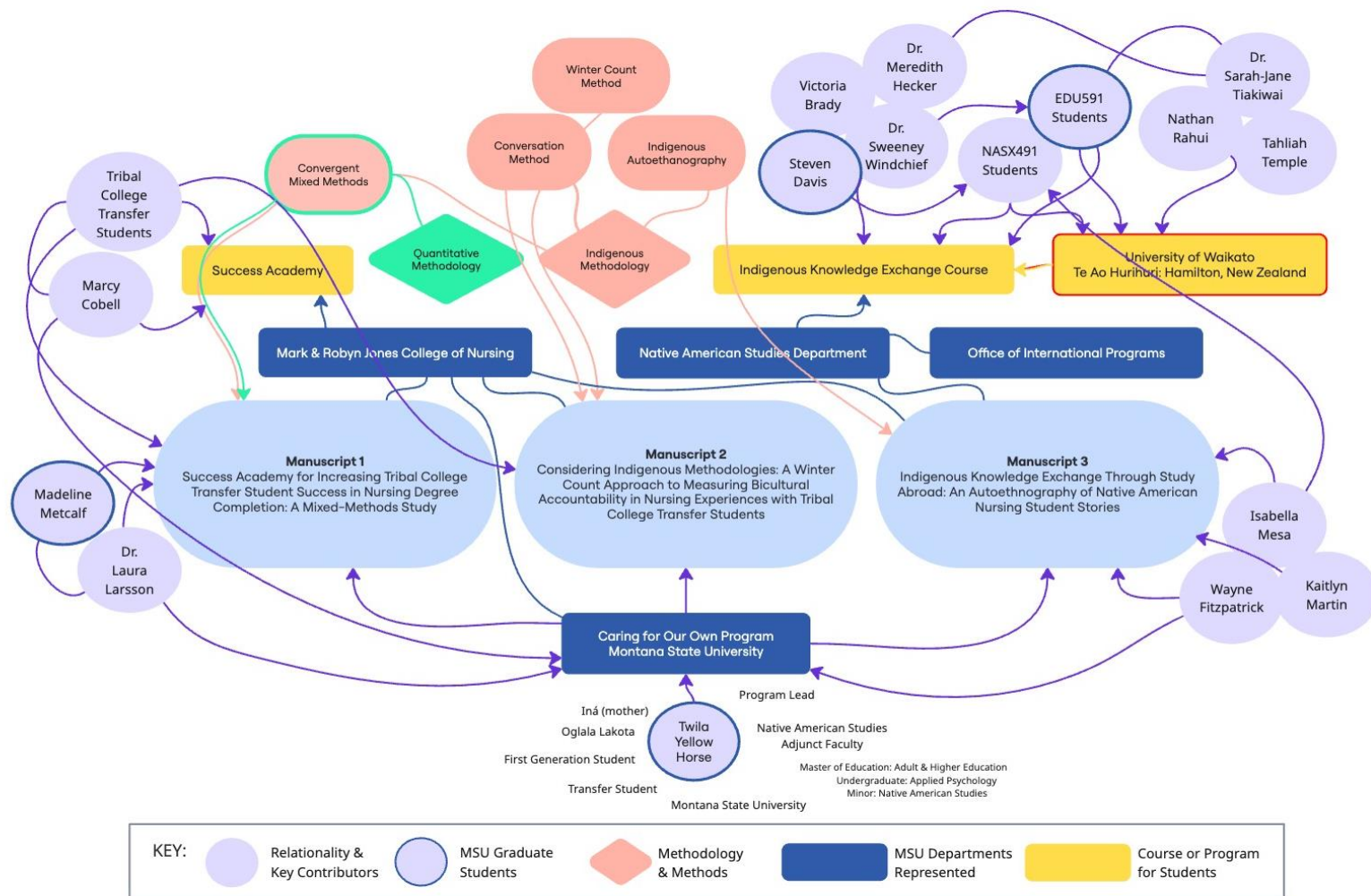


Figure 1.2. Overview of three manuscripts using a network map to identify relationality, methodology and methods, key contributors, Montana State University graduate students, departments, and courses or programs provided for students.

Positionality

“Self-situating as the researcher provides an opportunity to express our individual theoretical stance about what we believe about our world, and who we are within it” (Fast & Kovach, 2019, p. 25). My name is Twila Yellow Horse, and I am a member of the Oglala Lakota Tribe. My most important role is mother and I became a mother during my undergraduate years. I am a first-generation student, transfer student, and identify as a student who took seven years to complete my undergraduate and waited five years before starting graduate school. I am a doctoral candidate in the Education: Adult and Higher Education program at Montana State University (MSU). I have earned a Master of Education, Bachelor of Science in applied psychology, and minor in Native American Studies.

Professionally, I have worked with students in multiple roles. Currently, I serve as Program Lead for the Caring for Our Own Program (CO-OP), where my work focuses on supporting students and strengthening pathways to increase Native American representation in the nursing workforce. In this role I work with the Mark and Robyn Jones College of Nursing and represent various Indigenous perspectives and reflections when decisions may impact CO-OP and other AI/AN students. Before my role with CO-OP, I was an Assistant Director in the Office of Financial Aid Services overseeing the frontline financial aid advisors, and helping students navigate the financial aid system, find resources, and understand how to pay for college. This inspired my master’s research to primarily focus on the AI/AN experiences of paying for school with a focus on the importance of financial literacy for AI/AN students.

In addition, I am currently adjunct faculty for the Native American Studies (NAS) Department teaching Native Americans in Contemporary Society. Previously, I taught the First-

Year Seminar for three fall semesters of two of the falls, the sections I facilitated were intentionally designed for first-year Native American students. This instructional experience informs my understanding of the institutional, cultural, and pedagogical contexts shaping Native student transitions and supports my approach to student-centered and culturally responsive teaching. I am a part of different planning committees that place MSU Indigenous students at the front to inform and create courses and programs that support their experiences at MSU. These committees are NAS Internal Oversight Committee, Indigenous Knowledge Exchange Committee, and Council of American Indian Programs. For the purpose of meeting the dissertation requirements, all three manuscripts center my role in the Caring for Our Own Program (CO-OP). For the manuscript three, I am one of the three faculty that created and facilitated the Indigenous Knowledge Exchange course, a short-term Faculty lead study abroad to the university of Waikato and other locations in Aotearoa (New Zealand).

Through my various roles and in my time working at MSU, I have shared knowledge with other Indigenous students navigating university as a mentor, teacher, and relative. In addition to my academic experiences, I have supported and mentored students in the Office of Financial Aid Services, the Mark & Robyn Jones Graduate Nursing Program, and while teaching a Native American section of First Year Seminar at MSU.

Relationality

To align with an Indigenous paradigm that centers relationality and orality, knowledge is understood as residing within our relationships rather than as something owned, and Indigenous community engagement reflects this relational commitment (Kovach, 2021; Wilson, 2001, & Windchief & Cummins, 2022). Relational attentiveness, care, thoughtful planning, and consistent

communication, help create meaningful outcomes and processes grounded in connection, and when people are involved in these relationships, the connections can nourish the spirit (Kovach, 2021). Relationality allows for what is created to reflect this positive energy and support in collaboration. The key contributors are reflected in Figure 1 but now capture all of the great people who have contributed, supported, and helped with making these things come about.

Manuscript 1: The authors of this manuscript Dr. Laura Larsson, Madeline Metcalf, and myself (lead author). Dr. Larsson and I are connected in our professional relationship through CO-OP. Madeline Metcalf is a current MSU graduate student and connected to Dr. Larsson through another program she oversees, the Mobile Health Training Program, in the Mark and Robyn Jones College of Nursing. A part of the Mobile Health Training Program is to provide cultural immersion trips for nursing students to participate in one of the Tribal Nation's reservations in Montana.

Key contributors are the Tribal college transfer students, Marcy Cobell, Dr. Larsson, and me. Dr. Larsson applied for grants with the intention to provide a pre-entry program to support onboarding of the Tribal college transfer students and proposed what would be important for them to know in preparing for the nursing curriculum as she is faculty in nursing in MRJCON. My role starts with recruiting and inviting students to apply for CO-OP and explaining the Success Academy. During the Success Academy, I would join one-on-one meetings, provide wrap-around support for students, and hold virtual sessions to share important information about navigating the nursing program and MSU. Marcy was the primary facilitator of planning, collecting information, and guiding students through the Success Academy. The three of us met

to inform the program planning for the 6 weeks and thought through what was important to include.

Manuscript 2: The stories collected for manuscript 1 were utilized. The winter count theoretical framework used to further tell the stories of CO-OP students was created by Dr. Sweeney Windchief and Dr. Jason Cummins. Dr. Sweeney Windchief is a member of the *Fort Peck Assiniboine* Tribe, Professor in the Department of Education at MSU, and is the current chair for my committee. Dr. Jason Cummins is a member of the *Apsáalooke* Tribe and Assistant Professor in the Department of Education at MSU. Both are committee members for my PhD journey and have been incredible mentors. Through relationality and ongoing conversations through my graduate program, I have been able to further develop these ideas.

Manuscript 3: There were many key contributors involved in the Indigenous Knowledge Exchange (IKE) course and relationship building that occurred between leadership and students. Six graduate students with five of those students traveled to New Zealand and were registered for the graduate level of this course. There were 11 undergraduate students with ten of these students traveling to New Zealand. The coauthors Isabella Mesa, Wayne Fitzpatrick, and Kaitlyn Martin are all students in CO-OP. Isabella is a member of the Redwood Valley Little River Band of Pomo Indians. Wayne Fitzpatrick is an enrolled member of the *Aaniiih* (Gros Ventre), *Nakoda* (Assiniboine) Tribe. Kaitlyn Martin is an enrolled member of the Fort Belknap Tribe and is *Aaniiih*, *Nakoda*, and *Ojibwe* (Turtle Mountain Chippewa). They were enrolled in the undergraduate section of the IKE.

Through the Te Ao Hurihuri program at the University of Waikato, we worked with Dr. Sarah-Jane Tiakiwai, Nathan Rahui, and Tahliah Temple. Our leadership teams worked together

to create this experience for the students. It is important to note and acknowledge all the Māori people who hosted us, the knowledge keepers, and leaders in their community that contributed to making us feel like we were at home. I first met Dr. Tiakiwai on the MSU campus during early conversations when she happened to be visiting with Office of International Programs.

At MSU, the IKE course was facilitated through the Native American Studies (NAS) Department with the support of the Office of International Programs (OIP). Both OIP and NAS helped us navigate the nuances of international travel in culturally specific ways. Dr. Windchief, in reflection of his own experiences, land-based learning, and growing from his own visits to New Zealand, wanted to take other students abroad to meet his relationships and to make new ones. He facilitated the graduate student section of the Indigenous Knowledge Exchange and is also on both Steven (introduced below) and my graduate committees.

Steven Davis is an enrolled member of the *Kul Wicasa Oyate* (Lower Brule Sioux Tribe), descendant member of the *Ampskapi Pikuni* (Blackfeet Tribe) and *Siksikaitsiitapii* (Blackfoot Confederacy). He is a graduate student in MSU Engineering and had also traveled to New Zealand in recent years. He co-facilitated the undergraduate section for the IKE course. Both Steven and Dr. Windchief traveled to New Zealand for a conference presentation they had coauthored and met with the Nathan and Tahliah at the marae to begin conversations on what hosting a group of students could look like. After returning, they both invited me to help facilitate the undergraduate course.

Victoria Brady with the Office of International Programs helped us with the logistics of traveling abroad, the agreements between MSU and University of Waikato, and understanding the funding. At the time the course piloted, a few weeks before travel, Dr. Meredith Hecker, a

member of the *Ampskapi Pikuni*, joined our group. She was the newly appointed Department Head for the Native American Studies Department. We invited her to travel with us to have understanding and future support of the Indigenous Knowledge Exchange course.

Methodology

All three manuscripts are grounded in an Indigenous research paradigm and employ qualitative Indigenous methodologies, including storytelling, relational accountability, and community-based engagement (Kovach, 2021; Wilson; 2008). In alignment with an Indigenous research methodology, this study adopts an approach grounded in relational ethics, collective knowledge-building, and community-embedded processes (Windchief & Cummins, 2022). This framework privileges relationships as the foundation of inquiry, supports reciprocal and empowering co-learning environments that reflect Indigenous epistemic traditions, and conceptualizes health within an ecological, strengths-focused worldview informed by Indigenous ways of knowing (LaVeaux & Christopher, 2009).

Chapter 2. Success Academy for Increasing Tribal College Transfer Student Success in Nursing

Degree Completion: A Mixed-Methods Study. This methodological approach was selected to intentionally integrate qualitative and quantitative forms of evidence, collected concurrently, to generate a more comprehensive and nuanced understanding of the challenges under study (Fetters et al., 2013). By bringing these methods together while centering Indigenous methodological approaches, the research supports a holistic interpretation that honors complexity and aligns with Indigenous ways of knowing. Quantitative methods results are demonstrated through the data in the provided tables and the retention data seen manuscript 1, chapter 2.

Conversational methods (Kovach, 2021) in sharing circles were used to hear Tribal college transfer students' experiences from their first semester.

Chapter 3. Considering Indigenous Methodologies: A Winter Count Approach to Measuring

Bicultural Accountability in Nursing Experiences with Tribal College Transfer Students.

This manuscript used the conversation from manuscript one. This paper uses an Indigenous theoretical framework, the Bicultural Accountability Winter Count, to measure the ways Indigenous perspectives are included whether they are problematic or generative. The conversations and stories shared from students for manuscript one are analyzed through the winter count to further strengthen their stories that reflect levels of inclusion in the nursing program.

Chapter 4. Indigenous Knowledge Exchange Through Study Abroad: An Autoethnography of

Native American Nursing Student Stories.

Using Indigenous autoethnography, this manuscript cocreates and shares stories arising from our collective experiences in the IKE course. After the fall semester that followed the course, the three undergraduate, CO-OP nursing students and the author came together in person to share reflections and post-trip experiences. These stories speak to preparation for the IKE short-term study abroad experience, shifts in identity, cherished memories, and the ways the experience strengthened confidence within navigating courses and experiences in the nursing programs. Together, these narratives also illuminate how participants envision the future of nursing from their own perspectives. Through their stories, participants share how the IKE course and time within Māori community influenced their visions for enhancing nursing within their Tribal communities, highlighting learning grounded in Māori knowledges and supporting global perspectives on collaboration and collective growth.

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CHAPTER TWO

A SUCCESS ACADEMY FOR INCREASING TRIBAL
COLLEGE TRANSFER STUDENT SUCCESS IN NURSING
DEGREE COMPLETION: A MIXED-METHODS STUDY

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Original Research Study

A Success Academy for Increasing Tribal College Transfer Student Success in Nursing Degree Completion: A Mixed-Methods Study

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Abstract

Background: A health-care workforce that mirrors the identities of patients is critical for achieving positive outcomes. To support a highly qualified and diverse nursing workforce, the Caring for Our Own Program (CO-OP) aims to increase the enrollment and retention of Indigenous students in nursing programs. Poor retention rates for Tribal-college transfer students (35.9%) presented a barrier to success for students best placed to enhance the nursing workforce in Tribal communities. **Methods:** CO-OP piloted the Success Academy, a pre-entry immersion program for Tribal college transfer students, ahead of four consecutive semesters. This four-week immersion featured a holistic hybrid format to improve sense of place, financial security, academic readiness, and social connection. **Results:** Thirty students participated ahead of beginning upper division coursework. Twenty have progressed without delays, including seven who graduated on time and are pursuing licensure. Five participants were delayed by one semester to repeat one or more courses, one was delayed by two semesters, and four stepped away. **Conclusion:** Success Academy had a demonstrable long-term impact to improve college access and success for Indigenous nursing candidates most ideally placed to make lasting change on Indigenous health in the Western U.S.

Keywords

Nursing, nurse education, indigenous health, rural health, culturally responsive care, pre-entry immersion

Implications for Education, Practice, Research, or Policy

- Montana's Tribal Nations experience systemic inequities that result in health care, social, and educational challenges.
- Health professions students who grew up in rural or Tribal areas are more likely to return and practice within these communities.
- Multifaceted and multilayered support is essential for Indigenous student success; holistic support must extend beyond pre-entry or first-year programming to include the students' entire educational nursing journey.
- The hidden curriculum in nursing programs is shaped by each program's distinct history, culture, structure, and practices, but certain core elements are consistently present across all programs.

Montana is home to 12 American Indian (AI) tribes, seven federally recognized Reservations, and one landless Tribal Capital (Montana Office of Public Instruction Indian Education for All Unit, 2024). Accounting for 6.5% of the total population, AIs are the second most numerous racial group in the state (Montana–2021–III.B. Overview of the State, n.d.). Despite the historical and cultural importance of Montana's Indigenous peoples and large AI population compared to surrounding states, Montana's Tribal Nations experience stark systemic inequities that result in health care, social, and educational challenges. Specifically, AIs residing in the western United States were the only racial

group to experience declines in life expectancy between 2000 and 2019 (Dwyer-Lindgren et al., 2024). Further, according to the Montana Department of Public Health, life expectancy for Indigenous peoples residing in Montana is

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10 years less than their white counterparts (Vital Statistics Unit, n.d.).

AI/ANs in Montana also lag in secondary education retention and graduation rates. Data from the Montana Office of Public Instruction (MOPI, 2023) reports that AI students represent 13.5% of total secondary education enrollment but comprise 23% of all students who drop out. Therefore, access to equitable educational opportunities and attainment is a concern. Beginning in the 1960s, AI and Alaska Native (AI/AN) tribes began establishing colleges aimed at providing culturally relevant higher education to Indigenous students (Bombardieri & Horwedel, 2022). Tribal colleges fill a critical gap in the U.S. higher education system, offering affordable, culturally appropriate, and innovative educational opportunities for Indigenous students (Bombardieri & Horwedel, 2022). Operating almost exclusively on reservation lands, Tribal colleges allow students to pursue degrees while remaining in their local communities (American Indian College Fund, 2019). Currently, there are 37 accredited Tribal colleges and universities (TCUs) in the US, with seven operating in Montana, more than any other state (American Indian College Fund, 2019). All Montana Tribal colleges currently offer two-year degree programs, preparing students for future baccalaureate programs.

Despite the success and importance of TCUs, there remains a gap in programming for health professions programs such as nursing. In Montana's rural and Tribal communities, the need for culturally informed and highly trained health professionals is critical. Specifically, all Tribal nations in Montana are located within Human Resources and Services Administration (HRSA)-designated health professional shortage areas (HPSAs) (Montana Health Professional Shortage Areas Designations, n.d.). Further, research has shown that health professions students who grew up in rural or Tribal areas are more likely to return and practice within these communities (Thill et al., 2024; Wilkerson, 2024). Therefore, to effectively advance health and empower culturally responsive care for all Montanans, higher education systems have a responsibility to recruit, retain, and graduate Indigenous students pursuing health careers.

To support the goal of a highly qualified and diverse nursing workforce, the Montana State University (MSU) Mark & Robyn Jones College of Nursing (MRJCON) operates the Caring for Our Own Program (CO-OP) (Montana State University, n.d.) to support AI/AN students pursuing their degrees in undergraduate and graduate programs. CO-OP was founded in 1998 to help improve the quality of health care in AI/AN communities by increasing the number of qualified AI/AN nurses entering the health workforce. Admitted CO-OP students represent 48 different Tribal affiliations from all regions of the United States, with most belonging to federally recognized Tribal Nations of Montana. To date, 180 AI/AN students have been awarded nursing degrees. CO-OP's current enrollment is

58 baccalaureate students and 6 Doctor of Nursing Practice (DNP) students. These 64 students are making full-time progress toward degree completion; however, for the purpose of this manuscript, our data and focus will center on baccalaureate degree completion.

Despite the success and growth of the CO-OP program since 1998, program staff identified that poor retention rates for nontraditional and Tribal college transfer students presented a barrier to completing the nursing degree. Specifically, between 1998 and 2022, the retention rate for Tribal college transfer students was just 36%. To further understand the problem, a scale variable of the raw number of prerequisite nursing credits completed at MSU (range 0–42) was calculated for all CO-OP students admitted to the junior year since 1998. An independent samples test clarified the issue demonstrating a statistically significant difference in the baccalaureate program completion rate for students who spent more than one semester at MSU completing prerequisite courses before entering upper division ($M = 18.36$ credits, $SD = 17.14$ credits) than students who spent less than one semester ($M = 6.44$ credits, $SD = 11.55$) finishing their requirements, $t(154) = 3.9, p < .001$.

Therefore, in 2022, to support the integration and success of Indigenous transfer students to a large public university system, the MRJCON CO-OP developed the "Success Academy." The Success Academy is grounded in the recommendations of the American Association of Colleges of Nursing (2017) and the Robert Wood Johnson Foundation (2012), aimed to provide tailored pre-entry preparation for underrepresented and at-risk Accelerated Bachelor of Science in Nursing (ABSN) students to increase student success, diversify the workforce, and address the national nursing shortage (DeWitty et al., 2016). Schools of nursing have adapted the recommendations for pre-entry immersion programs and explored their utility to improve retention in traditional and graduate nursing programs as well (Ortega et al., 2020). Akintade et al. (2023) recommended creating partnerships with community colleges to recruit broadly for the profession and implementing transition programs to facilitate student success. Additionally, Noone and Valenzuela Martinez (2024) reported findings from a follow-up study of pre-entry immersion program graduates who said financial support, program quality, mentoring and career guidance, and having basic security needs met through the program were the keys to their success.

Currently, there is limited evidence on how to best support nontraditional and transfer students from two-year institutions to baccalaureate degree programs. The literature is particularly scarce for Indigenous students transferring from Tribal college programs, a large proportion of our study's sample. Therefore, this paper aims to explore some of the success and challenges experienced with the implementation of a pre-entry student support intervention for Indigenous students transferring into a Bachelor of Science in Nursing program at MSU.

Methods

This study employed a convergent mixed-method design to explore the feedback and impact of the Success Academy intervention for Tribal college transfer students. This methodological approach was chosen to integrate both qualitative and quantitative data, collected during the same timeframe to provide a holistic understanding of the challenges (Fetters et al., 2013). A convergent mixed-method design allowed for research from an Indigenous paradigm using qualitative Indigenous methodologies such as storytelling, relational accountability, community engagement (Wilson, 2001; Kovach, 2021), alongside quantitative methods of looking at data and surveys. The weaving of these two approaches allows for honoring Indigenous epistemologies while also providing empirical data that can support broader or systematic change. The intersection of these methods enables a deeper, culturally grounded interpretation of findings that is both meaningful to Indigenous communities while addressing Westernized measures of academic success. Grounded in an Indigenous research approach, this methodology emphasizes the importance of relationality and community, promotes a co-learning and empowering approach that aligns with Indigenous values, and addresses health from an ecological lens using strengths-based understanding rooted in Indigenous worldviews (LaVeaux & Christopher, 2009).

Positionality Statement

In alignment with Indigenous research methodologies, it is essential as the researcher to acknowledge and reflect on relationships to the community and the knowledges being shared, while actively fostering respectful, reciprocal relationships and upholding relationality, and responsibilities throughout the research process (Wilson, 2001). The lead author, Twila Yellow Horse, identifies as an enrolled member of the Oglala Lakota tribe. She has served as the program lead of CO-OP for three years and establishes relationships with students through her role of helping them navigate the university. This relationship establishes a foundation of trust and empowerment that was vital to the research process. The lived experiences of Indigenous nursing students serve as essential sources of knowledge, contributing to the development of more effective CO-OP strategies and offering critical insights into navigating Westernized ways of knowing at a predominately white institution (PWI).

Study Design

Students responded to a 16-item survey within two weeks of completing the Success Academy. Four months later, at the end of their first semester of upper division nursing coursework, Success Academy participants were invited to participate in a focus group discussion to share their first-semester experiences and reflect further on the value of the Success

Academy. Discussions took place following the Spring 2023 and 2024 semesters. To respect cultural values and support open communication, focus group discussions were framed as talking circles and will be referred to as such for the remainder of this manuscript.

Intervention

Before the start of the Success Academy, CO-OP staff assessed whether prospective transfer students had a computer that met the nursing program's technology requirements. CO-OP maintains a check-out system of MacBooks serviced by our information technology staff. With computing tools in place, the next assessment was a 170-item academic readiness assessment called Test of Essential Academic Skills (TEAS) (Assessment Technologies Institute (ATI), 2025a) that students complete with remote proctoring on their assigned or personal computer. The TEAS was developed to assist in evaluating the academic readiness of students applying to nursing programs; however, it does not assess nonacademic factors that contribute to success, such as motivation (Wolkowitz & Kelley, 2010). The results of this test provided the students and staff with their current levels of preparation in math, writing, science, and reading. Assessment results are incorporated into a tailored review plan so the student could achieve proficiency. Supporting students through navigating computer use and taking the test provided insight on challenges students had with testing skills as well.

The next step was the official start of the 4-week Success Academy, with a published schedule and weekly benchmarks of the review of prerequisites using the Launch program (ATI, 2025b). Success Academy students were advised that these assessments would not have any negative impact on their acceptance in the nursing program and would merely serve as a tool for staff to identify the needed support.

CO-OP recognizes the complexity of the multilayered systems inside and outside of academia that Indigenous students navigate and employs culturally responsive strategies that support academic preparedness, along with providing holistic support that addresses the needs for community, sense of belonging, and wrap-around support. Participants spent time with their peers to allow transfer students to build a social support system with other CO-OP students before the start of the term. Students participated in daily reflections, learning strategies education, career planning, leadership development, and discussions with engaged alumni and community members. Similarly, time was spent with the CO-OP staff on activities such as organizing housing, childcare, and transportation; navigating MSU systems; meeting with a financial advisor; completing their scholarship essay; hearing from current and former students, faculty, and inspirational speakers; completing mandatory university training; and documenting learning differences and accommodations with testing services.

Navigating the Hidden Curriculum

The hidden curriculum represents unspoken rules and expectations that students need to master to be successful in school (Jackson, 1968). These unwritten rules are influenced by dominant cultural values, practices, and perspectives, and are not explicitly included in formal or openly taught curriculum (Rahman, 2013). The hidden curriculum in nursing programs is shaped by each program's distinct history, culture, structure, and practices, but certain core elements are consistently present across all programs (Chen, 2015). In comparison to Tribal colleges and universities, PWIs present a more complex and challenging environment for Indigenous students (Windchief & Bull, 2023). To enhance Indigenous students' academic success, PWIs must engage in culturally responsive practices and systemic reform that address the unique needs and experiences of these students (Windchief & Bull, 2023).

To support the needs of Tribal college students, CO-OP utilized the ATI Launch program to provide the refresher course materials while CO-OP staff designed a series of webinars to facilitate discussion and highlight the various systems involved in navigating MSU. Students spent time learning to use the electronic course management system and hearing from faculty on their unwritten expectations for class and group participation, as well as norms around socialization in the nursing profession. Fluency with course learning tools, electronic resources, and the distributed campus structure are essential. Participants worked with experienced faculty, mentors, and tutors to start their college experience off strong, and to become integrated into MSU's community of engaged learners.

Participant Screening and Enrollment

Thirty AI/AN students participated in the CO-OP Success Academies. Students were invited to the 4-week immersion if they were transferring their pre-nursing coursework from another institution to MSU or if they had stepped away from their program of study for more than a semester. The Success Academies were held for a 4-week period ahead of the spring 2023 ($n = 7$), fall 2023 ($n = 7$), spring 2024 ($n = 12$), and fall 2024 ($n = 4$) semesters. Students who declined to participate in the Success Academy were deferred for academic funding for one semester both to incentivize participation and to maintain good standing with federal funding that tracks student retention and progression.

Data Collection Procedures

Data were collected from Success Academy participants at two time points. First, within two weeks of completing the Success Academy, participants were asked to evaluate the intervention by responding to a 16-item questionnaire including three qualitative and 13 quantitative items (Qualtrics,

2025). Next, within two weeks of completing their first semester of upper-division nursing study, participants were invited to a talking circle to further reflect on the Success Academy and how the preparation shaped their experience as nursing students. The talking circles were implemented using Indigenous methodologies that focused on conversational method which allow Indigenous students to share their world views through orality as a method to transmit knowledge and maintain relationality (Kovach, 2010). Indigenous methodologies are an appropriate approach as they situate holistic knowledge systems as legitimate ways of knowing, prioritizing relationality among the researcher and participants, reciprocity to community, and methods that uses stories and experiences as a legitimate way of sharing knowledge (Kovach, 2015).

Due to the location of students across the 5 campuses in the MRJCON, the talking circles were hosted virtually and were facilitated by the CO-OP's program lead and student success coordinator, both enrolled Tribal citizens. Prior to the start of the discussion, the facilitator explained the students' important role of sharing their stories and experiences as Indigenous transfer students in their first semester in the nursing program to support future cohorts. All participants provided verbal consent to continue with the talking circle, acknowledging that de-identified responses and lessons may be published or shared within the broader MRJCON environment for program improvement.

The talking circles were guided by nine open-ended questions to implement conversational methods that spanned topics including accomplishments, surprises, and challenges encountered during the first semester of the nursing program. Students were also invited to offer ideas for Success Academy program improvement and share their personal goals for the next semester. To support cultural relevancy, the guide was developed and piloted by Indigenous staff members employed by the MRJCON and known to participants prior to the discussion. Each talking circle lasted 60–75 min, and with consent of the participants, was audio recorded for verbatim transcription. Transcripts and notes were not returned to participants for comments, and no follow-up interviews or group discussions were conducted. All data was stored in a password-protected electronic data repository available only to the research team and relevant CO-OP staff.

Analysis

Between 2023 ($n = 4$) and 2024 ($n = 9$), two talking circles were completed with a total of 13 Success Academy students. Thirty students completed the post-Success Academy survey (Qualtrics, 2025) which included open-ended responses for qualitative data analysis. Using an inductive coding approach, the qualitative data were analyzed to identify recurring and emergent themes. Using NVivo Software for qualitative analysis, the primary analyst (MM) conducted an initial analysis of the two groups and developed a

Table 1. Post SA Descriptive Survey Results by Cohort ($n = 25$).

	Winter 2023 ($n = 7$)	Summer 2023 ($n = 7$)	Winter 2024 ($n = 11$)	Avg.
Item "After Completing the Success Academy ..."				
Average Responses on a 0–3 Likert scale				
I feel excited to start nursing school	3.00	2.75	2.64	2.77
I am prepared to start nursing school	2.14	2.27	2.18	2.20
I'm confident about nursing career choice	2.86	2.98	2.82	2.88
I liked the A&P Refresh	N/A	2.14	2.73	2.50
I feel connected to my peers in this group	1.00	1.75	1.45	1.41
I can navigate financial aid	1.57	1.45	1.45	1.49
I have a stronger sense of belonging at MSU	1.57	1.70	1.27	1.48
I understand the structure of the CO-OP	1.71	1.34	1.09	1.34
My test taking ability improved	2.86	2.48	1.91	2.34
1.5 h per day was the right amount of time	2.86	2.11	2.00	2.27
Average responses on a 100% confidence scale				
I can use my MacBook	95.71	97.62	93.11	95.1
I can navigate the Course Learning Platform	88.14	89.77	98.64	93.2
I can use MSU Portals like My Info	83.29	87.91	97.36	90.8

SA = Success Academy; CO-OP = Caring for Our Own Program; MSU: Montana State University.

codebook based on emerging themes. Proposed themes and exemplary quotes were then used to create a codebook to define themes and guide the presentation of results. The CO-OP Project Lead and talking circle facilitator (TYH) and Principal Investigator (LL) then reviewed the data to extract additional insights and ensure alignment between the student feedback and listed themes. No discrepancies were found between the study team in regard to theme definitions.

After the talking circle conversations, both quantitative and qualitative datasets were examined together to assess convergence. The quantitative data were analyzed using descriptive statistics to identify patterns and summarize participants' responses to the Likert-scale survey. A key quantitative focus of the study was on the completion and retention rates of Tribal college transfer students. This analysis served as a benchmark to evaluate whether participation in the Success Academy program correlated with improvements in retention outcomes.

Results

Of the 30 participants from four Success Academy cohorts, four transferred in from out-of-state institutions, 10 transferred in from Montana University System schools and 11 transferred in from Montana Tribal colleges. One participant transferred from an out-of-state Tribal college and one participant stepped away from the MSU program of study for more than a semester before returning. The average participant age was 28.83 years old ($sd = 9.45$) with a range of 19–57 years old; 26 participants (86.7%) were female.

Quantitative Results

Prior data analyzed of the 132 Tribal college students that transferred to the nursing program revealed a rate of

progression to degree completion of 35.9%. These years of data informed the need to provide additional support for students' transition from Tribal colleges to the nursing program. We applied our methods to the 30 participants in the Success Academy over three cycles of students entering the nursing program. In addition, it was important to understand how the additional support can improve progression and completion of their nursing degree.

Twenty Success Academy participants (66.7%) have progressed without delays or interruptions, including seven who graduated on time. Four students completed the accelerated program in August 2024 and three passed the National Council Licensure Examination on the first attempt. Three participants completed the traditional baccalaureate program in December of 2024 and are pursuing licensure. Success Academy participant responses to the program evaluation survey are reported in Table 1 for the first three cohorts. (Data was not collected for the summer 2024 participants.)

Qualitative Results

Thirteen students participated in a talking circle following successful completion of the 2023 ($n = 4$) or 2024 spring ($n = 9$) semesters. Of the 13 total participants, 12 were female (92%) and one was male (8%). Talking circle discussions emphasized a sense of pride and relief related to completing the semester and progressing in their nursing coursework. Students also noted important barriers and facilitators to success experienced during their first semester of upper division nursing coursework. Thirty students completed an anonymous Qualtrics survey which contained three open-ended questions for analysis. Table 2 reflects themes and subthemes identified from the talking circles.

Theme 1: Success Academy

Subtheme: Relationships with other Indigenous Students. Students' conversations highlighted the value of peer connections and relationship-building with other Indigenous nursing students before their first semester in the nursing program. Students reported they were able to "unite" and foster close bonds that would ease the transition into nursing school. One student described this experience: "We all pretty much stuck together, which was really nice because we helped each other [and] worked with each other" (TC Participant). Another participant expressed gratitude for the opportunity to engage with Indigenous peers, "I am very grateful to have spent time with other Native students. It gets lonely sometimes when you're the only Indigenous person in the room. To be with other Natives has built my confidence and boosted my self-esteem" (Survey Participant).

Importantly, student responses did not suggest that these early relationships were the sole source of support. Rather, most students noted how they built close friendships with other non-Indigenous students in their cohorts. "I stayed in touch with a few [Success Academy students] and then I have made a lot of friends in my cohort, which is nice" (TC Participant).

Subtheme: Refresher Courses. Students regarded the refresher courses offered through the Success Academy as a "lifesaver" for entering upper-division nursing coursework. Specifically, students appreciated the review of anatomy and physiology. "I needed that knowledge to succeed in my patho [pathopharmacology] course, as we were expected to know the anatomy and physiology behind each body system on the first day of class!" (Survey Participant). Students also noted that the approximately 90 min per day workload required was reasonable and effective, one student noting that they would "keep the amount of hours assigned for

work" (Survey Participant). Students reported challenges with the online learning program, one student stating that the "flow of the ATI program was unclear and that it was difficult to get technical support from the ATI staff" (Survey Participant). Another participant wished the program had more realistic applications for nursing; "It was heavy on the AP [anatomy and physiology], which you can just memorize and get it done. But in nursing school, it's about applying [AP]. It would have been nice to have questions that applied AP" (TC Participant).

Subtheme: Overall Experience with the Success Academy. Overarching, students' responses suggested positive experiences with the Success Academy. Along with the advantage of the supplementary coursework offered by the program, students shared that the Success Academy helped boost their confidence as they prepared to enter the nursing program. One student discussed their renewed enthusiasm for starting the program; "It truly made me excited to start nursing school!" (Survey Participant). Students also recommend future program improvements to include increased guidance in time management strategies and mentorship from CO-OP students further along in the program. One student highlighted the particular benefits of connecting with fellow CO-OP nursing students rather than CO-OP nurse mentors; "Reaching out to your nurse mentor is nice, but I feel like when you have a connection with somebody that's closer to your age and is going through the same thing at the same time, it helps" (TC Participant). Another student's response suggested frustration with the time commitment of the Success Academy while trying to work and move:

I did find it very difficult to complete this course before classes started because I was traveling, working, [and] moving for much of that time. I had to move things around quite often during those three weeks to make time for SSA [Success Academy]. (Survey Participant).

Table 2. Success Academy Themes and Subthemes Identified from the Talking Circles.

Theme	Subthemes
1. Success academy	Relationships with other Indigenous students Refresher courses Overall experience with the Success Academy
2. Semester successes	Advancing study skills Passing classes Navigating school-life balance
3. Semester challenges	Family and/or home responsibilities Work commitments Tutoring resources Navigating Montana State University Discrimination and lack of Indigenous worldview
4. Goals	

Theme 2: Semester Successes

Subtheme: Advancing Study Skills. In addition to student insights into the Success Academy intervention itself, participants also offered perspectives on their overall experience during their first semester of nursing school. The topic of new or advanced study skills was commonly discussed among talking circle participants as a success or sense of pride. "I would say I'm proud of finally developing a study method that works for me and getting the grades that I wanted" (TC Participant).

Subtheme: Passing classes. Many students noted a sentiment of "pride" in finishing the semester and passing their coursework. One participant expanded on this feeling of success; "I was most proud of just finishing the semester. I got the grades that I wanted and made connections in the cohort, so I feel like we got a pretty good start" (TC Participant). Other students echoed this feeling. One said,

"I'm proud that I finished. There were some grades that I was kind of disappointed in that I felt I could have done better, but life kind of just happened and I'm glad I got through it" (TC Participant).

Subtheme: Navigating School-Life Balance. Another area of success discussed by students was strategies for balancing school and life obligations. The rigorous nature of nursing curriculum requires many students to dedicate a significant amount of time to their studies beyond scheduled class hours. One student suggested the personal growth they felt for making school a priority, stating, "I learned to say no to hanging out with my friends and staying in to finish my assignments or study ... I feel like that is a really big step for me" (TC Participant). Another participant shared how they navigated and managed their time and responsibilities as a mother enrolled in the nursing program: "... time management, and times where I'd go take my kids to practice and I'd sit in the car and study" (TC Participant).

Theme 3: Semester Challenges

Subtheme: Family and/or Home Responsibilities. Success Academy participants discussed significant responsibilities related to household and familial responsibilities. One student highlighted the challenge of balancing parenting and academic commitments: "I was struggling, but it's hard to balance home life and kids. I know a lot of these girls [CO-OP students], they do it too" (TC Participant). Another student shared the struggle of having to use her free time to study, which conflicted with her desire to spend more time with her children:

The balance of home and being a mom and not forgetting that I'm a mom, and then remembering that I need to be a student at the same time ... Yeah, that was my greatest struggle ... Feeling guilty that I'm doing homework when I could be spending time with my son, but realizing that it needs to get done because this is what's going to help me in my future. One day, I won't have to do homework, and I can spend time with him. So, I had a lot of mom guilt, a lot of times, and I didn't really have help in terms of childcare. (TC Participant)

Another participant described the lengthy commute from their home community to campus for classes and clinical placements: "Traveling from out of town, I found it very stressful because it was an extra 2 hours that's taken because of the drive. It was stressful because by the time I get home, I'm tired from driving too" (TC Participant).

Subtheme: Work Commitments. Many talking circle participants mentioned the stress of balancing school and work commitments, with some students working full-time in addition to their coursework. "I was working full time, and I guess really there was no time to stress, but it was stressful. Very stressful" (TC Participant). Another student echoed this response, stating, "I was working 12-h shifts, and I

would work on the weekends too. So, I had no time for anything" (TC Participant).

Subtheme: Tutoring Resources. Students expressed their frustration at difficulties in accessing tutoring services:

I requested a tutor. It [the tutoring website] said that there wasn't any available. It asked what areas I needed help with, and I just said "everything" because I didn't want to feel like I was failing at anything ... And I never received a reply or anything. This was the second month of the semester ... I just had to figure out how to get through nursing school. (TC Participant)

Students' reports of tutoring resources and availability also varied by campus location. For example, one student described tutoring resources as "nonexistent" at one location due to the absence of CO-OP pre-nursing students. Comparatively, students placed at the main MSU nursing campus and the core CO-OP office in Bozeman said they felt "lucky" for the CO-OP and tutoring resources they had access to.

Subtheme: Navigating MSU. Participants noted challenges in navigating MSU compared to their previous colleges and universities. For example, students expressed surprise about the nursing class schedule, noting the long hours and increased workload. "Everything went fairly slow in the beginning and then was really, really heavy the last two weeks. The finals were structured, and we had so many important big classes" (TC Participant). Another student elaborated on the increased study demands compared to their pre-requisite classes: "What surprised me the most is how much I actually had to study once I was in nursing school compared to pre-reqs. As well as learning all of the teachers, their teaching style, and adapting to them was difficult" (TC Participant). Additionally, students suggested difficulties in understanding overall MSU policies and procedures such as advising, obtaining course materials, and grades. Notably, students said they felt like there were inconsistencies across nursing campuses in regard to grades: "I was annoyed or frustrated with the inconsistency across campuses, because I'm friends with other CO-OP people from other campuses and their foundations were set up different compared to ours" (TC Participant).

Subtheme: Discrimination and Lack of Indigenous Worldview. Success Academy students described a lack of Indigenous understanding within their cohort and coursework. One student described feeling a responsibility to educate their peers about Indigenous history and culture in Montana. "I felt like we were educating our peers about us and our backgrounds and culture every single day ... It was hard" (TC Participant). Other students discussed this from an educational perspective saying, "Not only were we educating our peers, we were educating our structures as well" (TC Participants). In addition, student responses suggested they viewed things in their coursework differently than their faculty and/or peers. "I felt like we had to look at it from a

different point of view, rather than like a Native's point of view ... We had to put on different thinking caps" (TC Participant). One participant shared an intimate experience of discrimination during their clinical placement, noting how this experience impacted their confidence as a nursing student:

My first clinical experience for this semester was not very good. A racist remark was said to me by my patient ... After that, I felt nervous or scared, or, holding myself back from my full potential in clinicals because of that very experience. And that was really frustrating because I have clinical experience from working as a CNA [certified nursing assistant] ... I know how to do this stuff. (TC Participant)

Theme 4: Goals

Lastly, students reflected on their future goals and aspirations related to nursing school and careers. Study habits and strategies were identified as needing further development to strengthen their success in coursework. From her experience as a mother, this student shared: "I'll probably try to have better study habits because in the middle semester I realized that I couldn't be home and study because my kids are always like, 'Mom, I'm hungry' and 'Can you do this, mom?'" (TC Participant). Studying, time-management, self-care, and wellness routines were shared as goals for the remaining time in nursing program by this student. "I think I would like to stay on top of my homework and do more self-care" (TC Participant). Another student shared their plan to transition from full-time to part-time employment for the next semester to focus on coursework. "Being able to switch to PRN work will be helpful with time management and not being pulled in so many directions to focus more time on class work and study" (TC Participant). Finally, another student discussed changing campuses to better support their personal and academic goals, "My goal is moving to Billings, so I am more focused on school. I think that would help with my time management as well and being more organized" (TC Participant).

Discussion

The CO-OP Success Academy provides a unique and innovative program designed to support Indigenous nontraditional and transfer nursing students at Montana's largest public university and nursing school. With implementation of the Success Academy intervention, significant improvement in the retention of Indigenous transfer students was noted in the completion of the nursing program. The qualitative analysis highlighted points of convergence and further understanding of their experiences and what was important. Furthermore, talking circles expanded on the quantitative data through the sharing of their experiences on completing the first semester of the nursing program. These insights informed the program of other helpful information that

should be included in helping students transition to MSU and insight of challenges Indigenous students' experiences in a PWI program. Results of qualitative and quantitative reflections at two time points led to three takeaways for other nursing programs considering implementation of a pre-entry immersion program: Evidence-based pre-entry immersion, policy and curriculum changes, and promoting student successes.

Evidence-Based Pre-Entry Immersion

The higher persistence and retention rates for Success Academy students reported here are in alignment with findings reported by Cantwell et al. (2020) and demonstrate novel strategies for implementing an Indigenous-led program delivered in a hybrid holistic format to foster a sense of place, financial security, academic readiness, and social connection. Student participants recorded high agreement scores for feeling excited, prepared, and confident to start nursing school. The Success Academy allowed students to form early connections with other Indigenous nursing students, CO-OP staff, and CO-OP faculty nurse mentors who are committed to providing continual and comprehensive support throughout the students' nursing education. Importantly, the pre-entry format of the Success Academy helped identify that students were prepared to begin the challenging upper division nursing coursework, providing opportunities for readiness testing and supplementary practice with critical nursing skills such as medical math and human biology. Participants responded positively to including a review of anatomy and physiology and said their test-taking improved.

The flexible and student-centered design of CO-OP and the Success Academy also supported students in progressing through their nursing coursework when challenges arose. For example, to reduce delays in progress and timely graduation, a 6-week integrated pathophysiology and pharmacology I course was offered during the summer of 2024 for three Success Academy students who did not pass the course in spring. Notably, all three students passed the special summer course and were able to progress with their nursing cohort in the fall semester. Through this approach, the Success Academy effectively reduced delays in student progression, supporting overarching retention goals.

While effective in this case, this solution is not sustainable due to the expense. Therefore, a point of discussion is refining and tailoring the Success Academy curriculum to best address the most challenging courses. The two-semester pathopharmacology series is where students most commonly experience interruptions to academic progression. As reported by Cantwell et al. (2020), the emphasis on reviewing anatomy and physiology, nursing math, and medical terminology is necessary, but may not be sufficient preparation for the entire upper-division curriculum. A future remedy to try is a supplemental component of the Success

Academy delivered during the break after students complete the first semester, to review pathopharmacology I content in preparation for pathopharmacology II in their second semester.

Policy and Curriculum Changes

It is also important to note three policy and curriculum changes that coincided with the implementation of the Success Academy.

Repeating a Course without Having to Reapply. Innovations in holistic admissions and policies for student success are essential to the diversity goals of the CO-OP and provide important context on the educational setting. In 2021, the MRJCON revisited the policy for students who fail an upper-division course or courses during a semester and how the policy impacts supporting the nursing program's mission of graduating nurses equipped to serve the health needs of Montana's rural, frontier, and Tribal Nations. Previously, course failure in the first semester of the nursing curriculum required the student to reapply for a new nursing admission; failures/withdrawals occurring later in the program required students to take an open position on a semester-by-semester basis, which could result in a student needing to relocate on another campus or wait for an open position on their original campus. These practices created barriers that potentially limited students from continuing in the program.

With the policy change, all students are allowed to repeat a failed course and continue their program of study the following semester, or the next available semester, without having to reapply or change campuses. To accommodate this, faculty teach flexible cohort sizes and provide instruction to clinical groups ranging from 8 to 10 students as needs dictate. This policy change has been essential for timely student progression, particularly for students struggling with the adoption of a two-course series with pathophysiology and pharmacology combined and taught in consecutive semesters. It is important to note that this opportunity to progress in the curriculum continues to remain limited to no more than two withdrawals or course failures in separate semesters. After a second course failure or withdrawal, students transition out of the program but are offered the opportunity to request reinstatement through a formal appeal to the Scholastic Review Committee.

Transitioning from the Accelerated Program to the Traditional Program. The second change was students in the accelerated program to transition or cross-enroll into the traditional program if the pace of the accelerated program is unmanageable. For example, if a student needs to repeat a course, they have flexibility to enroll in the course through either program, helping to minimize delays and support timely degree completion. With refinements to the holistic admission process and continued innovations in the delivery of the nursing curriculum, nursing programs can

address high rates of attrition by creating flexible admissions policies, allowing cross-enrollment, encouraging flexibility in student cohort sizes, and tailoring alternative programs of study for students who need to take fewer credits per semester to be successful.

CO-OP Staff Representation on the Undergraduate Academic Affairs and the Scholastic Appeals Committees. This membership on the Undergraduate Academic Affairs Committee and the Scholastic Appeals committee has been written into the MRJCON bylaws. Having a seat at the table to represent the interests of Indigenous students is a best practice and an opportunity to share perspectives and navigate difficult situations in a balanced and less faculty-centric manner.

Promoting Student Successes

Noone and Valenzuela Martinez (2024) concluded that pre-entry immersion programs can build confidence, encourage success, and empower students from diverse backgrounds. Students in their program, like the students in our program, reported a sense of belonging after the Success Academy. Survey responses collected two weeks after the program indicated that students reported only moderate levels of connections with their peers to the prompt "feeling connected to my peers in this group." However, qualitative data from the talking circle conversations revealed a growing sense of connection to both peers and the institution over the course of the semester.

Practical matters were introduced and reinforced through the Success Academy. The curriculum included presentations from information technology personnel and financial aid specialists, as well as training on navigating online learning platforms and university systems and portals. Students reported that they could navigate the financial aid system, understood the structure of the CO-OP, and were confident in using their computers, navigating the online learning platforms, and accessing university portals. CO-OP staff know from years of experience that equipping students with these practical skills allows students to start classes ready to learn without being distracted by these elements of the hidden curriculum. Neva TallBear, President of Little Big Horn College, identified the expectation of the four-year institution that all students show up "ready to learn" on the first day of classes as a key difference between the two- and four-year institutions in the state (Neva TallBear, personal communication, January 24, 2022).

Strengths and Limitations of the Study

This manuscript candidly discusses the successes and challenges experienced through the implementation of the MRJCON Success Academy. Our report shares valuable insights for designing and implementing a pre-entry immersion program for nontraditional and transfer Indigenous

nursing students. However, our approach has limitations that warrant discussion. Particularly, longitudinal analysis has two noteworthy limitations that contextualize the quantitative findings.

First, the historic retention rate of Tribal college transfer students includes a long period of time (1998–2022) during which students did not get a second chance before being required to reapply for admission. Many of the aspiring nurses whose stories included an unsuccessful semester had grade point averages that made them ineligible to reapply. A second historical factor of note is the change to a new curriculum in 2022. The Success Academy implementation coincided with this important change from a 5-semester to a 4-semester program for traditional undergraduate students and from a 4-semester to a 3-semester accelerated program. Improvements in student success rates may be independent of the Success Academy and may have been enhanced by the new curriculum and a more student-centric policy environment.

Another identified limitation within MRJCON is the under-representation of AI/AN nursing faculty, which is not exclusive to MRJCON, but ubiquitous of the under-representation of AI/AN faculty, staff, and students in the higher education system. Currently, three Indigenous faculty teach in MRJCON and serve as faculty nurse mentors through CO-OP to support Indigenous students. According to Smiley et al. (2023), the 2022 National Nursing Workforce Survey reports that AI/ANs represent only 0.4% of registered nurses in the US nursing workforce. Among these registered nurses, 165 (13.7%) hold a master's degree, 33 (2.8%) have earned a DNP, and 14 (1.2%) hold a Doctoral of Philosophy in nursing (Smiley et al., 2023). However, gaps in the available data make it difficult to determine how many AI/AN nurses currently serve in faculty roles. Additional research is needed to better understand and to inform strategies for increasing AI/AN faculty representation in nursing.

Despite this limitation, one of MRJCON's notable strengths is the presence of the CO-OP, which offers culturally responsive mentorship, academic, and wrap-around support tailored to the needs of Indigenous nursing students. Additionally, CO-OP staff are well-versed in institutional policies across MRJCON, MSU, and other systems, enabling them to effectively support students in navigating these environments as Indigenous students within mainstream academic settings. The representation of CO-OP on various committees and leadership within MRJCON and across MSU allows for advocacy for Indigenous nursing students. For instance, in response to limited access to academic support through the tutoring system, CO-OP secured private tutors for students and securing MRJCON faculty to provide onsite support to strengthen experiences in clinical settings.

For our qualitative data, we note that most participants (92%) were female, and thus the perspectives reported may be under-representative of male experiences. Further, interrater reliability was not formally assessed for our qualitative

analysis. However, weekly discussions between the primary analyst (MM), CO-OP Project Lead (TYH), and principal investigator (LL) ensured consensus for qualitative findings, theme definitions, and quote inclusion. Despite these limitations, the qualitative data we present provides valuable insight into AI/AN nursing student experiences during their first semester of nursing school as well as successes and opportunities for future Success Academy cohorts.

Conclusions

By centering seldom-heard Indigenous voices, CO-OP staff have evidence to continue with the Success Academy as a new feature of a 25-year-old program. Findings from this Indigenous-led pre-entry immersion program for Tribal college transfer students contribute to the expanding literature supporting programmatic enhancements that facilitate the entry of Indigenous students into the nursing profession. Such efforts aim to address the nursing shortage, promote nursing workforce diversity, and improve health outcomes in AI/AN communities. The results highlight improved retention and graduation outcomes, as well as a strengthened sense of belonging among students. Future efforts will focus on refining and standardizing the Success Academy curriculum by incorporating student feedback, while developing intentional, stepwise interventions to address ongoing challenges, such as those associated with the pathopharmacology course series. As colleges of nursing shorten program completion times and modernize outdated curricula, initiatives like the Success Academy play a critical role in maintaining accessibility for future nurses who are well-equipped to make deep impacts on health status disparities.

Implications for Research/Practice/Education

A systematic review by Milne et al. (2016) detailing strategies for promoting academic success and resilience for Indigenous students reported that multifaceted and multilayered support is essential for student success, suggesting that holistic support must extend beyond pre-entry or first-year programming to include the students' entire educational nursing journey. While CO-OP actively plans for and facilitates long-term student support, the Success Academy represents an opportune time to gather student input in developing culturally relevant initiatives that promote student success. Thus, we recommend that future programs consider the unique barriers that Indigenous students may face in pre-entry program participation and actively implement strategies that facilitate comprehensive support throughout the students' entire nursing education.

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Author Contributions

Conceptualization: LL, TYH, and MM. Methodology: LL and TYH. Formal analysis and investigation: LL, TYH and MM. Data collection: LL and TYH. Writing—original draft preparation: LL, TYH, MM. Writing—review and editing: LL, TYH, MM. Funding acquisition: LL. Supervision: LL.

Data Accessibility Statement

Data is available upon reasonable request to the authors.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical Approval

All data storage and study procedures were approved by the MSU Institutional Review Board, *IRB Protocol #2023-1065*, prior to the commencement of the study. Researchers acknowledge the importance of empowering Indigenous communities and importance of centering Indigenous voices in the research process and prioritizing respect, consent, and collaboration. Ethical considerations for this research acknowledge Indigenous ways of knowing are not only intellectual property but integral to cultural identity, worldview, and practices. Students who completed the Success Academy received an initial payment, and a second payment upon completion of a successful semester. For students requiring a repeated course or courses after the first semester, the funds were allocated to the institutional and student costs associated with the repeated course.

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Informed Consent

All participants provided verbal consent and received incremental compensation for participation.

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CHAPTER THREE

CONSIDERING INDIGENOUS METHODOLOGIES: A
WINTER COUNT APPROACH TO MEASURING
BICULTURAL ACCOUNTABILITY IN NURSING
EXPERIENCES WITH TRIBAL COLLEGE TRANSFER
STUDENTS

Contributions of Authors and Co-Authors

Manuscript in Chapter Three

Author: Twila Yellow Horse

Contributions: Conceptualization, methodology, writing—original draft preparation, and writing—reviewing and editing.

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According to the 2022 National Center for Health Workforce, American Indian and Alaska Natives (AI/AN) represent 0.4% of registered nurses in the United States nursing workforce (Smiley et al., 2023). An influential factor in improving health outcomes and possibly reduction in health disparities for minority subgroups is educating and having a health care workforce that is representative of AI/AN community (Larsson & Johnson, 2022). AI/AN nurses provide an important front-line role in providing care for AI/AN peoples and have the potential to contribute to research and drive the quality of health for both the community and nation at large (Henley, 2006; Glazer et al, 2015). The journey to a career in nursing can often be met with many challenges with the prerequisite credits needed to qualify for most nursing programs, the length of the programs, and the time it requires to complete clinical requirements. Passing the National Council Licensure Examination for Registered Nurses (NCLEX-RN) is the next hurdle for students to overcome, after graduating with their bachelor's degree in nursing.

Historically, AI/AN healthcare and education is unique in that no other groups in the U.S. have a government-to-government relationship as the outcome of promises made to AI/AN tribes during the treaty era (Parker et al., 2002). The essence of what it means to be an AI/AN nurse expands further than the mainstream common core theme of caring; it includes traditions, respect, connection, holism, and spirituality that are interwoven and reflect AI/AN culture for healing and care (Struther & Littlejohn, 1999). Providing medicine and healing for AI/AN peoples is not a new concept but may seem so with expansion of modern-day health facilities and the westernization of medicine. AI/AN nurses provide care that is reflective of their knowledge of cultural norms and traditional values (Womack, 1997). Authentic, culturally informed nurse/client relationships with Native American patients support shared decision-making, reduce

the harms of prejudice in healthcare, and balance nurse advocacy with empowerment through Native American self-advocacy (Purtzer & Thomas, 2021).

For many AI/AN students, barriers to higher education continue to be experienced in cultural and identity conflict with the dominant society at mainstream colleges and universities (Guillory & Wolverton, 2008; Henley et al., 2006). The path to degree attainment is filled with adversities that are experienced at different levels in academia and magnified in mainstream or predominately white institutions (PWI). Financial support for AI/AN students is viewed as a major need in provision of AI/AN student persistence. Other factors are equally important including family, support, and belongingness at mainstream campus (Burleson et al., 2025; Guillory & Wolverton, 2018). Moreover, AI/AN nursing students may face increased challenges due to the prerequisites that are focused heavily on mathematics and science in the preparation for strong nursing placement. Some nursing programs are highly competitive, and merit focused and prioritize compressing all these challenging prerequisites into a traditional four semester timeline. Academic challenges for AI/AN students include repeating prerequisite courses and taking remedial courses to better prepare them for required coursework often creating a longer timeline; however, this phenomenon should not be deeming students as unsuccessful.

In a study of Native American (NA) graduate nursing student experiences, two emergent themes related to barriers in student success, were identified as having a negative impact on student success. Dickerson et al. (2000) identified one barrier as values conflicts:

This pattern reflected the differences between the Native American students' worldview, with American Graduate Nursing Students' Learning Experiences common understandings, and the values of the academic world with a specific set of professional behavioral standards. Value conflicts underlie the issue of students needing to change and accommodate their personal values to meet the values of academia and thus lose some cultural identity and ability to practice effectively

within their own culture. If students conform to the academic values of professional assertiveness, then the academic values of the majority remain unchanged. Professional academic values outweigh the concerns for individuation and alternative cultural views. Students believed they had to make a change in themselves to take on the role of assertive, quick-thinking nurse practitioners (p. 193-194).

The second constitutive pattern, “on the fringe,” reflects Native American students’ sense of isolation from the broader student body, a feeling heightened by implicit academic norms and local cultural expectations that created tension between preserving their own values and assimilating into the dominant culture (Dickerson et al., 2000). These patterns highlight the difficulties NA students face in mainstream nursing programs, marked by a sense of in-betweenness characterized by limited acceptance within academic environments and weakened connections with peers who could otherwise support their program completion.

Educational barriers are creating limitations for students regarding the outcome of successful AI/AN nurses and are detrimental to the quality of health care delivery for AI/AN people (Parker et al., 2002). AI/AN students felt that their tribal clinics were welcoming and felt a sound sense of belonging, whereas the institutional environment made them feel alienated and out of place. These experiences were due to a clear misalignment of institutional perspectives and community cultural understandings (Dickerson et al, 2000).

Nursing culture is harsh and can be challenging to operate within, due to systemic, historical, and institutionalized marginalization. However, institutional support in the forms of emotional support and belonging was important to minimize the negative feelings/experiences and acted as buffer for students in search of their degree (Cech et al, 2011). Outside of the challenges of adapting to mainstream campuses and academia, integrating culturally congruent curriculum and Indigenous faculty were identified as another need toward AI/AN nursing student

success. Faculty-student relationships are highly encouraged by programs to increase student success, but AI/AN nursing students found this recommendation misguided and harmful because these relationships did not support AI/AN students' worldviews and found that the feedback from their faculty was harsh, judgmental, and seen to evaluate competency to exclude the weak students from the program (Dickerson et al, 2000).

Integrating AI/AN cultural identity should not be limited to a specialty course that focuses on AI/AN health care issues or AI/AN supportive programming (Weaver, 2010). Effective cultural competence education must extend beyond the classroom by immersing nursing students in authentic, community-based experiences where they learn directly from diverse populations, such as Native American communities, about cultural values, practices, and preferences (Purtzer & Thomas, 2021). Curriculum can acknowledge the importance of history, treaties, and how medicine has been Westernized. Incorporating Indigenous ways of knowing and acknowledging that AI/AN people had traditional healers and ways of healing, prior to the westernization of the medical field will serve indigenous students and communities well.

Institutional and program-level nursing policies were identified as barriers that impede degree completion for American Indian and Alaska Native (AI/AN) nursing students. Larsson & Johnson (2002) explained that previously, students who failed a nursing course would often be dropped from their nursing placement and would need to reapply in a new cohort; however, the policy has been adapted to consider allowing a repeat of the course in addition to allowing students to switch from the accelerated nursing program to the traditional program. In an ideal institution, students would not be expected to change their behaviors to fit into the institution;

instead, the administrative personnel and faculty would change the environment, the curriculum, and teaching strategies to address the needs of the students (Womack, 1997).

Cultural Competency towards Cultural Intuition

Najmeh et al. (2019) define cultural competence, first introduced in nursing two decades ago, and cultural humility as the following:

Cultural competence is the ability to provide effective, safe, and quality care to patients from different cultures and to consider the different aspects of their cultures in care provision. This ability is acquired in a gradual ongoing process. The defining attributes of the concept of cultural competence are cultural awareness, cultural knowledge, cultural sensitivity, cultural skill, cultural proficiency, and dynamicity (p. 6).

They go on to state;

Cultural humility is to put aside biases and prejudices. It helps nurses develop their cultural desire and facilitates their learning from patients with different cultures. In this process, cultural knowledge and skill are also developed. Our findings also showed that in order to develop their cultural competence, nurses need educational preparation and general humanistic competencies such as humanistic attitude, empathy, kindness, and respect (p. 7).

Cultural safety introduced in 1990 in response to the health care outcomes of vulnerable and or marginalized ethnic groups in New Zealand inspired by the Treaty of Waitangi (1840) that honored principles of protection, participation, and partnerships (Woods, 2010). “From the outset, cultural safety offered an alternative perspective on cultural diversity, arguing (initially from its bicultural foundations) that the historical effects of colonization and ongoing social

structures systematically disadvantaged indigenous groups of people, and that these effects must be recognized in health care delivery” (Woods, 2010, p. 717).

The purpose of this manuscript is to provide an assessment of the inclusion of Indigenous perspectives in nursing education based on conversations with Tribal college transfer nursing students. The Tribal college transfer students completed their prerequisites over approximately two to three years at Tribal colleges before applying for placement to complete the nursing degree in a Western academic nursing program at a predominately white institution. Completing their prerequisites at Tribal colleges within their Tribal communities and living with family reduces the amount of time they would need to be away from home. Many Tribal students pick campuses and nursing programs with consideration of proximity to their home or Tribal communities to allow them access to place-based identity, communities, and a network of family support. Tribal Colleges are linked to communities in the tribal nations where they reside and are focused on providing education and operating from cultural and community values, beliefs, traditions, and languages (Pavel, Inglebrecht, & Banks, 2001). In addition, many TCUs create access by keeping costs low to ensure tribal members pursue educational opportunities (Stull et al., 2013).

Positionality

I am a member of the Oglala Lakota tribe. I have multiple professional identities that overlap. I am doctoral candidate in the Education program, Program Lead of the Caring for Our Own Program (CO-OP), and adjunct faculty for the Native American Studies Department of Montana State University. CO-OP is dedicated to supporting Indigenous students toward completion of their nursing degrees and creating a community within CO-OP to navigate through nursing school together. The overall goal is to increase AI/AN representation in the nursing

workforce (Montana State University, n.d.). My connection with CO-OP students begins through recruitment efforts that focus on building strong relationships with Tribal Colleges across Montana. Through these partnerships, I connect with students and encourage them to apply to CO-OP as they begin nursing prerequisite coursework or upon acceptance into a nursing program and continued mentoring and support through completion of their nursing degree.

Methods

To align with an Indigenous paradigm centered on relationality and orality, this research wove together two Indigenous methods grounded in conversational and winter count methods. Using talking circles to foster a space that honors “the talk” and elevates their shared, co-created story as knowledge (Kovach, 2021). Winter counts as methodologies are culturally appropriate and decolonize research methodologies by strengthening existing traditional methods of obtaining and sharing knowledge of Indigenous people’s contemporary issues and perspectives (Bigford & Petrucka, 2016). The Winter Count for Bicultural Accountability Theoretical Framework further strengthens the sharing of stories and experiences of Indigenous nursing students by affirming and showing examples where more work is needed to include Indigenous perspectives to provide culturally safe learning environments (Windchief & Cummins, 2022).

Winter Count: Bicultural Accountability Theoretical Framework

For centuries, Indigenous peoples have used waniyetu iyáwapi to document and share knowledge of significant events, facilitating discussion and educating future generations about the cultural, social, ecological, political, and economic dimensions of Indigenous life (Bigford & Petrucka, 2016). The bicultural accountability and the protection of community held Indigenous

knowledge traditions theoretical framework established protocols and protections for Indigenous scholars to consider when using Indigenous research methodologies (Windchief & Cummins, 2022). This has utility to support Indigenous scholars and protect Indigenous communities from over disclosure of community held knowledge and provides utility for assessment of bicultural accountability from an Indigenous perspective. Using cultural expression and Indigenous positionalities, the theoretical framework takes the form of a winter count that provides a continuum defined as exclusion, problematic inclusion, theoretical sensitivity, cultural intuition, and Indigenous knowledge realization of Indigenous perspectives and knowledges (Windchief & Cummins, 2022).

Figure 1 provides the winter count that was cocreated by Dr. Sweeney Windchief and Dr. Jason Cummins. From left to right, each symbol is labeled and clearly identified in the picture. Exclusion is represented by the empty space on the hide. Problematic inclusion is symbolized as the “big hat”. Theoretical sensitivity is represented by the stamp with a “headdress”. Cultural intuition is represented by the “war bonnet”. Indigenous knowledge realization is the final image. The story of the “war bonnet” through the symbols created represent different levels of inclusion based on when a non-Indigenous person knowledge of the correct language when referring to tribal regalia and also symbolizes one’s place of connection to Indigenous communities. A double arrowed line at the bottom of the image represents a continuum used to situate and define experiences and stories in terms of bicultural accountability.

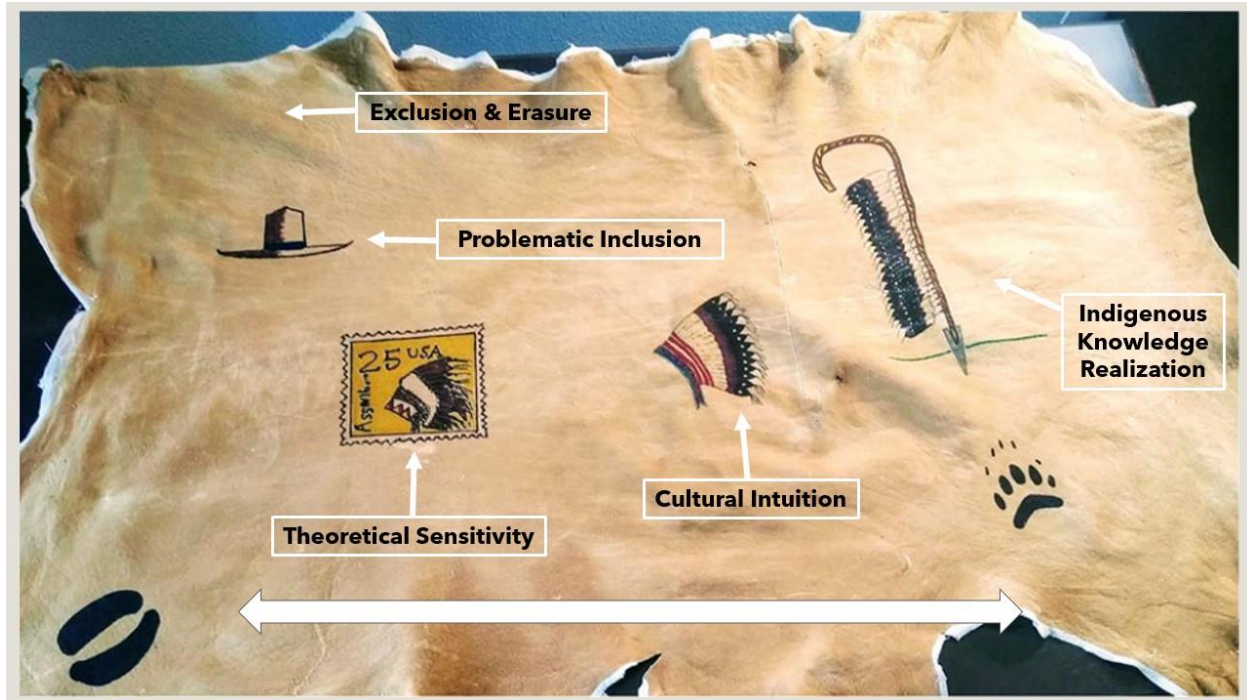


Figure 1.3 Winter Count for Bicultural Accountability Adapted from "Considering Indigenous research methodologies: Bicultural accountability and the protection of community held knowledge" by Windchief, S. & Cummins, J. (2022), *Qualitative Inquiry*, p. 161.

Study Design

Thirteen students participated in talking circles, following successful completion of their first semester of the nursing program in 2023 (n=4) or Spring 2024 (n=9) semesters (Yellow Horse et al., 2025). Participants were CO-OP members enrolled in the Success Academy and self-identified as enrolled members or descendants of Tribal Nations. The Success Academy is a six-week pre-entry program designed to help students prepare for their first semester in nursing school as a transfer student to support retention from the first semester to the second semester in the program. In the convergent mixed-methods study, research focused on retention after the first semester of nursing school based on the history of a high attrition rate for Tribal college transfer

students and those students who had not completed more than 18 credits at their parent institution prior to placement in the nursing program (Yellow Horse et al., 2025). The conversations were gathered after their first semester, to listen to what supports were helpful or what was needed from their own perspectives, and what information CO-OP staff should integrate into the Success Academy to support future cohorts of Tribal transfer students. A majority of these students have graduated while others are making progress to complete their nursing degrees, and all have been retained from the first semester to the second.

Findings

The talking circle transcripts were carefully reviewed and interpreted through a relational lens using the Bicultural Accountability Winter Count Theoretical Framework as a guiding structure. This framework offered a continuum that honored the Tribal college students' lived experiences and provided a way to situate their first-semester nursing journeys within interconnected academic and cultural contexts. Purposefully selected narrative excerpts were used to illustrate how students' experiences aligned across the overarching continuum themes: exclusion and erasure of Indigenous perspectives, problematic inclusion, theoretical sensitivity, cultural intuition, and Indigenous knowledge realization. Organizing the data in this way emphasized relationships, meaning-making, and movement over time, allowing for a deeper understanding of how students navigated nursing education while reflecting varying levels of bicultural accountability within the program.

Exclusion and Erasure of Indigenous Perspectives

Exclusion and erasure of Indigenous perspectives within the winter count are symbolized by the absence of a mark, an empty space on the hide. This framework begins with the systematic exclusion of Indigenous knowledge, which then leads to erasure, leaving no representation of Indigenous peoples at all (Windchief & Cummins, 2022, p. 158). As a result, the everyday experiences of American Indians, the Indigenous inhabitants of the Americas, are rendered largely invisible within the consciousness of dominant members of U.S. society (Brayboy, 2005), creating an absence akin to the unmarked space on the winter count hide and reflecting the broader impacts of exclusionary practices. This absence was echoed in student conversations, in which participants noted the limited inclusion of Native American histories and perspectives in the nursing curriculum and described how Tribal students often felt compelled to educate their peers about Indigenous culture and experiences.

One student reflected on this responsibility, stating, *“I felt like we were educating our peers about us and our backgrounds and culture, every single day.”* This sense of responsibility emerged in response to a curriculum that students perceived as grounded primarily in Western academic frameworks, which frequently excluded Indigenous worldviews. Tribal college students shared about the difficulty of engaging with course content that required them to interpret concepts through perspectives that differed from their own lived realities. As one student explained,

“It was hard to adjust to the way they were teaching because we would have to think about it from their different point of view, rather than a Native’s point of view. Which forced us to put on different thinking caps”.

This experience describes the process it took to shift their own ways of knowing to fit the dominant views.

Students shared how their responses were misinterpreted due to the lack of inclusion of Indigenous ways of knowing in their course assessments and discussions. One student shared, *“There were some questions in psychosocial that were normal to us, but it wasn’t normal to the other students, and we [student and another student in the talking circle] answered the questions wrong”*. Another student expanded on this point sharing, *“And the way we think of being resilient is different from what the [text]book said”*. These moments underscored a misalignment between Indigenous ways of knowing and dominant academic frameworks, in which Indigenous perspectives are not weaved into or accepted into mainstream ways of knowing.

Despite these challenges, students address that as Indigenous people they are aware of their communities and Indigenous perspectives. A student stated, *“Native Americans in our pharm class had little to nothing written about this topic. But we know that this topic is a big deal in Indian Country, but there were not any articles written about it”*. This absence further reinforces the disconnect between academic content and Indigenous lived experiences.

Problematic Inclusion of Indigenous Perspectives

The hat painted on the winter count tells a story of the problematic inclusion of Indigenous perspectives by symbolizing an instance in which non-Indigenous people inaccurately labeled Plains Nations headwear as a “big hat” (Windchief & Cummins, 2022). This term reflects a common experience for Indigenous peoples, where non-Indigenous individuals impose names instead of asking or learning culturally appropriate terminology that honors cultural integrity. Such misrepresentation produces inaccurate knowledge about Indigenous peoples and contributes to the creation of unsafe and exclusionary spaces. Within predominantly White institutions (PWIs), these dynamics are often mirrored, as Indigenous students face a lack

of respect and heightened pressures to assimilate into academic environments that marginalize their identities and require the relinquishing of culturally rooted knowledge and traditions (Kirkness & Barnhardt, 1991).

Indigenous students seek relationships in higher education grounded in reciprocity and respect that reflect their worldviews and honor who they are as Indigenous peoples (Kirkness & Barnhardt, 1991). A student shares, *“My struggle was having an advisor that offered hope, but never really gave help. I still went to her and told her stuff, but I felt like sometimes it wasn't genuine”*. This experience reflects on how students can sense when their relationships do not align with their values or can sense when it seems unintentional which in turn prevents the student from reaching out for support in nursing school.

By privileging Western epistemologies, medical knowledge systems often advance deficit-based understandings of Indigenous health that overlook the relational impacts of unjust and discriminatory systems as fundamental social determinants of Indigenous peoples' wellbeing (Razack et al., 2025). Students' experiences in nursing coursework reflected the emotional and epistemic harm produced by these curricula when course material addressed Tribal communities without situating inequities within their broader structural contexts. One student shares, *“Some of the lectures in psychosocial were surprising in the way that they triggered me. I wasn't aware that that could happen; it was really my first time understanding it was a thing to experience triggering lecture material”*. Another student echoed this experience and reflecting this an obstacle to overcome in this course:

“I think psychosocial was my hardest class because of that same reason, the triggering. I went home crying some of the times, driving home. I would cry from that class. It was really triggering and there wasn't really an easy way to study for that class”.

These stories highlight Indigenous students' experiences within nursing curriculum and emphasize the need for educators to recognize how misrepresentation and lack of awareness of Indigenous perspectives place emotional and cognitive burdens that Indigenous students must continually navigate.

As a required of nursing education, students complete their clinical hours in community-based healthcare and partner settings. These placements expose potential areas of concern where students may experience racialized and discriminatory encounters shaped by longstanding societal views of Indigenous peoples. A student describes her first clinical experience:

"My first clinical experience for this semester was not very good. There was some racist remark said to me by my patient. And then, he said another thing, when he thought I wasn't in the room. After that, I felt like I was nervous or scared, and holding myself back from my full potential in clinicals because of that very reason. That was frustrating because I have clinical experience working as a CNA and I know how to do this stuff. My friend and my clinic lab group didn't know what to do because they've never experienced something like that before".

This story illustrates how racialized encounters are a real possibility within clinical settings and requires nursing programs to be attentive to how such experiences may be heightened for Indigenous students in certain communities. More importantly, it calls for the responsibility of nursing programs to develop supportive, relational practices, such as intentional check-in and responsive mentorship, rather than placing the burden of navigating harm on students themselves, as these experiences can constrain learning and discourage full participation in clinical education.

Theoretical Sensitivity of Indigenous Perspectives

Theoretical sensitivity within the winter count is represented by the image of an Indian headdress stamp from the United States Postal Service's folk art series (see Figure 1.3). This

series was introduced to honor significant yet often overlooked expressions of American art and cultural identity (1990 25c Headdresses, n.d.). Of the ten stamp sets released, four focused on Indigenous cultural expressions in the United States and included accompanying statements of meaning: Pueblo pottery (April 13, 1977), Pacific Northwest Indian masks (September 25, 1980), Navajo blankets (September 4, 1986), and Indian headdresses (August 17, 1990). While these inclusions signal recognition of Indigenous cultures as part of U.S. history, the language used to describe Indigenous peoples and cultural items often lacked cultural specificity and relied on generalized or inaccurate naming practices. This example illustrates how inclusion, when divorced from cultural sensitivity and accountability, can reproduce misrepresentation rather than respect.

This section examines how efforts at inclusion, when detached from Indigenous relational and epistemic frameworks, can unintentionally result in misrepresentation across both symbolic and educational contexts. Similar patterns are evident in academic research, where Indigenous perspectives are frequently included without adherence to Indigenous research protocols and through research conducted on Indigenous communities rather than in reciprocal and relational partnership with them (Windchief & Cummins, 2022). Meaningful inclusion of Indigenous perspectives requires intentional engagement grounded in relational accountability and the understanding that relationships are foundational to knowledge production (Harris & Wasilewski, 2004).

Within one cohort, a student described a faculty interaction that demonstrated relational attentiveness rather than epistemic correction. The student shared:

“[She] was always validating us. She would ask us a question and we would answer, even if it was wrong, she would say something like, ‘That’s a good thought. You’re

thinking more this way—let’s lean towards this way,’ instead of just saying, ‘No, you’re wrong.’”

This interaction reflects how relational validation can support learning without erasing Indigenous ways of knowing.

However, whereas this experience illustrated relationally attentive teaching, other curricular efforts at inclusion reinforced deficit-based and stereotypical assumptions about Indigenous peoples. Another student described an exam question that framed Indigenous communication as culturally homogenous:

“For one of our classes... the question asked, ‘You have a Native mom taking care of her baby. What strategies do you use to get through to her?’ The answer was that you had to do it in story form.”

The student went on to explain how this framing became an inside joke within the cohort, reinforcing stereotypes rather than fostering understanding. Together, these examples demonstrate that inclusion without relational and epistemic accountability can perpetuate harm rather than advance respectful and accurate engagement with Indigenous knowledge systems.

Cultural Intuition of Indigenous Perspectives

Cultural intuition is represented through the image of a headdress, symbolizing a shift from surface-level cultural competency toward cultural safety grounded in appropriate terminology and a deeper understanding of Indigenous perspectives and communal values (Windchief & Cummins, 2022). While Indigenous peoples are diverse in language, culture, and tradition, many share a foundational emphasis on relationality and the development of individuals within community, rooted in communal values that foster deep understanding, collective consciousness, wisdom, and ethical action from a tribal perspective (Cajete, 2016). Windchief and Cummins (2022) describe this shift by contrasting the generalized “headdress”

stamps with the intentional naming of the war bonnet as a culturally specific and accurate representation. This movement toward cultural intuition parallels students' experiences within nursing programs, where meaningful inclusion was enacted through relationships that fostered safety, connection, and community.

Students described how connecting with one another and with faculty created spaces where Indigenous ways of being and knowing were affirmed rather than erased. The CO-OP Success Academy played a central role in facilitating these connections by linking Tribal nursing students across five campuses within the Mark and Robyn Jones College of Nursing. This structure allowed students to form relationships early in their academic journeys and cultivate a sense of community that extended beyond individual campuses. One student described these connections:

"You didn't have Facebook, but we would show her and tell her what was happening in the chat with other CO OP students in this Success Academy cohort. We would have check ins and ask how everybody is doing this week and respond to each other in group chat. There was even one point where we had set up a Google Classroom to have study times together."

Although students were often placed into different lab groups based on course scheduling, they continued to share experiences and support one another across contexts. As one student shared, *"We got separated in our lab groups, but we got to hang out during lectures and between classes. We had to make friends with our lab groups."* Representation of Indigenous students in nursing programs is important because they bring distinct knowledge and lived experiences that enrich peer learning. One student shared:

"A lot of them [peers in the classroom] were younger and didn't have experience. So, I was the one to provide good tips and that helped make the first few weeks of labs easier. It was kind of crazy watching them fumble with machines."

Another student responded to this contribution by stating, “*Everybody needs a [Name withheld—speaking about another CO-OP student in the talking circle].*” Such interactions highlight how Indigenous students’ experiences and relational approaches enrich learning environments when supported by culturally safe spaces.

Students further emphasized the importance of Indigenous peer community during nursing school, particularly noting disparities in access across campuses. One student reflected:

“I feel like in Bozeman they have an advantage because they have pre nursing students... The number of Native students there is bigger than here at the Billings campus. We don’t have pre nursing students here that are part of CO-OP. I feel like we have limited resources... it’s just that access.”

Faculty also played a critical role in cultivating culturally safe communities through relational practices grounded in care, presence, and authenticity. Students consistently highlighted faculty members who demonstrated relational accountability by checking in, listening, and engaging with them as whole people. One student shared:

“She taught our foundation class and was always the one to be like—she’d close the door and say, ‘It’s okay, tell me how it is,’ and then let us tell her everything that was going on. She would give us advice... I related to her because she was my age and had just gone through the program. She’s been here.”

Other students echoed this sentiment, describing faculty who made themselves available and fostered reassurance and belonging:

“She came and talked with us and checked on us and would ask what we were doing this weekend... she always made us feel better and reassured us that everything was going to be okay.”

Another student added, “*The pharm faculty was amazing. She never made us feel like we weren’t smart and always encouraged us. When we got to class, she would ask how we were.*”

Together, these narratives illustrate how cultural intuition is enacted through relational accountability, intentional connection, and respect for Indigenous communal values. Rather than

relying on symbolic inclusion alone, culturally safe nursing education emerges through relationships that honor Indigenous students as knowledgeable contributors and valued members of academic communities.

Indigenous Knowledge Realization

Indigenous knowledge realization is represented as the final image on the winter count and is intentionally the most challenging to translate into research, as it signifies knowledge that is collectively held, relationally shared, and transmitted through story rather than extracted for documentation (Windchief & Cummins, 2022). While the image appears on the winter count (Figure 1.3), it is purposefully left unnamed in the literature and is not identified here. This absence reflects Indigenous methodological principles that recognize that knowing is contingent upon relationship; understanding the image requires connection to the people and communities to whom it belongs.

Although this form of knowledge was less explicitly articulated in student narratives, conversations consistently remind higher education spaces that Indigenous students do not leave their traditions, cultural practices, or values at home. Instead, students-maintained practices that support their wellness as Indigenous people and relied on these cultural assets to navigate the demands of nursing programs. One student shared how personal and spiritual practices supported their wellbeing, “*I would spend time with family, go to the gym, or I would just smudge and pray.*” Students also emphasized the importance of returning home and remaining connected to Tribal communities as a source of grounding and support. As one student expressed, “*I feel good spending time with my family, shut down the computer, and drive to Crow to hang out with them.*”

These practices reflect Indigenous understandings of wellness as inherently relational and community-centered. Humor, visiting, and shared time are additional values that students identified as essential to sustaining balance and resilience. One student described how connection and laughter contributed to their sense of wellbeing: *“Going to lunch with my mom and another CO-OP student between our classes was helpful. We would get to debrief and then we just start joking around and fill the whole space with our big laughs.”*

These shared insights from Tribal nursing students illustrate Indigenous knowledge realization not as content to be incorporated into curriculum, but as lived practice embedded in relationships, place, and community. From an Indigenous methodological perspective, these forms of knowing are not meant to be extracted or translated into academic product (Windchief & Cummins, 2022); rather, they underscore the responsibility of nursing programs to create conditions that allow Indigenous students continued access to their cultural assets, relationships, and community-based sources of wellness throughout their education.

Implications

The community stories of Tribal nursing students’ experiences in their first semester in nursing school are further supported using the Bicultural Accountability Winter Count. In combination, stories reflect where Indigenous perspectives are still left out of Western academic nursing programs and problematic inclusions that continue to make Western academic learning harmful and challenging for Indigenous students. However, this is not to say that all of nursing is bad nor that the college does not support Indigenous students. It provides context and examples of why students feel excluded or encounter challenges because many academic measures of

success are quick to point at where students completed their prerequisites or how they performed in the math and sciences.

Being a nurse is more than just passing exams, and many of these Tribal students want to devote their lives to care for Tribal communities and know that more Native American nurses yield positive impacts. The support from faculty and intentional relationship building is integral in building culturally safe spaces in the classroom. Assessing the curriculum and having conversations with students, faculty, and staff to measure Indigenous perspectives in nursing programs would provide an even more complete picture as these perspectives were captured in a single conversation focusing on first semester experiences.

Discussion

When considering Indigenous research methodologies, it is imperative that researchers carry out analyses with a critically reflexive consciousness in order to center connections and good relationship with Indigenous communities; when Indigenous people are empowered to share their own stories in a non-extractive way, it opens the door for healing wounds associated with decolonization (Kovach, 2021). The conversations were initially collected to hear the experiences of Tribal college transfer students and use their feedback to better improve the Success Academy offered through the Caring for Our Own Program. Success Academy supported Tribal college transfer students in navigating the hidden curriculums of nursing and university systems while focusing on building relationships within their cohorts to go through the program together (Yellow Horse et al., 2025). However, after hearing stories from Indigenous students, the author felt responsibility to focus on that part as it pertains to Indigenous communities and the need and responsibility for higher education programs to consider making

space in the system and curricula to include Indigenous worldviews and perspectives in meaningful and intentional ways.

Creating culturally safe spaces in nursing programs results in culturally responsive relationship building initiated by faculty and staff that is meaningfully recognizing the needs of Indigenous students. Cultural safety is practical for any nursing student when working with vulnerable or marginalized populations and does not only apply to working with Indigenous populations. Indigenous health discrepancies require nurses that critically reflecting on power imbalances and discrimination that exist through the development of relational and advocacy skills (Hunter & Cook, 2020).

Framing equality as standardized care, where everyone receives the same treatment regardless of differences, assumes that all patients begin from an equal position and experience no disadvantage (Richardson, 2004). Moreover, nurses play a critical role in health outcomes and Wood (2010) shares:

Even though nurses are universally encouraged to share a common moral purpose in meeting the individual and wider cultural needs of every patient and every community, the need to morally ground and critique that purpose in both historical and present-day societal structures is sometimes less apparent. To be involved in promoting healthier nations, nurses must first be involved in promoting healthier individuals within their social groups and communities (p. 721).

Although this manuscript was initially framed around cultural safety, discussions with nursing faculty and responses from research conference audiences made clear that this approach lacked a Tribal perspective and was not the most appropriate entry point for telling this story. What was needed was an Indigenous theoretical framework that could tell the story on a continuum, and the Tribal college student stories would further support and provide examples to show that there is more work needed to better support the inclusion of Indigenous students. This

marks a starting point for conversations, reflecting longstanding calls from Indigenous peoples for recognition of bicultural accountability in order to advance culturally safe spaces. Moreover, the stories needed to be shared in a community context that both Indigenous people and Western academic faculty and staff could come to understand. Most importantly, when students share these experiences, they should be met with acceptance by their faculty and staff mentors with a willingness to support integrating Indigenous ways of knowing into the nursing school education.

While this model has been framed to support cultural safety in the healthcare system, this serves a good tool to provide insight on how it can be implemented in the U.S. nursing education systems, specifically due to the need to increase AI/AN nurses in the national workforce. However, this critical framework provides how we can help support nurses, not just AI/AN nurses, to become socially ethical by understanding sociopolitical and sociocultural aspects to reflect a culturally safe practice (Woods, 2010). More importantly, while stories from Indigenous students are helpful to starting this conversation in nursing education, this conversation needs to be in space where it matters most: with nursing faculty and staff.

Indigenous students are the experts on cultural safety since they are the people subjected to teachings lacking cultural safety, and this is reflected in the stories they share about their experiences both in ways that communicate there are good things, but also room for curricula and relationships to evolve. To work towards educational sovereignty for Indigenous students in Western academic paradigms requires the inclusions of Indigenous research methodologies, Indigenous scholars, and culturally safe people for Indigenous communities. This invitation to work with Indigenous communities to produce and share knowledge comes from good

relationships, listening to stories, ensuring community held knowledge is protected, and that ways of knowing are shared from and how Indigenous people want to that to happen (Kovach, 2021; Tuhiwai Smith, 2012; Windchief & Cummins, 2022) .The inclusion of Indigenous perspective into curricula needs to reflect moving beyond theoretical sensitivity to spaces of cultural intuition and knowledge realization that honors Indigenous histories, epistemologies, worldviews, and community values. This is achieved through bringing Indigenous people in faculty roles, valuing Indigenous elders and knowledge keepers, value ways of knowing that are not written, and learning how non-Indigenous people can create and support culturally safe spaces in nursing education.

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CHAPTER FOUR

INDIGENOUS KNOWLEDGE EXCHANGE THROUGH

STUDY ABROAD: AN INDIGENOUS

AUTOETHANOGRAPHY OF TRIBAL NURSING STUDENT

STORIES

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Manuscript in Chapter Three

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As nursing education evolved in higher education, accreditation standards, research, and theories for practice have emerged and evolved. In the mid-twentieth century, nursing lacked culturally grounded care knowledge, leading to the development of culturally congruent care as a theory-based, global, and comparative approach that recognizes care as the culturally situated foundation of nursing practice (Leininger, 2002). Increasing enrollment of students in nursing from diverse cultural backgrounds prompted a shift in nursing theory toward recognizing care as the essence of nursing, leading to the first theory that systematically examined differences between Western and non-Western knowledge systems, clinical practices, and theoretical frameworks (Leininger, 2002; Rajan, 1995). Cultural care or transcultural nursing theory exposes how ethnocentrism and false assumptions of cultural sameness in healthcare produce harm leading to misinformed practice and poorer patient outcomes (Rajan, 1995). This theory explicitly centers the close relationship between culture and care across well-being, health, illness, and death, while offering a holistic and multidimensional framework for identifying culturally grounded care meanings and practices (Leininger, 2002).

Furthermore, healthcare professionals trained primarily within Western traditions often encounter challenges when working with patients from non-Western cultural contexts. Difficulties such as establishing rapport can stem from limited cultural knowledge, understanding, and awareness, rather than from patient behavior itself (Weaver, 1999). In response to these challenges, cultural immersion experiences, often referred to as study abroad or cultural migration programs, demonstrate the capacity of cultural engagement to reshape economic, political, and social understandings. Within nursing, transcultural approaches foster

greater awareness of diverse communication patterns, social organization, and spatial and temporal orientations that influence health and care practices (Rajan, 1995).

However, despite the recognized value of transcultural engagement, nursing education curricula remain largely grounded in Western educational models. Burelson et al. (2025) found that Indigenous perspectives and epistemologies are frequently absent from nursing curricula, a gap that perpetuates feelings of invisibility and disengagement among Indigenous students. Their review identified multiple barriers to Native American students' access to and completion of nursing education, including family obligations, academic challenges, conflicts with cultural identity, institutional barriers, limited support, and financial constraints. Conversely, supports for persistence and completion included family and community support, academic support, affirmation of cultural identity, institutional and social support, financial resources, and personal motivation (Burelson et al., 2025).

However, Indigenous worldviews should not be incorporated solely through transcultural or diversity-based inclusion frameworks. American Indian and Alaska Native (AI/AN) peoples are recognized as distinct political entities with inherent rights to tribal sovereignty, government-to-government relationships, and unique histories that predate, and continue alongside, the United States (Brayboy, 2005; National Indian Health Board, 2025). Tribal Nations possess the authority and knowledge to design and deliver services best suited to their communities, and recognition of this sovereignty is associated with improved health outcomes for Tribal members (National Indian Health Board, 2025). Native American nurses further emphasize the importance of working in relationship with Tribal Nations, bringing culturally grounded knowledge of family systems, relational views of community and Creator, skills rooted

in attentive listening, and deep respect for cultural traditions and diversity, perspectives that are essential to Indigenous approaches to health and care (Weaver, 1999).

Additional supports for AI/AN students navigating nursing education include culturally grounded programs such as Caring for Our Own, Niganawenimaanaanig, and the Recruitment and Retention of Alaska Natives into Nursing program. These programs center Native American (NA) identity, community connections, and relational support rather than relying solely on academic interventions and have been shown to facilitate persistence and completion in nursing programs (Burelson et al., 2025). Wilkie (2021) emphasizes that such intentionally designed programs foster collective connectedness, empower students to navigate nursing school and university systems, and create opportunities to engage with Indigenous mentors and expand professional networks. Nursing faculty also play a critical role in student retention and success, as strengthening support for Indigenous nursing students contributes to a more diverse and sustainable nursing workforce (Banister et al., 2014; McNally et al., 2019). However, responsibility for supporting AI/AN students should extend beyond Indigenous-specific programs; faculty and staff across nursing education must engage in shared accountability by intentionally offering culturally responsive mentoring, inclusive educational practices, and relational spaces that affirm Indigenous students throughout their programs.

Supporting AI/AN nursing students' education to provide health care and become leaders requires looking beyond nursing curriculum and understanding how Indigenous holistic well-being and experiences contribute to experiential learning. We look to how other experiences in higher education support nursing student preparation, more specifically nursing students who had the opportunity to enroll in the Indigenous Knowledge Exchange (IKE) course. There is a lack of

research in the education literature about what learning happens when Indigenous students have the opportunity to participate in knowledge exchanges across Indigenous communities. There is a lack of research that captures the experiences of Native American students studying abroad, especially as told from Native American nursing students' perspectives. To share knowledge about short-term study abroad education, this paper explores how the Montana State University's (MSU), Indigenous Knowledge Exchange (IKE) course - Aotearoa course impacted three Tribal nursing students.

Indigenous Knowledge Exchange-Aotearoa at Montana State University

In the Spring 2025, the Native American Studies (NAS) Department piloted the course, Indigenous Knowledge Exchange - Aotearoa, a convened class of undergraduate and graduate students. The course centers Indigenous knowledge exchange through a weaving together of Indigenous epistemologies of North American Tribal Nations with Māori from Aotearoa (New Zealand). The course combines a semester-long preparatory seminar with a short-term international immersive experience hosted by the University of Waikato, Te Ao Hurihuri program. Weekly pre-departure sessions engaged students with preparation to be good visitors, Māori cultural protocols, language, and histories to support ethical, community-centered engagement. We traveled with ten undergraduate and seven graduate students; two graduate students facilitated the undergraduate section of the course.

Te Ao Hurihuri at University at Waikato

The class traveled for two weeks to Hamilton, NZ for the Te Ao Hurihuri program. The time was spent grounded and immersed in Māori pedagogies and relational accountability.

Following a Powhiti (Māori welcoming ceremony), participants engaged in place-based learning alongside Māori faculty, students, and community knowledge holders through classroom instruction, land-based activities, and visits to culturally significant sites (University of Waikato, n.d.). Learning emphasized reciprocity, cultural humility, and community accountability rather than extractive knowledge acquisition. Collectively, the course models an experiential framework for international Indigenous knowledge exchange rooted in relationship, place, and community.

Positionality

How we choose to begin a story is significant, as it shapes how we position ourselves within it and reflects how we understand our place in the world as Indigenous peoples (Whitinui, 2014). With this understanding, we begin by sharing the context of how our relationships and pathways intersected, and by introducing ourselves in relation to one another. The four authors are primarily connected through the Caring for Our Own Program (CO-OP), with these relationships further intersecting through participation in the IKE course, which traveled in May 2025. CO-OP is within the Mark and Robyn Jones College of Nursing at MSU. Founded in 1999, CO-OP provides culturally responsive mentoring and wrap-around support for Indigenous nursing students, who are enrolled and/or descendants, pursuing undergraduate and graduate nursing degrees (Montana State University, n.d.). It is within these relational and institutional spaces that our individual stories come together.

Kaitlyn. My name is Kaitlyn Martin, and my Indigenous name is Black Thunder Woman. I am an enrolled member of the *Aaniiih* (Gros Ventre), *Nakoda* (Assiniboine), and *Ojibwe* (Turtle Mountain Chippewa) Nations, and an enrolled member of the Fort Belknap Indian Community. I

grew up in Billings, Montana, and identify as an Urban Indian. I am a CO-OP student and participated in the IKE course. I recently completed my first semester in the nursing program at MSU in Fall 2025.

Wayne. My name is Wayne Fitzpatrick. I am an enrolled member of the *Aaniiih/Nakoda Nation* in Montana and a Bachelor of Science in Nursing student at Montana State University, as well as a CO-OP student. I am a second-generation nurse, inspired by my mother's dedication and love for nursing. I completed my first semester in the nursing program in Fall 2025 and participated in the IKE course.

Isabella. My Indigenous name are One Who Dances and Butterfly, and my English name is Isabella Mesa. I am an enrolled member of the *Redwood Valley Little River Band of Pomo Indians* and am also connected to several other Pomo communities in Northern California. I am a first-generation college student and first-generation nursing student. I am a CO-OP student and was recently admitted beginning the nursing program in Spring 2026 after completing my nursing prerequisites in Fall 2025. I was a student in the IKE course.

Twila. My name is Twila Yellow Horse, and I am a member of the *Oglala Lakota Tribe*. My involvement in the IKE course brought together multiple intersecting roles. I am a first-generation college student and hold a PhD in Education. Professionally, I serve as the Program Lead for the CO-OP, an adjunct faculty member in Native American Studies, and a co-facilitator of the undergraduate IKE course. With Indigenous ways of being, trust grows through relationship, and my role as a mentor through CO-OP played an important part in encouraging Wayne, Kaitlyn, and Isabella to travel abroad and engage in IKE. During IKE, I was also a PhD candidate, and my role as a graduate student shaped my experience in Aotearoa. As

part of the graduate IKE course, the course facilitator and chair of my dissertation committee, Dr. Sweeney Windchief, wanted graduate students to contribute by presenting their research at the University of Waikato within an international Indigenous context. Although I was not formally enrolled in the graduate IKE course, this moment reflects his recognition of my multiple identities and intentional inclusion of me in this academic and relational space.

Methods

We employ Indigenous autoethnography to share stories that illuminate the intersections of Native American identity, place-based cultural and traditional knowledge, and lived experiences within a short-term study abroad program in Aotearoa, and how these experiences shaped nursing education. Autoethnography can be (re)positioned through an Indigenous lens by using storytelling as a method for recalling, enacting, and sustaining traditional knowledge systems. This approach also supports the discovery, exploration, co-construction, and narration of the self in ways that acknowledge Indigenous peoples' capacity to articulate meaning in relation to the social, cultural, and political conditions that shape lived realities (Whitinui, 2014).

Engaging the self as a culturally and politically grounded method of inquiry calls for a re-visioning of critical and culturally responsive pedagogies by activating counter-hegemonic narratives that resist dominant academic norms. Through this process, Indigenous peoples are able to tell our own stories in ways that restore cultural balance within relationships, communities, and the environment (Whitinui, 2014). While Western approaches often treat narrative as a framework for organizing experience, Indigenous perspectives position story itself as theory—encoding worldviews and transmitting deeply held beliefs about the nature of the world (Brayboy, 2015; Rice & Mündel, 2018). Central to this work is a commitment to

Indigenous values and practices that foreground relational accountability between researchers, participants, and context, contributing to Indigenist research approaches that challenge and disrupt Western academic expectations of how research should be conducted (Hart et al., 2017).

From an Indigenous worldview, the questions we ask and the answers we carry surface the values and responsibilities that shape how we understand ourselves and our relationships with others and to who are we answering to (Whitinui, 2014; Wilson, 2001). Grounded in this understanding, we engaged Indigenous autoethnography through story-making and conversational methods as a collective approach to sharing lived experience (Archibald, 2008; Kovach, 2010). Knowledge in this process was generated relationally, through dialogue, reflection, and shared responsibility to one another and to the communities we are connected to.

My role within this manuscript emerged through my position as a graduate student and mentor to the undergraduate co-authors. I supported the group by introducing Indigenous research methodologies, outlining possible pathways for engaging in the process, and serving as a facilitator rather than researcher. To enact relational accountability, I intentionally decentered myself by responding last during conversations and story sharing, allowing the students' voices, interpretations, and priorities to guide the narrative and giving time for them to contribute their ideas.

To honor the undergraduate students' time, responsibilities, and commitments as nursing students, we agreed to reconvene in person following the completion of a full semester post IKE course. This timing created space for reflection and allowed participants to consider how the IKE course had influenced their learning, perspectives, and nursing education over time. Coming

together after the semester also supported deeper reflection and meaning-making grounded in lived experience.

The storying process began with a guiding question posed to the group: What feels important to share about the IKE with our communities, peers, and anyone who might be interested? This initial conversation led to the identification of overarching themes, including the limited research documenting Native American student experiences in study abroad programs; the distinctiveness of a course developed by Indigenous faculty for Indigenous students; the significance of engaging in community-based learning alongside Māori communities; and the ways participation in IKE shaped students' nursing education.

From there, we collaboratively created a list of memories, moments, and experiences that felt most meaningful and connected to these themes. Through consensus, we identified which stories were most important to carry forward. We then engaged in collective storytelling sessions, recording our narratives as we spoke freely and reflected together. Humor, laughter, and relational connection were integral to this process, reinforcing Indigenous knowledge-making as a practice rooted in relationship, affirmation, and shared experience rather than extraction or individual interpretation.

Tribal Nursing Student Stories on Short-Term Study Abroad

Our individual stories come together to share how a collective community experience, IKE, provides insights on the following themes: Native American student experiences of short-term study abroad, importance of Indigenous led experiences for Indigenous students, impact of IKE on self, and IKE contribution to Native American nursing experiences. We initially identified these areas of importance, and we each contributed ideas to a list of topics, memories,

or events during IKE that we thought connected to these four themes. After organizing, we used recording software and began to share stories that surfaced in relation to the topic we were discussing. We would go in no set order and would flow to the next person's story or additional points that needed to be included based on the conversations we were having.

However, my stories contributed are last to acknowledge power dynamics as their mentor in CO-OP, faculty role in IKE, and as a graduate student. In this article, we have organized the stories to highlight student stories first, with the CO-OP mentor's (Twila's) story shared last. This structure intends to share collective experiences regarding project leadership instead of centering power dynamics that might exist because of institutional positions. I want to highlight their stories first, but to contribute to the collective experience we shared together and insights on the leadership side of IKE and/or to provide support for their stories. After collecting the stories, they were converted to transcripts and read through multiple times. From the stories, subthemes began to emerge and our stories were then organized under the subthemes of major themes.

Native American Student Experiences of Short-Term Study Abroad

To begin this journey, we start with the first challenge of the IKE course and the traveling to New Zealand. This section provides context on the barriers Native American students often encounter when considering international travel and participation in short-term study abroad programs. These barriers frequently stem from systemic challenges as well as individual perceptions about access to travel opportunities. Limited access to Indigenous knowledge exchange from global perspectives presents a significant obstacle to these experiences and restricts opportunities to broaden understandings of how such learning can be brought back to transform our own Tribal communities. For all authors, this experience marked either their first

time traveling outside of the United States or their first time leaving Montana and/or flying.

From these narratives, two subthemes emerged: *where the story begins* and *barriers to travel abroad*.

Where the story begins. *Kaitlyn's story.* This was my first travel experience, first time on a plane, first time getting a passport, and going through that process. I was anxious about everything because I didn't know what to expect. I didn't know how it would feel on a plane, or what it would be like going through security. I was scared to be on a plane for over 12 hours, just sitting there and being in a different country.

Wayne's story. This was my first time flying out of the country. Getting a passport was a lot of work. This trip was different because we traveled in a big group and moved as a big group. We stayed together on the same time schedule. It was nice because you had people holding you accountable and used the buddy system.

Isabella's story. This was my first time out of the U.S. My biggest concerns were immigration because we're obviously not white and would that make us prone to be questioned more. The time difference was also hard. I remember it was seven in the morning in New Zealand, and I texted my parents and realized that it was Monday there and Sunday for me. The buddy system was good because when we were in San Francisco airport, I felt more safe traveling in a group of Indigenous people together.

Twila's story. This was my first time traveling out of the country. I had to go through the experience of getting my passport and preparing for the trip with the rest of the students. My first time flying ever was 6 years ago which only became an opportunity because of my work obligations. My colleagues facilitated IKE, Dr. Sweeney Windchief and Steven Davis, both had

traveled recently to New Zealand and had established relationships with the Te Ao Hurihuri program. before inviting me to help facilitate and balance the gender roles of the course.

Barriers to travel abroad. *Wayne's story.* Looking back, in high school, there were a lot of opportunities to travel abroad to places like Europe and have all these trips for different classes. I remember thinking that would be cool but then find out it's \$5,000 and in 3 months. What are we doing? Who is paying for that? The only classmates that would go were rich or white and had the money or support to do that. So, traveling abroad never felt like an option. Even when you, Twila, encouraged me to apply, I was like yeah, right, and it did not feel realistic. I just figured that traveling to other places would happen when I'm older, after school, and have a job. It was so good to be able to travel with a group like this and we learned and experienced so much together.

Kaitlyn's story. If you had asked me what college was like, I would never have thought of an opportunity like IKE. Growing up, I never left Montana and only traveled within. I have never been on a plane or left the country. I had so much support from everybody, and it felt like a privilege to even be considered. I remember filling out the application and thinking am I even Native enough for an Indigenous Knowledge Exchange?

Isabella's story. I remember hearing about the opportunity from Twila. I remember thinking I'm not going to New Zealand. I would never ask my parents for money to go, and if I take this opportunity, I'm putting my family in debt. I feel like this opportunity came about because of building a connection with Twila through CO-OP. I think if I never built this relationship with her, the opportunity would have never been presented, and it was such an honor to be thought of and to be supported to take the class. I had never felt so seen or appreciated by

an educator before. I have never had a teacher or somebody in higher power to tell me I'm deserving of this and that I should do this and that is important for me. This class was different than other travel abroad classes because it was led by Indigenous people with Indigenous students and the relationships with people were important in class. Networking with people leads to opportunities which lead to now we have relationships and are connected to people in New Zealand that we can continue to build.

Twila's story. When we were creating the application process for this course, a critical part was advocating for nursing students and timing of when you would start nursing school. The timing for you three was perfect. I first met Kaitlyn in my First-Year Seminar course and encouraged her to apply to CO-OP as a pre-nursing student. Wayne was one of the only male nursing students in CO-OP at the time. I would always see you studying, but you seemed distant from people in CO-OP. It was nice to see you strengthen your relationships with Kaitlyn and Isabella because of the IKE class. Isabella, you came to CO-OP and I helped you with some hard experiences during your first semester at MSU. You were far away from home, and you wanted to go home after the semester and not return. I was excited to see how you would all grow from this and how this would help you feel more confident and prepared for nursing school.

Importance of Indigenous led experiences for Indigenous Students

IKE was created by Native American faculty for Native American students at a predominately white institution. While we focused on the logistics of traveling abroad, it was intentionally created from Indigenous perspectives and values. We spent time building our class

into a community to prepare for traveling together. The subthemes identified were *Indigenous identity*, *reclaiming language*, and *Indigenous faculty and leaders*.

Indigenous identity. *Wayne's story.* I have never been confident in public speaking or even my Indigenousness, I guess. Growing up in Anchorage, Alaska, they don't really know about Plains Natives. There was a lot of racism towards Alaska Natives in the schools I grew up in. When I said that I was Native, I would be treated as if I was Alaska Native or tied in with Mexican people. So, when we went on this trip, it was different having people believe in you, you can talk, and whatever you say is good and pushing you into these public speaking settings. I didn't want to mess up, but it was like everyone was supportive whether you did good or not. That built up my confidence.

Kaitlyn's story. I felt proud of my Indigenous identity and speaking my language. I felt proud of myself and proud that I was speaking my language in front of so many people. When they said the Māori word for ancestors, *tūpuna*, that was a big significance for me. When I heard that word, I was like, "okay, grandma's here, and everything is okay".

Isabella's story. Wearing my jewelry and regalia to the pōwhiri and other important events wasn't seen as weird. That made my Indigenous identity even stronger because I was wearing our normal, traditional clothes that we would have worn a long time ago, and it wasn't odd. I felt more confident wearing my skirt to school after our trip because of this experience. It made it so normalized and okay to be Indigenous, that was one of the biggest take aways from the trip for me. I felt like it was okay to be proud of who you are and where you came from because I grew up on my reservation. When I moved off the reservation, when I was

older, I left being around kids that looked like me and believed the same things. It was a huge culture shock. At 10, I felt so out of place.

Twila's story. Even though I was a faculty member for the trip, I was also on the trip as a graduate student. I thought about sitting outside after breakfast between the kitchen and the marae and we were listening to Marianna. We were all sitting in a group together and she had said that we were all there for a reason and that our ancestors were there. She talked about our seven generations and their seven generations. She talked about the importance of who we were coming from and who we are. She said that we were Indigenous now, we were always Indigenous, and we will be Indigenous tomorrow. I remember feeling emotional because it was so powerful and feeling like I have never really had someone tell me to embrace that.

Reclaiming language. *Isabella's story.* My experience learning my language for this class was different because nobody in my tribe knows our language, so there wasn't anyone that I could go to to ask for help with X, Y, and Z. It wasn't an opportunity for me. So, I was feeling very left out, and not necessarily jealous, but kind of jealous of everyone that was able to learn their language and have their pepeha with their language in it. What helped me change the feeling and to not feel upset or left out was that I may not know my language, but that I was showing respect to everyone in the class and all the Māori whanua that we meet by knowing how say my pepeha and learning Māori language at least.

Kaitlyn's story. I don't know my language, and I was trying not to feel bad because it had been taken away a long time ago. I was trying not to feel bad that it hadn't passed down through my family. However, I was still able to learn from my family because [student's name withheld]

and his dad are my relatives. I went their language class during my freshman year at MSU. I had some background knowledge, but in reality, I felt like I only knew two words.

Wayne's story. I have always felt a disconnect back home because of living and growing up in Anchorage, and all of my family living in Fort Belknap, MT. My family in Montana had my auntie, who started an immersion school for elementary and taught the Aaniiih language. My cousins that I'm really close to grew up going to the immersion school and were learning and speaking the language. Every time I went home, they would try to teach me, but I felt like I would lose what they had taught me because I would go back to Anchorage and not have anyone to connect with. So, learning my language for this class was kind of scary because I wasn't sure if I would be able to learn in time or if my introduction was going to be good. This class encouraged me to reach out to my cousins and ask for help with my introduction, and it felt nice that they were excited to teach me. There were some words I didn't know, and [student's name withheld], another student in the class, was helping us. It felt like I was able to connect with culture and my family.

Twila's story. Even as the class leader, I found myself learning right along with the students. When I asked them to introduce themselves in their own languages, it motivated me to learn my Lakota introduction too. Through this experience, I became more confident and comfortable learning and sharing it and began to implement introducing myself in Lakota at conferences, presentations, and when it was needed.

Indigenous faculty and leaders. *Katilyn's story.* This class being led by Indigenous faculty was helpful because I felt like I belonged. I feel like it helped with our connections in the class, and the faculty knew how to be there for us, the way that we needed them to be. It was helpful to

see if they could do it; we could do it too. It was also helpful that our faculty came from similar backgrounds and that helped with having support in that way too.

Wayne's story. It was very nice to have Indigenous faculty leading us for this class. I feel like if you think about instructors on other trips, it feels like they would oversee everything and look down on you as a student. I feel like you guys treated us like equals on the trip and we all had a shared responsibility for the buddy system and everyone was responsible for being on time and getting to our places that we had to be. The first time I felt shared responsibility was when [student's name withheld] and I were chilling in our hotel room, and everyone was like the vans are here and we're leaving. We got in the vans, and everyone was like why are you guys late? What were you guys doing? No one was there to usher us around. I felt like being seen as equals helped when we were doing our reflections, and I felt more comfortable going into depth on our feelings and/or what our experiences were for that day. I enjoyed that.

Isabella's story. I remember feeling safe that we had Native faculty. Which is important in educational spaces because that doesn't happen often for myself because a lot of my professors are not Native and don't understand what it was like for me to grow up on my reservation and don't know what I experienced from childhood to now. The faculty understood the feeling I was having on the trip, the different emotions. I agree with what Wayne said about him and [student name withheld] sleeping in and that we were holding each other accountable, so I felt like we were a family. Meredith, Steven, Sweeney, and you, Twila, felt like you were aunts and uncles to us or to me specifically.

Twila's story. Since this was a pilot course, it was the first time I had an experience of collaborating and cocreating a class and curriculum on how we would prepare Indigenous

students for an Indigenous Knowledge Exchange. We would meet weekly to create our schedule for the semester and meet with our Māori whānau from the Te Ao Hurihuri to build relationship and create an experience that was driven by Indigenous values and perspectives. Our relationality between faculty and students was reflected in the humor and how there was teasing between everyone. It felt very much like being around our families and other Native people back home.

Impact of IKE on Self

These stories reflect experiences from the IKE course of the cultural immersion and language learning within the Māori community into which we were welcomed and guided us to our three subthemes in Māori language identified as *pepeha*, *marae*, and *koha*. *Pepeha* is the Māori introduction that we learned. *Marae* is a place to come together for Māori communities, welcome visitors, and where we slept in the first week of the program. *Koha* is the action of giving gifts to hosts or speakers in appreciation for hosting, speaking, and strengthening relationships.

Pepeha. *Isabella's story.* It was nice learning my pepeha because Nathan and Tahliah came to visit MSU in the fall semester after our trip and they presented in Twila's class. During the class, we all had to learn about our pepeha. When they asked for volunteers, Twila was the first to say her pepeha and then I did it next. It felt nice that I didn't have to read the board to remember. I think Tahliah and Nathan respected me more because it had been a long time since we saw them in May, and they were appreciative that I still knew it.

Katilyn's story. After getting serious about learning my language for the pepeha, I was asking Titan all the questions and how to pronounce words. After having to use my pepeha, I was able to get feedback from [student's name withheld]. That was helpful and good for me. I felt

proud when I would say my pepeha in front of other people and not intimidated or anything, even if I made a mistake and said a word wrong. That was one of my favorite parts about this class, just learning my language and feeling more connected to my culture.

Wayne's story. Learning the pepeha was really cool. After we returned from New Zealand, I had to use it in Anchorage at a conference. There were some people from New Zealand there and my mom introduced me. She said, “he even knows his pepeha”, and they made me say it. They were fascinated. It was really cool to know my pepeha and it helped me feel more confident in speaking.

Twila's story. We were all intentional with learning our pepeha before traveling. And now, we have all shared our pepeha since traveling to New Zealand. The last time I shared my pepeha was for the World Indigenous Nations Higher Education Consortium’s Annual General Meeting (WINHEC AGM) in Auckland, Aotearoa in November 2025. A group of us was sent to the WINHEC AGM to represent the Native American Studies Department on their accreditation process. I remember seeing how the looks of surprise and respect from Māori people in the room after our introductions.

Marae. *Wayne's story.* Staying at the marae was one of the most important things that we could have done as a group on the trip. We all talked about this so much and how before traveling we all felt more like classmates and leadership felt like instructors. Before we traveled, we were turning in papers, and it felt like other courses we had taken. But when we were staying in the marae together, it was a shared space where you sleep and everyone was trying to be respectful, but it felt weird because you don’t usually sleep next to classmates or random people. It made us feel like a family.

Isabella's story. We were good whānua by showing our respect for the marae and the pous. We would make sure our shoes were lined up straight out front of the marae, so we wouldn't get in trouble with Nathan. We would help in the kitchen, cooking, cleaning, stacking chairs, and bringing out chairs. We would make sure that we didn't bring food or our shoes into the marae. We were respecting their space that they were allowing us to be in that space. Also, they were teaching us about respecting their sacred space, which felt like a form of building relationships and trust with our group and theirs.

Kaitlyn's story. I felt like we were welcomed with open arms, and staying in the marae was like a big sleepover. I was scared about who I was going to sleep by. I was also sick and remembered waking up coughing in the middle of the night. We tried to be good guests by respecting the marae by not wearing shoes or other cultural ways of respecting the marae. My pou that I was sleeping by was Wehi for humility. I was like, is this teaching me to be humbler or am I connecting with Wehi because I am humble? I shared the pou with Grace and I started to think, are me and Grace similar? Because, you know, everything happens for a reason. Why did I pick this pou or why did it pick me?

Twila's story. I think we all felt vulnerable to sleep in a community space together, but it reminded me of having a giant sleepover in my grandma's living room with my cousins. I found it fascinating where everyone picked their sleeping spots and the pou they slept by. We would spend our wānanga's trying to make meaning of our sleeping positions around the marae and our connections to our pou. We learned from Māori academic experts and knowledge holders on history, language, songs, and culture in the same place we slept in and called it home for the week. It really didn't feel much different from going home to be with my family.

Koha. *Kaitlyn's story*. Koha really helped build my confidence. I was dreading it and I was trying to enjoy the ocean. I had to present the gift and speak in Aaniih in front of Titan. I watched the video after, and he looked worried for me during that moment. I also didn't bring a gift that day, but thankfully Meredith let me give one of hers. I don't even remember what I said at that moment. It helped build my confidence and show that I can do it and I can speak louder if I need to because I had to speak louder than the ocean during my koha and I am so soft spoken.

Wayne's story. I was dreading that. The first person to give away had this amazing speech and then they gave this amazing gift. Later that night, Hawk asked me, "*are you good at giving gifts like that*". I jokingly asked if he asked Kaitlyn or Isabella. He stopped me between the marae and the kitchen when he asked, so I felt like the next day, it was my turn. I remember thinking that it was going to be awful. But then I was able to prepare enough mentally. After seeing everyone do it, I didn't feel as bad. Since coming back to campus, I have had to talk in front of groups in nursing school, and I felt like built that skill during koha and continue to build it more.

Isabella's story. I don't know my language and thought about how I can show some form of respect during koha. I decided to share the history of my Native name and how that came to be. Sharing this story, based on what I was taught in my tribe, made it appropriate to sing a song. The only way I'm allowed to sing in my tribe is because of the history of my name. I was nervous, but they talked a lot about their Māori ancestors guiding them when we were there. It made me think, you know, everyone is with me. They are guiding me on this journey and I'm right where I'm supposed to be and this is supposed to happen. I'm going to trust that my Native name and where I come from has prepared me for this moment. I found it respectful

that they respected me in that moment and didn't record my song out of protection of my culture.

Twila's story. We spent the semester preparing for koha. We encouraged everyone to have gifts to bring with them and provided context of who you might gift such as people who care for us, had a positive impact on us, those who shared their knowledge with us, and friendships. The leaders on the trip knew some students were anxious about this, but after some time, it seemed as though it came naturally to students and felt it was valuable to reciprocate and show our gratitude to our Māori whānau.

How IKE Impacted Nursing School Experiences

During our short-term study abroad, IKE faculty worked with Te Ao Hurihuri to customize a schedule that integrated University of Waikato academic programs with Māori academic experts based on the interests of our students. We were able to hear from Māori nurse educators in their nursing school program. The three subthemes are University of Waikato – nursing school visit with Māori nurses, Native American student experiences in nursing school, and Future thinking and nursing.

University of Waikato--nursing school visit with Māori nurses. *Isabella's story.* Visiting the nursing department at the University of Waikato was really inspirational for me. It changed my view on what I wanted to do with my nursing degree. Before the trip, I wanted to be a pediatric nurse and that's my dream. I felt responsibility to give back or responsibility to care for other people as a nurse. After seeing how they integrate Māori culture into their nursing program and that they have classes that they learn Māori language in the health field. I thought it was cool because I don't see that being done in the U.S. I also thought about how many different tribes

and languages exist in the U.S. I think about our Tribal health clinic and wonder what it would be like if we had more Native people to help elders go to the doctor and safe spaces to practice traditional healing, that might make our tribal members and elders more comfortable to go to the hospital.

Wayne's story. They talked a lot about their classes and incorporating Māori people and how they are going to serve them. They teach their students about caring for Māori people. This made me think about Montana because there are so many Tribes there, and a large percentage of the Native population is being served in Great Falls and Billings. I thought that because of this, in nursing school, we would be taught more about those different communities. In my first semester of nursing, the knowledge about caring for Native people is mostly vague and maybe an hour was spent during the semester learning about caring for Native people. But not just Native people, like all cultures within that hour, and that was the last time we talked about it. Half the students aren't even paying attention.

Kaitlyn's story. In New Zealand, visiting their nursing department, I thought it was cool that they use the Māori language and incorporate it in their program. But it made me think about the U.S. and how it would be hard to incorporate all of the Tribal languages. However, I still think that Indigenous perspectives could still be integrated in nursing and someone can make that work.

Twila's story. Reflecting on our visit to the University of Waikato nursing program, I did not initially realize how much I would benefit from going there and I would hear knowledge so closely connected to my scholarship. I knew that it would be beneficial, but I didn't know that what they would share would be important for my dissertation. After spending time in my role in

the CO-OP supporting Native American nursing students and hearing your experiences of navigating Western nursing spaces, I had been researching cultural safety concept that comes from New Zealand. I felt like what I was missing was hearing from Māori people, in person, on their thoughts and experiences of cultural safety and how or if it is integrated in their education and healthcare systems. I really needed to hear from Māori nursing educators and nurses. They had their own Māori words for cultural safety integration into nursing core values.

Native American student experiences in nursing school. *Wayne's story.* When we would participate in group learning and try new things in New Zealand you weren't necessarily bad or failing; it was just a part of the learning process. I feel like here, if you do fail, it's so much more and it feels bad and you don't want to do it again, you don't want to fail again. From IKE, I learned a lot of my learning comes from failing; you reflect and know what went wrong, especially in nursing. When we are doing simulation labs, everyone is trying not to mess up and trying to remember the 14 steps of this one skill. But then you miss one and you feel bad and you're like crap. I feel like IKE helped me feel okay with this feeling and not beat myself up during my first semester of nursing school.

Kaitlyn's story. I am looking beyond what the nursing education system looks like but also thinking about my own personal experiences during clinicals this first semester of nursing school. My biggest worry was that I was going to get a patient that didn't want a Native nurse. I was so scared. I thought they were going to yell at me. I talked to my mom, and she said, "Well, if that happens, it's fine. You will get a new patient," and she told me not to worry. I tried not to worry, but I was nervous because I didn't know how patients were going to treat me as a nursing student.

Isabella's story. I see this happening in real life with my grandma. Before going to school for nursing, my grandma never wanted to go to the doctors to get help with her diabetes or her health needs. After learning more about nursing in school, I can show her that the information is right that her doctors are telling her. She went to boarding school and has trust issues with doctors because of generational trauma. With me being that representation of a nurse, it has made her more comfortable to go to the doctor and open minded to get treatment and take care of her health. Native representation in healthcare matters to create safe spaces in healthcare.

Twila's story. Your experiences and concerns are valid about entering these spaces as Native nurses. As Native people, we know the climates of these places and how Native people are treated. That's a lot of pressure to enter these spaces as a young Native person professionally and having to learn what that means as a nurse.

Future thinking and nursing. *Kaitlyn's story.* These stories reminded me of my grandma's experience in the healthcare systems in Great Falls. There was a Native program where a Native nurse would come into the room, speak to her, and make sure she was getting the proper care. However, when compared to Billing's healthcare system, that didn't happen. My mom said that that program should be everywhere. I don't know what department or what kind of nurse I'm going to be, but all I know is that I'm going to advocate for Natives. I'm going to make sure they are getting the proper care and even as nurses, that we are being treated right.

Wayne's story. I feel like there should be more classes incorporated into the nursing education program that specifically teaches you about the community that you will be serving. When I went to my first clinical, there were a lot of Native people there. This has me thinking

about becoming a teacher at Tribal College back home. I think about how we could include classes that teach about traditional healing or better teaching about Indigenous people to better support and care for them. I'm also thinking about leadership. My mom is a nurse, and I see that she has a lot of input and leads the department's decisions. I can see how having a voice and Native representation can make a change in health care systems.

Isabella's story. Because of this trip, I could see how much they care for their Māori people and what having inclusion looks like. I thought about what I can do to help out my tribe and Native people which inspired me to do research on diabetes. I still want to be a pediatric nurse because I feel like it starts with the youth. I want to focus on how we can educate youth on taking care of their bodies and implement more strategies to prevent some of the healthcare challenges that we see happening.

Twila's story. I have learned a lot about navigating nursing school through CO-OP. Even though I'm not a nurse, I am able to look at nursing education from an Indigenous perspective and education background. After my PhD, I would like to continue to contribute to nursing education research in meaningful ways that support students, more specifically Native students. I hope to continue to work with other Native students, faculty, and researchers to further improve and provide more opportunities like IKE. I hope that more nursing programs look to other programs that are integrating Indigenous perspectives into nursing curriculums as well increasing Native American faculty representation in nursing.

Conclusion

The reflections emerging after the first semester back from the short-term study abroad demonstrate the value of allowing students time to experience and internalize what was learned

from Indigenous knowledge exchange before collectively analyzing its impact. This temporal distance highlights how IKE becomes embodied within each student, shaping not only their sense of self but also enhancing their academic performance and expanding the relational networks that will support their future personal and professional lives. More importantly, students became aware that Indigenous values of place-based identity and knowledge, culture, language, and tradition share strong similarities, fostering evolving communal values and reciprocal connections with our newly formed Māori whānau. Their insights reveal that embracing their mana (Whitnui, 2014), and learning within Indigenous environments, significantly influences their ability to participate effectively in community contexts. Students identified several major areas of growth after one semester. They emphasized the importance of identity affirmation and cultural safety, noting how these elements strengthened their confidence and positioned them to engage more fully in academic and community settings.

They also described the interconnected nature of three key areas of development: identity affirmation, improved public speaking, and increased capacity to navigate a predominately white institution (PWI). Through IKE, they refined their academic focus, clarified their professional aspirations, and broadened their professional networks. This growth occurred through Indigenous-to-Indigenous learning, situated within a holographic Indigenous epistemological framework (Meyer, 2011), supported by experiential and land-based pedagogies (Whitinui, 2014).

Although this experience did not occur within the formal nursing curriculum, students stressed that the competencies developed through IKE are essential foundations for their future nursing training. The program helped them cultivate skills and dispositions that will support their

long-term academic and professional trajectories. Students also recognized that the learning and processing associated with IKE continues beyond the classroom, as its impact extends into their personal development and community relationships. Students also recognized that the learning and processing associated with IKE continues beyond the classroom, as its impact extends into their personal development and community relationships.

A central theme emerging from students' reflections is that nursing, from an Indigenous perspective, involves not only where one practices but how one practices. Their growth emphasized the importance of bringing Indigenous worldviews, values, and personal "mana" or their own medicine (Harris & Wasilewski, 2004) into their future roles as nurses. IKE provided opportunities for students to strengthen relationships within another Indigenous community by integrating their own cultural teachings and protocols while engaging with a global Indigenous epistemology. This reciprocal exchange allowed students to practice showing up as their whole selves and to recognize the relational responsibilities embedded in Indigenous knowledge systems.

Our stories contribute to Native American college student perspectives of study abroad experiences. Mizuatani (2018) reports in 2015-16 representation was 0.5% of Native Americans who traveled abroad which corresponds with lower representations of Native American college student enrollment nationally. Identifying data and lived experiences of Native American college students in study abroad proved challenging, largely due to their historical and continued underrepresentation in research and reporting. Data for international education often takes on the identity of "Americans" traveling abroad and/or use diversity and multiculturalism frameworks,

which creates underrepresented or invisibility of study abroad representation of Native American college students (Mizutani, 2018).

The stories reflect a process of (re)engaging and (re)claiming connection to Indigenous identity and what an Indigenous worldview means and responsibility of young Native American people to recognize their own inner strength and personal responsibility to contribute to our common good (Whitnui, 2014; & Harris & Wasilewski, 2004). Native students feel most visible and supported when they have a dedicated campus space that fosters community, academic engagement, cultural refuge, Indigenous languages, and identity affirmation grounded in respect, relationships, reciprocity, and relevance (American Indian College, 2019). IKE came to be from wanting to create an opportunity for MSU Native American students to have access to short-term study abroad in New Zealand and started from existing relationships with Māori people and the experiences of those in IKE leadership that have had a profound experience that was life changing from connecting and learning with their connections. These finding suggest that courses grounded in Indigenous worldviews, centered on relational responsibility and reciprocity, can meaningfully contribute to collective learning and community well-being (Harris & Wasilewski, 2004).

The historical relationship between the U.S. higher education and Indigenous peoples has long been shaped by exclusion, elimination, and exploitation (Ambo & Beardall, 2023; Brayboy, 2005). The treaty-making, government-to-government legacy means the education of AI/AN students has historically been under the oversight of the federal government with state and tribal structures occasionally assuming some responsibility (Brayboy et al., 2015). The establishment of Tribal colleges and universities (TCU) was an integral part of using sovereignty to establish

educational sovereignty. TCUs provided curricula that was encompassed in tribal values and Indigenous epistemologies in contrast to mainstream institutional environments that focused on traditional, Westernized based coursework (AIHEC, 2000). More importantly, they were created from Tribal Nations' people for Tribal Nations' people to strengthen nation building.

Educational sovereignty for Indigenous people needs to occur in spaces outside of TCUs. This further confronts myths of erasure by inclusion as it shows that Indigenous people are not only in communities on the reservations nor only doing work within their Tribal communities, but that Indigenous people in academia are doing community work to support Indigenous students at institutions away from their home communities. It's honoring that including Indigenous courses like IKE in Western academic education reclaims and provides examples of how educational sovereignty can be implemented for the common good and support for Indigenous students in predominately white institutions. We all learn and come to know and understand multiple ways of knowing.

Transcultural nursing theory introduced the importance of international education experiences to introduce nursing students to other cultures and learning different cultural viewpoints to improve caring for patients. Study abroad is a key strategy used by higher education administrators to advance internationalization by helping students develop the competence to navigate global diversity, deepen understanding of their own culture, and appreciate the backgrounds, interests, and perspectives of others (Maharaja, 2018). For many Native American students who leave their Tribal communities to pursue higher education at mainstream, predominately white institutions, this could be identified as a transcultural experience already. However, the process of leaving Tribal communities to pursue higher

education is challenging and not intended to learn other cultural experiences, but to assimilate and hold the knowledge of navigating non-Native spaces (Kirkness & Barnhardt, 1991).

For the three nursing students, they had a very different experience that contributed to affirmations of their Indigenous identity, (re)claiming language, and led to them thinking about their contributions to caring for Native American communities. Moreover, it helped them think about the future and their role in contributing to policy, research, and improved healthcare experiences centered from and on Indigenous values and worldviews. Nursing students need future thinking to envision themselves as active participants in the world of tomorrow and to recognize their ability to help shape the outcomes they seek (Freed & McLaughlin, 2011). Future thinking is a shift towards expansive solutions for health care and moves nursing education beyond reactive responses to scenario-based learning. Indigenous led study abroad opportunities with other Indigenous people connects Indigenous students to the global context of Indigenous epistemologies and providing solutions for challenges that reflect Indigenous worldviews and values. Increased access to Indigenous knowledge exchanges has the potential for Indigenous students to create solutions, re-envision the health care systems, and understand which aspects of caring for Native American communities can be improved.

Ultimately, the Indigenous Knowledge Exchange (IKE) was not simply a study abroad experience for Indigenous students. Grounded in intentional self-location, the initiative fostered sustained engagement with Indigenous ways of knowing, being, and relating that started first within the class at home then through reciprocal relationships formed in Aotearoa with Māori communities. At its core, this work brings Indigenous minds together around place, relationship, and ancestral knowledge to collectively consider purpose, responsibility, and shared ways of

knowing and being in the world (Meyers, 2011). These relational and place-based engagements supported personal, academic, and cultural growth that extends beyond a single semester, continuing to shape students' emerging identities as Indigenous scholars and future health professionals.

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CHAPTER FIVE

“NONE OF US IS AS IMPORTANT AS ALL OF US”

-DR. BENTHAM OHIA

This chapter brings together the collective contributions of the three manuscripts that form the core of this dissertation. In Chapter 1, I situated myself within the work by acknowledging the relationships that shape my knowing and the Indigenous methodologies that guide how I gather, hold, and share knowledge. These commitments, held across my roles as researcher, community member, and relative, have informed the development of all three manuscripts and provide the foundation for the synthesis that follows.

Wilson (2008) emphasizes that introducing oneself as the storyteller is essential within an Indigenous research paradigm because it establishes a relationship with the reader. Through sharing his own story, he explains that “it is imperative to relational accountability that as a researcher I form a respectful relationship with the ideas that I am studying” (p. 22). In this same spirit, I situate myself holographically (Meyer, 2011) as the storyteller by drawing on Aluli-Meyer’s (2006) triangulation of meaning—mind, body, and spirit—to show that the manuscripts and experiences I write about are part of an ongoing process of becoming.

Body. Aluli-Meyer (2006) describes the body as encompassing seeing, hearing, knowledge, information, perception, objectivity, and lived experience. Through exposure to new ways of thinking and deep engagement with Indigenous research approaches, my ideas began to grow. I consistently situate myself as a learner, listening deeply to the stories shared with me. As my relationships expanded and I became more connected within Indigenous scholarly spaces, additional ways of knowing opened, shaping both my understanding and my research practice.

Mind. In Aluli-Meyer’s (2006) triangulation, the mind refers to how we see, experience, and interpret the world. Through intentional self-reflection—examining my thoughts, actions, upbringing, and even the food that nourishes me—I began to understand how I have been shaped by my experiences. This practice of mindful meaning-making became a form of recovery and resistance, countering the uniformity imposed by “power-over” epistemologies (Aluli-Meyer, 2006). Engaging with this dimension of the framework was a significant “aha” moment for me, reflecting the creative insight associated with abductive reasoning (Kovach, 2021).

As someone still relatively new to the role of faculty, or what I more accurately position as a facilitator, I enter each classroom with the intention of cultivating community and fostering collaborative learning that centers Indigenous worldviews and perspectives. This feels good for me as a Indigenous person. Building relationships with Indigenous scholars and knowledge keepers has profoundly shaped my growth. Their teachings have helped me understand that, as a PhD candidate, my responsibility is not to produce knowledge in isolation, but to learn, to listen, and to contribute in ways that honor the relationships and knowledge systems to which I am accountable.

Spirit. Aluli-Meyer (2006) describes spirit as knowledge that emerges through intuition, contemplation, dreams, and metaphor. It is felt before it is fully articulated—whole, joyful, liberating, and deeply human. Spirit moves knowing beyond logic alone and reminds us that knowledge is relational and emotional. Tsinnajinnie et al. (2019) echo this understanding, noting that “love in my experience is to design and pursue research projects that come from a place of wanting good things for your people” (p. 46). Similarly, Wilson (2001) reminds researchers that “you are answering all of your relations when you are doing research” (p. 177).

Over the course of this doctoral journey, the community that formed around my work emerged in ways I could not have anticipated. My participation on Indigenous committees and in Indigenous-centered academic spaces created opportunities to build meaningful relationships that shaped both the direction and depth of this dissertation. These relational experiences closely parallel those shared by the young people in Manuscript 3, who described the affirmation and sense of belonging they experienced through the Indigenous Knowledge Exchange (IKE) course and within Māori communities while learning from knowledge keepers, elders, and faculty. Their reflections resonated deeply with my own experiences of learning within Indigenous spaces grounded in relational knowledge systems.

The connections cultivated through my professional role in the Caring for Our Own Program (CO-OP), my adjunct faculty positions, and my broader community engagement were integral to how this research unfolded. These relationships informed the research questions, shaped the methodological choices, and strengthened the commitments underlying each manuscript. Throughout this process, I remained focused on centering Indigenous voices and approaching inquiry through Indigenous worldviews that honor the diversity, complexity, and strength of our identities.

Manuscript 3, co-authored with three undergraduate students whom I mentor, exemplifies this relational approach to scholarship. Collaborating with these emerging scholars deepened both the manuscript and my own academic development. I hold strong hopes for their future graduate studies and scholarly trajectories in nursing, viewing their growth as a meaningful outcome of this dissertation's commitment to community-centered and relational research.

Overall, participating in community, reclaiming Indigenous languages and ways of knowing, and maintaining accountability to those with whom I am in relationship have been essential to both the intellectual and personal dimensions of this work. These experiences reinforce the central argument of this dissertation: Indigenous methodologies are lived, relational, and sustained through community engagement. They also underscore the broader implications of this research for supporting Indigenous knowledge systems, fostering relational accountability, and strengthening Indigenous-centered scholarship.

The purpose of this chapter is to weave together insights from each manuscript, highlight their shared contributions, and articulate implications for Indigenous communities, scholarship, and practice. Equally important, this work reflects values that are deeply meaningful to me and represents a way of giving back to community by amplifying stories and making Indigenous experiences visible. Central to this process is an acknowledgment of relational responsibility and the ways my multiple roles, connections, and learning experiences have supported my own process of becoming as an Indigenous scholar. The chapter concludes with a discussion of limitations, directions for future research, and final reflections on the relational responsibilities and possibilities that emerge from this work.

Collective Contributions of the Three Manuscripts

Manuscript one examined how to support Tribal college transfer students using quantitative and conversation methods through talking circles to share how the Success Academy supported retention and completion of nursing degrees. Using a convergent mixed-methods approach, qualitative and quantitative data were analyzed concurrently after collection. Grounded in Indigenous methodologies through conversational methods, centered Indigenous

ways of knowing, while quantitative data were used to examine Western academic indicators of success, including retention and time to degree completion. Together, this integration provided a more comprehensive understanding of student experiences alongside the measures traditionally valued within Western academic systems. Tribal college transfer student stories informed the CO-OP by illuminating systemic challenges beyond individual student support and guiding meaningful changes to strengthen and improve the support provided through the Success Academy. More importantly, these lived experiences of surviving the first semester of nursing school uncovered the hidden curriculum on navigating nursing programs. The importance of relationship building offered through community and the positive effects when trying to move as a cohort towards becoming a nurse. More importantly, it looks at the systemic challenges students experience in education and health care.

Manuscript two drew on the bicultural accountability winter count as an Indigenous theoretical framework to deepen the interpretation of the Tribal College transfer student stories presented in Manuscript 1 and to situate those narratives within a broader community context. Through the winter count, the students' narratives were organized along a continuum that illustrated how their experiences reflected patterns of exclusion, problematic inclusion, theoretical sensitivity, cultural intuition, and the Indigenous knowledge realization. The Tribal College transfer student narratives demonstrate that culturally safe nursing education must begin with bicultural accountability, faculty engagement, and structural changes that support Indigenous epistemologies. These changes ensure that Indigenous student, who are the experts on cultural safety, are met with acceptance and genuine commitment from nursing programs.

Manuscript three used Indigenous autoethnography to tell the stories through a relational approach of the four authors; three students and a mentor. All the authors identified as first-time international travelers. The stories contribute to understanding how the Indigenous Knowledge Exchange study abroad course shaped Native American students' short-term international learning experiences, highlighted the importance of Indigenous led programming for Indigenous students, supported personal growth, and informed their development as future Native American nurses. This manuscript advanced understanding by addressing gaps in the literature regarding how grounding students in traditionally held knowledge and cultural values prepares them to engage meaningfully within a global Indigenous context.

Across all three manuscripts, several themes converge. First, relationality functions as both method and outcome: talking circles, cohort-based supports, mentorship, and co-authorship demonstrate that relationships are not secondary to learning but at the foundation to persistence, belonging, and knowledge generation. Second, the manuscripts consistently foreground cultural safety and bicultural accountability as structural obligations, showing that improved student outcomes cannot rest solely on student resilience but must include faculty engagement, curricular change, and institutional willingness to make space for Indigenous epistemologies. Third, the findings highlight the hidden curriculum and systemic barriers that shape Indigenous nursing student experiences, including the ways exclusion and superficial inclusion can be normalized unless explicitly named and addressed. Finally, the dissertation advances a theme of Indigenous knowledge representation and resurgence, demonstrating that when Indigenous students are recognized as knowledge holders and learning occurs in Indigenous-led contexts, both meaning-

making and professional formation are strengthened in ways that support educational sovereignty and more ethical nursing practice.

Advancing Relational and Decolonizing Approaches

Collectively, these manuscripts resist extractive research traditions by centering Indigenous methodologies in research that are grounded in critical reflexivity, relational accountability, and respect for Indigenous ways of knowing. Rather than treating Indigenous experiences as data to be taken, this work prioritizes relationships as the foundation for knowledge creation, ensuring that Indigenous voices are shared in ways that are ethical, reciprocal, and accountable to community. When Indigenous students are able to tell their stories within non-extractive, relational contexts, their narratives illuminate both the urgent need for culturally safe educational environments and the responsibility of higher education institutions to move beyond symbolic inclusion toward the meaningful integration of Indigenous worldviews, epistemologies, and values. This work is essential to transforming education by affirming Indigenous knowledge is living and relational.

Implications

This dissertation holds direct implications for Indigenous communities by strengthening community-held histories, voices, and stories. Manuscript one provides solutions to support Tribal college transfers students as they transition to a Western academic nursing education program. Having completed approximately two years' worth of prerequisites at a Tribal college means that these students wanted or needed to stay in their home communities. Nursing programs that have goals to increase American Indian/Alaska Native representation should look to understand and value TCUs and that Tribal college students will

become great nurses despite the challenges they encounter in the first semester of nursing school. More importantly, this reframing calls for higher education to move from positioning Indigenous students outside their communities to intentionally supporting their navigation of structural barriers and the hidden curriculum within predominantly white institutions.

Manuscript two builds upon identifying solutions needed to support Indigenous nursing students, while also emphasizing researcher reflexivity and responsibility to address broader systemic issues—particularly the need for appropriate and meaningful inclusion of Indigenous perspectives. This manuscript centers Indigenous student voices by honoring the ways Tribal nursing students describe both the negative impacts on their well-being and the positive effects of genuine, intentional support from faculty. From an Indigenous perspective, these stories are situated within a community context that readily recognizes when spaces are culturally safe, reflected through relationality, intentionality, and understanding of Indigenous worldviews. Ultimately, this work invites consideration of educational sovereignty by asking critical questions about how predominantly white institutions support Indigenous students and what Indigenous students themselves identify as necessary for their success.

Finally, manuscript three shares an example of educational sovereignty at a PWI. The Indigenous Knowledge exchange supported students in finding safe spaces and having Indigenous faculty that they rarely or haven't had the chance to experience at PWIs. It led to student grounding and affirming their Indigeneity by language reclamation and self-locating themselves in a global context of Indigenous values, cultures, languages and traditions. These stories affirm that Indigenous students need these experiences and that the lessons learned are skills that are transferable to other ways of knowing, such as nursing.

Limitations

Limitations exist in that these are small cohorts informing the stories, but do not diminish or invalidate their stories or experiences that they shared. The use of the data set in the second manuscript didn't specifically focus on measuring bicultural accountability and community held knowledge in nursing programs. Inclusion of more students in the study would inform what their experiences are as Indigenous students.

Future Research Directions

Because Indigenous research is ongoing and inherently relational, the conclusions offered here are not an end point. Instead, they open pathways for future research that honors community needs and sustains the relationships established through this work. Future inquiry could explore how Indigenous values are integrated into Tribal College nursing programs and how these programs prepare students to enter the nursing profession. Additional assessment across nursing programs on the five campuses could examine how Indigenous ways of knowing and values are currently included and where meaningful change is needed.

Of particular importance is supporting faculty learning through ongoing professional development that fosters culturally responsive and relational approaches to working with Indigenous nursing students. Another critical area for future research involves examining the presence of Indigenous faculty within nursing programs and identifying strategies to encourage and support Indigenous students in pursuing graduate education. Further learning from and within Indigenous knowledge exchange experiences, including the perspectives of all participating students, may also provide valuable insights into the long-term impacts of Indigenous-led learning opportunities. Finally, future research could explore how winter count

methodology might be applied to programs such as the Indigenous knowledge exchange to more fully document, honor, and make visible the strengths and successes of Indigenous-led initiatives created for and with Indigenous students.

Concluding Reflections

This dissertation is grounded in relationships that span past, present, and future. Chapter 1 situated the work within my positionality, relational accountability, and Indigenous methodological commitments. Each manuscript offered distinct contributions, and together they form an integrated narrative of Indigenous resilience, knowledge, and renewal synthesized in this final chapter.

The responsibilities carried through Indigenous research do not conclude with the completion of this document. Research rooted in Indigenous frameworks requires the continued return of knowledge, the maintenance of relationships, and an ongoing commitment to walk in ways that honor the teachings shared throughout this work. I close this chapter with deep gratitude for the people, ancestors, land, and stories that shaped this journey. It is my hope that this dissertation contributes, even in a small way, to Indigenous futures grounded in sovereignty, wellbeing, and community-defined knowledge.

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