Learning About Aboriginal Contexts: The Reading Circle Approach

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ABSTRACT

As more opportunities arise for nursing students to obtain experience in community sites, they will be called on to practice in culturally appropriate ways more often. Although nurses remain challenged by the range of populations needing differentiated approaches, Aboriginal cultural contexts deserve special attention. Nurse educators must help students increase their understanding of Aboriginal life and ways of knowing. One way to facilitate this understanding is through a learning approach called reading circles. Reading circles offer a structure in the classroom for students to interact about ideas or readings. The reading circle process is congruent with Aboriginal ways of learning, which emphasize working in circle, with each member having a role and an equal chance to be heard. Aboriginal students in the class may be particularly comfortable with this learning method. This article describes specific steps for incorporating the reading circle approach into the nurse education classroom.

The cultural context in which individual patients live is now generally accepted as an important aspect of health care education. As more opportunities arise for nursing students to obtain experience in community sites (Eddy, Reinhart, & Warren, 2005), they will be called on to practice in culturally appropriate ways more often. These and other concerns for cultural training in nursing education have appeared in the professional literature over the past 2 decades (Campinha-Bacote, 2006). However, there is little instruction for nurse educators about how to involve students in activities that will better equip them to work with culturally diverse communities.

Although nurses must be educated to respond to a variety of contexts, Aboriginal cultures need particular attention. Whereas other ethnic groups have a homeland to which we may refer for nursing practices, Aboriginal individuals are the original inhabitants of the United States and Canada—This is their homeland. However, their rich traditions have historically been forced underground or destroyed by Western educational and medical practices. Although the literature advocates culturally appropriate and safe practice (Browne & Varcoe, 2006), surveys as recent as 2001 (Silverman, Goodine, Ladouceur, & Quinn, 2001) have revealed that nurses working in Aboriginal contexts report only concerns about biomedical aspects of care and not the “emotional or spiritual aspects... culture, socio-politics, [or] traditions” (Foster, 2006, p. 28) vital to Aboriginal health practice.

Nurses need a sophisticated level of cultural sensitivity, cultural knowledge, and cultural skills (Doyle, Liu, & Ancona, 1996; Kim-Godwin, Clarke, & Barton, 2001; Leininger, 1995). Although students may espouse a client-centered model of care, their approach may be culturally unaware and provider centered. They may hold Western belief systems that value independence and individual autonomy, which are incompatible with Aboriginal ways of knowing in which interdependence and relationships are valued and community is central most in health choices (Bender & Brazyel, 2004).

The number of Aboriginal individuals entering nursing is low. In the United States, less than 1% of nurses are Aboriginal (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2001). Although more needs to be done to attract Aboriginal students to nursing schools, at least in the near future, nursing care in Aboriginal communities will be provided primarily by non-Aboriginal nurses (Bindler, Allen, & Paul, 2004). Therefore, we must help these students increase their understanding of Aboriginal life and ways of knowing. One way to facilitate this understanding is through a learning approach called reading circles (based on literature circles; Daniels, 1994).

Reading Circles

Reading circles offer a structure in the classroom for students to interact by discussing ideas or readings. The reading circle process is congruent with Aboriginal ways of learning, which emphasize working in circle,
with each member having a role and an equal chance to be heard. Small groups of students (4 to 6 members per group) take responsibility for reading the same sections of articles, short stories, chapters, or novels.

Each member is assigned a role for the discussion about the reading. Role taking encourages students to think about the text in different ways, resulting in a rich and thorough dialogue. The roles are rotated among students with each meeting of the reading circle. The roles are referred to as discussion director, summarizer, passage chooser, illustrator, and connector (Daniels, 1994):

- The discussion director develops a list of questions, which, if appropriate, may include samples provided by the instructor. General questions suitable for a variety of readings in nursing might include, “What were you thinking/experiencing while you read this?” “Did anything about the reading surprise you?” and “What did the reading reveal about approaches to wellness?”
- The summarizer prepares a brief summary of the assigned reading. This includes a statement about the essence or key points of the reading. The review is limited to 1 or 2 minutes.
- The passage chooser identifies significant parts of the article that are then read to the group. The parts can include interesting sections, rich descriptions, examples of health promoting practice, or parts of the reading that raised questions.
- The illustrator draws a picture representing an aspect of the reading. Sketches, stick-figures, diagrams, cartoons, flow charts, and other visual forms of expression can be used. The picture can illustrate something discussed in the text or an idea that was triggered after the reading. The illustrator shows the group the picture without comment. Each person in the group then comments one at a time about his or her interpretation of the picture. Following this, the illustrator tells the group what the picture represents to him or her.
- The connector finds links between the material assigned to the group and the everyday world. Connections might be made between the reading and his or her life, events in the community, or events in nursing practice. The connector may also link the material to other readings or learning material assigned in the course.

A reading circle approach in the nursing education classroom needs to be introduced gradually. Instructors are advised to hand out role sheets and, using a brief sample reading, guide students to try each role. Students will be more able to participate as they become experienced with taking on each of the roles. Instructors should participate, especially in roles that may prove initially challenging, such as the role of illustrator. A simple diagram of circles and arrows, for example, can demonstrate one way to visually represent reading comprehension and understanding.

Reading Circle Process

Nursing educators can use the following five steps to implement Reading Circles in the classroom:

- Each member of the small group takes a specific role and accompanying task (e.g., discussion director, summarizer, passage chooser, illustrator, connector). Roles can be doubled up or chosen from the list above to ensure all roles are filled. For example, in a group of 4 students, one student might be the summarizer and the connector; in a group of 6 students, there might be 2 passage choosers. Students should understand that each of these roles invites them to interact with the reading in a different way.
- The group or instructor then decides on the portion of the reading to be discussed. The section read may be several chapters of a book or a whole article.
- Reading the assigned piece takes place individually, outside of class time.
- The reading circle assembles and begins with questions posed by the discussion director, who then calls on each of the members in turn to respond with their role (summarizer, passage chooser, illustrator, connector).

- Circle meetings continue until the assigned readings are completed. New roles should be assigned at each meeting so each member has a chance to interact with the reading in different ways.

Novels, oral texts, and academic articles can be the texts used for discussion in reading circles. Nurse educators can begin with a novel, short story, or other narrative account of Aboriginal experience and follow with more expository, academic articles. We recommend several novels. Although our examples are all Canadian, and therefore appropriate for our nursing students’ learning about Aboriginal contexts, it is important that nursing students not view Aboriginal cultures as monolithic. Thus, we suggest that novels be chosen for specific Aboriginal contexts and cultures, and that these be identified for students (as we have done at the end of each description):

- Three Day Road (Boyden, 2005) is the story of two Canadian Aboriginal snipers who fought in World War I, one of whom returns to his ancestral land, taken by canoe on a journey to help him to heal (James Bay Cree, located in Ontario, Canada).
- Monkey Beach (Robinson, 2001) is the story of an adolescent girl who discovers that her brother is lost at sea. She recalls her earlier life as a risk-taking, self-destructive adolescent trying to cope with growing up and come to terms with her Aboriginal spiritual identity (Haisla, located in British Columbia, Canada).
- Keeper’ n Me (Wagamese, 2006) is the story of a troubled young Aboriginal man, whose healing involves returning to reservation life and learning about his heritage (Ojibway, located in Central Canada).

Oral text is another way to share both stories and information about Aboriginal people’s history, which is appropriate for discussion in reading circles. We suggest King’s (2003a) The Truth About Stories: A Native Narrative, available in print but more effective when presented on audiotape (King, 2003b) so students can enjoy the original public lectures.

We also recommend the story collection Life Lived Like a Story: Life
Stories of Three Yukon Native Elders (Cruikshank, 1990). Discussion directors could begin by asking other circle members to assess how the elders’ stories represent “the shifting boundary between what we call history and what we call myth” (Cruikshank, 1990, p. x). Passage choosers could read aloud story sections in which elders convey health information.

Finally, we suggest moving to more academic prose, with a selection of key articles that are also necessary for teaching students about Aboriginal cultures, such as “Teaching Student Nurses to Be Culturally Safe: Can It Be Done?” (Gibbs, 2005) and “Here to Be Seen: Ten Practical Lessons in Cultural Consciousness in Primary Health Care” (Masson, 2005). Gibbs (2005) is a nursing student who pointed out that diverse interpretations of cultural safety have contributed to students’ confusion about how to transfer the concept into nursing practice. Discussion directors can begin with questions such as, “Do you agree with Gibbs’ comment that incorporating cultural safety throughout an undergraduate course can help students shed the stigma?” Masson (2005) offered 10 specific lessons to help prepare nurses for working with culturally diverse populations. Lesson four, for example, focuses on taking the time to look at patients’ photographs of themselves to gain a greater appreciation of their patients’ lives and traditions. The illustrator could, for instance, draw a picture to represent his or her own life and traditions.

Instructors can locate other articles about nursing in Aboriginal contexts using Web sites such as http://www.culturaldiversity.org/, which has a wide selection of research and practice articles for informing practitioners who work with culturally diverse populations.

Conclusion

Reading circles offer students opportunities to engage with a variety of texts and to use a variety of communication skills such as reading, writing, listening, speaking, viewing, and visually representing (Begoray & Banister, 2007). Members make equal but unique contributions to the learning tasks through their role taking. Nursing students thus acquire content knowledge, such as an understanding of historical and contemporary Aboriginal life. Process knowledge gained through the reading circle teaches nursing students to approach a reading by asking questions, summarizing, illustrating, passage choosing, and finding links between the text and the outside world. As these roles become internalized, students will be better equipped to process new materials and engage in new settings, such as those encountered in Aboriginal communities.

An important responsibility of nurse educators is to prepare better practitioners in Aboriginal settings. The knowledge gained from readings focused on Aboriginal peoples and approached in a manner congruent with Aboriginal values offers students an opportunity to enhance their learning. Reading circles using well-chosen texts offer nurse educators a means to help prepare nurses to work in Aboriginal communities.

References


